PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Billing Members Prohibited, Exceptions Require Signed Agreement

Information providers for Medicaid and MyCare Ohio providers

Per Ohio Administrative Code (OAC) 5160-26-05, providers may only bill a Molina Healthcare member for:

- Non-covered services, *or*
- Services determined not medically necessary by Molina Healthcare of Ohio

Both the member and provider must sign a payment agreement prior to rendering of services that states:

- The service is not covered *or* was determined not medically necessary by Molina Healthcare.
- The member chooses to receive the service and agrees to pay, even if determined not medically necessary by Molina Healthcare.
- The member is not obligated to pay if the service is later found to be a covered benefit, even if the provider is not paid due to non-compliance with Molina Healthcare's billing and/or prior authorization requirements.

To be valid and enforceable, the agreement must be:

- Translated or interpreted into the member's primary language.
- Specific to the services to be provided. A general patient liability statement does not meet this requirement.
- Signed and dated by the member on a date prior to date of service.

Billing members for missed appointments is prohibited. Call Provider Services to determine if billing a member is appropriate.

Network Participation Status and Effective Date

Information for providers in all networks

A provider is considered participating (PAR) in the Molina Healthcare network when:

- Contracts, addendums and attachments are signed and fully executed.
- If required for the provider's specialty, all stages of credentialing are completed and approved by Molina Healthcare's credentialing committee.

If credentialing is necessary, a provider's PAR effective date is the date after the credentialing committee approves the provider.

If credentialing is **not** necessary, a provider's PAR effective date is the date *required attachments* were fully executed by Molina Healthcare.

If the provider does **not** complete a required attachment, the provider is **not** given PAR status, even if he/she has been fully credentialed.

Services rendered to Molina Healthcare members on or after the PAR effective date are covered under the terms of the contract. Services rendered without PAR status or before the PAR effective date are

Questions?
Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

Connect with Us
OHProviderRelations@
MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List
To learn how to receive this bulletin via email or view our bulletin archives, visit www.MolinaHealthcare.com/Providers/OH and click "Provider Bulletin" in the "Communications" tab.

Website Roundup
Now posted to www.MolinaHealthcare.com/Providers/OH:
- PA Code List
- PA Service Request Form
- Scion Dental Provider Manual
- Preferred Drug List (PDL)
- PA Drug List
- MMP Nursing Facility Orientation

Effective Jan. 1, Independent Provider Overtime Rates
Information for providers in the MyCare Ohio network

Claims for services provided to Molina Healthcare members are not included in the overtime calculation for independent providers, according to a recent ODM memo.

Clear Coverage™ Training
Start using Clear Coverage™ for an authorization system that may provide an automatic decision. To learn more, join the next training session, also available on mobile devices.

The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

subject to the out-of-network guidelines.

Frequently Asked Questions

Where can I find the Provider Information Update Form and attachment forms?
On the Molina Healthcare website at www.MolinaHealthcare.com/Providers/Ohio under the "Forms" tab.

When can I start seeing Molina Healthcare members?
Providers can see members at any time. Services rendered prior to the PAR effective date require prior authorization.

How do I know my PAR effective date?
Contact Provider Services to ask about PAR effective dates. The provider's PAR effective date is always the latest of:
- The day after the credentialing committees approves the provider
- The contract effective date
- The date Molina Healthcare executes the attachment

I received a letter stating that my credentialing status is approved but my claims are still being denied as if I'm not PAR.
The credentialing approval letter does not confirm the provider's PAR status. You may be receiving claim denials because:
- Molina Healthcare has not received the required attachment(s) or the attachment(s) is incorrect or incomplete.
- The Tax ID Number (TIN) does not have a fully executed contract.

Why was my claim denied as an out-of-network provider when my PAR effective date is prior to the date of service on the claim?
There may be lag between execution of the contract/attachment and loading of information to our claims system. Molina Healthcare will identify and re-process these claims under the PAR status.

Any claims for dates of service prior to the provider's PAR effective date will **not** be reprocessed as PAR.

Behavioral Health TOC Ended
Information for providers in the MyCare Ohio network

The transition of care (TOC) period for MyCare Ohio behavioral health patients has ended. Timely filing must be done in the contractually agreed upon period, **not** the 365 days previously allowed by the TOC period. Refer to your contract for the timely filing period. Claims submitted after the timely filing will be denied.

Effective April 1, 2016 – Changes for Delivery Claims
Information for OBGYNs in the Medicaid and MyCare Ohio networks

Claims for caesarean section, labor induction or a delivery following labor induction must meet one of the following to be reimbursed per OAC 5160-1-10. The gestation age of the fetus must be greater than 39 weeks, or if less than 39 weeks, the maternal or fetal conditions must indicate it was a medical necessity. To learn more go to http://tinyurl.com/ht7aq6m.

Fri., Feb. 19 from 9 to 10 a.m.,
Meeting Number: 800 252 765
Fri., March 18 from 9 to 10 a.m.,
Meeting Number: 800 964 155

1. Go to http://molina.webex.com.
2. Enter the meeting number.
3. If requested, enter your name and email address.
4. Give your number for a call back.
5. Follow the instructions.

You can request an on-site training from your Provider Services Representative or by emailing OHProviderRelations@Molina Healthcare.com.

Updating Provider Information
Providers must notify Molina Healthcare in writing 30 business days before changes, such as:
- Practice ownership or TIN
- Practice name
- Practice address, phone or fax
- Practice office hours
- New office site location
- *PCPs only*: Practice is open/closed to new patients
- Provider joins or leaves practice

Visit www.MolinaHealthcare.com/Providers/OH under the "Forms" tab for the Provider Information Update Form. Send changes to:

Email: MHOProviderUpdates@ MolinaHealthcare.com
Fax: (866) 713-1893
Mail: Molina Healthcare of Ohio
Attn: PCM
P.O. Box 349020
Columbus, OH 43234-9904

Provider Spotlight
Congrats to gift basket winner in the monthly Clear Coverage™ drawing: Marietta Health Care Phys Inc.

Fighting Fraud, Waste & Abuse
Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24/7 even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.