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PRIMARY CARE RATE INCREASE PAYMENTS

IMPORTANT NOTICE: Outstanding 2014 claims impacted by the primary care rate increase (PCRI) **must be processed by May 31 to receive the enhanced payment.** Claims received after May 31 will not be eligible, as Molina Healthcare must submit final report to regulators in June. To ensure claims are processed by May 31, we ask that you please **submit all 2014 claims eligible for a PCRI payment as soon as possible, but suggest no later than May 15.**

IMPORTANT NOTICE FOR PROVIDERS SERVING MOLINA DUAL OPTIONS MEMBERS

The **transition of care (TOC) period** that allowed non-participating providers to see patients without a prior authorization (PA) and participating providers to see patients without a care plan on file is ending. TOC periods expire on **June 1** for Molina Dual Options MyCare Ohio members in Butler, Clermont, Clinton, Hamilton, and Warren counties; and **July 1** for Clarke, Delaware, Greene, Franklin, Madison, Montgomery, Pickaway, and Union counties. Providers must have PAs in place if they are out-of-network or providing services that require prior review once the TOC period expires as noted above. For a list of services that require PA, refer to the PA Codified List at MolinaHealthcare.com.

CORRECTED CLAIMS SUBMISSION

Submit corrected claims when changing or adding information such as a change in coding. Here's how to submit electronic data interchange (EDI) claim corrections:

- **Web Portal Submission**
 1. Log in with your username and password.
 2. Select "Create a professional claim" from the left menu.
 3. Select the radio button for the correct claim option.
 4. Enter the ID number of the claim you want to correct.
 5. Make corrections and add supporting documents (EOB).
 6. Submit your claim.
- **Electronic Submission**
 1. In the 2300 Loop, the CLM segment (claim information), CLM05-3 (claim frequency type code) must indicate one

Questions?

Call Provider Services
 (855) 322-4079 – 8 a.m. to 6 p.m.
 Monday through Friday

Connect with Us

ItMatters@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth



Join Our Email Distribution List

To receive this bulletin via email, contact ProviderServices@MolinaHealthcare.com to send us your:



- group name
- TIN
- service location address
- contact name
- contact phone number
- email

Website Roundup

Click "I'm a Health Care Professional," then "Communications" to view the Spring 2015 [Partners in Care](#), which includes:

- Patient Safety
- Practitioner Credentialing Rights
- Hours of Operation
- Utilization Management
- Care for Older Adults
- Behavioral Health
- Complex Case Management
- Featured at MolinaHealthcare.com
- Member Rights and Responsibilities
- Preventive Guidelines
- Quality Improvement Program
- Health Management Programs
- Clinical Practice Guidelines
- Medical Record Documentation
- Advance Directives
- ICD-10 – Testing Update
- HCC Pearls of Wisdom
- Care Coordination
- Drug Formulary
- Non-Discrimination

Also available at MolinaHealthcare.com:

- Clinical and preventive guidelines
- Disease management programs
- Quality Improvement programs
- Member rights and responsibilities
- Privacy notices

of the following qualifier codes:

- a. "7" – REPLACEMENT (replacement of prior claim)
 - b. "8" – VOID (void/cancel of prior claim)
2. The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.

Bill type for UB claims are billed in loop 2300/CLM05-1In Bill Type for UB the 7 or 8 goes in the third digit for "frequency." To learn more, see our [Claim Submission Training](#) guide at MolinaHealthcare.com.

INTRODUCTION TO CARE MANAGEMENT

Care managers work with the member, member's family, primary care physician and specialists as needed. We arrange transportation, educate on medications and coordinate treatments between multiple providers. We do not diagnose or direct care, but support the care you determine is optimal. Social and behavioral issues can affect the member's ability to follow your orders. **We can help.** We may ask about your plan of treatment and expected outcomes so we can be sure we support your treatment. If we call you, please call us back. We need your help to support our most vulnerable members and improve health outcomes.

PATIENTS' MEDICAID RENEWAL DEADLINE

It may be time for your Medicaid and MyCare Ohio patients to renew their Medicaid eligibility. For your patients to keep their Medicaid and MyCare Ohio health benefits, they have to report their income to the County Department of Job and Family Services (CDJFS/JFS) every 12 months.

The Ohio Department of Medicaid (ODM) mailed letters to 350,000 Medicaid recipients informing them that if they do not verify household income, therefore redetermining their eligibility for Medicaid, their benefits will be terminated. *Tens of thousands* of Ohioans could lose their health care benefits.

Please remind your Medicaid and MyCare Ohio patients of the importance of reporting their income to their local county JFS office. Your patients who already redetermined their Medicaid eligibility in the past 12 months do not have to go back to their county JFS office. For JFS office contact information listed by county, visit www.jfs.ohio.gov and click on "County Directory." If you or your patients have any questions, call your county JFS office.

PRIMARY INSURANCE INFORMATION

If you know a member's primary insurance coverage has changed, notify Molina Healthcare by sending a secure email with the updated information, the member name, ID number, date of birth and primary insurance information, if available.

For Medicaid members, email

MHOEnrollment@MolinaHealthcare.com

For Medicare members, email:

MPEnrollmentOH@MolinaHealthcare.com

For MyCare Ohio, members email:

OHMMP_EnrollmentAccountingMHI@MolinaHealthcare.com

- Provider manuals
- Utilization Management affirmative statement/How to obtain copies of Utilization Management criteria
- Drug formulary and pharmaceutical

Updated Billing Guidelines Coming

Guidelines for custom wheelchairs and repairs and to complete the Sterilization Consent Form will be added to the Molina MyCare Ohio Provider Manual.

Clear Coverage™ Corner – Training

Start using Clear Coverage™ to reap the benefits of an authorization system that may provide an automatic decision. To learn more, join a training session listed below, also available on mobile devices.

Friday, May 15, 9 to 10 a.m.

Meeting number: 802 603 390

Friday, June 19, 9 to 10 a.m.

Meeting number: 807 264 474

1. Go to <http://molina.webex.com>.
2. Enter the meeting number.
3. If requested, enter your name and email address. (No password)
4. Provide your number to get a call back.
5. Follow the instructions.

Claim Reconsideration Requests

Submit requests when disputing the denial, payment amount or edits. Find the Claim Reconsideration Request Form at MolinaHealthcare.com, and fax with supporting documents to (800) 499-3406.

Hospice Room and Board Update

In the coming months, Molina Healthcare will transition billing of hospice room/board charges from the hospice provider to the nursing facility. In the interim, hospice providers must continue billing room/board charges for MyCare Ohio members.

Provider Spotlight

Congrats to gift basket winners in the monthly Clear Coverage™ and Web Portal drawings: Wilson Memorial Hospital; Beavertown Clinic; Morgan County Family Practice; and Midwest Internal Medicine.

ICD-10 Implementation Update

View the sixth ICD-10 Transition Information for Providers and Staff (TIPS) at <http://medicaid.ohio.gov/providers/billing/icd10>.