MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

JUNE 2015

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IMPORTANT NOTICE FOR PROVIDERS SERVING MYCARE OHIO MEMBERS

The **transition of care (TOC) period** that allowed non-participating providers to see patients without a prior authorization (PA) and participating providers to continue to render services in accordance to TOC guidelines. TOC periods expired **May 31** for Molina Dual Options MyCare Ohio members in Butler, Warren, Clinton, Hamilton and Clermont counties; and **June 30** for Clark, Montgomery, Greene, Union, Delaware, Madison, Franklin and Pickaway counties. At that time, providers must have PAs in place if they are out-of-network for all services. All state plan or Medicare-covered services will still need to go through the standard PA process. You can access the MyCare Ohio authorization form at http://www.molina healthcare.com/providers/oh/duals/forms/Pages/fuf.aspx The PA Codified List, a full list of services that require PA, is posted http://www.molina healthcare.com/providers/oh/duals/forms/Pages/fuf.aspx

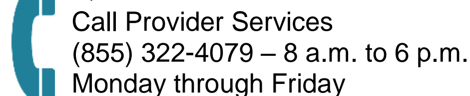
TOC for out-of-network behavioral health providers is extended to Dec. 31, 2015.

Attention: Waiver Providers

Molina Healthcare is not requiring any waiver service provider to submit a PA for waiver services. They are considered approved when the Care Manager issues the waiver service plan. If you have questions regarding services under the waiver service plan, you should contact the member's Care Manager directly.

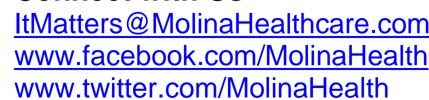
PATIENTS' MEDICAID RENEWAL DEADLINE

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 must report their income to the County Department of Job and Family Services (CDJFS) every 12 months. If they do not renew their



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

Connect with Us



ItMatters@MolinaHealthcare.com
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→ group name
→ TIN
→ service location address
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Website Roundup

Updated at MolinaHealthcare.com:

- Guidelines for Completing Consent to Sterilization Form
- PA Codification List
- MyCare Ohio Home Health PA and Billing Guide
- MyCare Ohio Claim Submission Training

Also updated is the Prenatal Risk Assessment Form (PRAF), which helps identify medical and psychosocial factors that could impact a member's pregnancy. These issues could lead to low birth weight, premature birth, fetal or infant death and developmental delays.

Text4baby – Free Texts for Moms

Molina Healthcare is partnering with text4baby, a service that sends free text messages on health and safety tips to pregnant women and new moms. If a patient is pregnant or has a baby under age one, she can sign up for free text messages. Even if the patient does not have a text messaging plan or limited texts per month, she will get the messages free. To sign up or learn more, visit MolinaHealthcare.com/text4baby.

eligibility, they could lose their health care benefits.

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

PATIENTS TO RECEIVE UPDATED ID CARDS

ODM is requiring all managed care plans to include unique pharmacy PCN and BIN numbers on member ID cards by July 1. Molina Healthcare will reissue ID cards to all Ohio Medicaid members with the new PCN and BIN numbers.

Approximately 330,000 members will receive a new ID card in the last week of June. Patients must start using the new ID card for visits to providers or pharmacies on **July 1**, but no sooner. Please remind your patients to begin using the new ID card on this date.

Molina Healthcare network pharmacies have also been alerted to start using the updated BIN number to process claims. After July 1, ID cards without the unique pharmacy PCN and BIN numbers will not be recognized and patients using outdated ID cards may experience issues accessing their prescriptions. Use of the outdated ID card **will not** impact access to services or the provider's ability to submit claims.

MANDATORY WAIVER PROVIDER TRAINING

All providers servicing patients on an ODM home and community-based services waiver are required to complete mandatory training for incident management. An "incident" is an alleged, suspected or actual event that is not consistent with the routine care of, and/or service delivery to, an individual enrolled on an ODM waiver. View the training at http://ohiohcbs.pcgus.com/Training Materials.

In addition, upon entering into a Medicaid provider agreement and annually thereafter, all providers must acknowledge in writing their review of Ohio Administrative Code 5160-45-05, found at http://codes.ohio.gov/oac/5160-45-05. Direct any questions to ODM's Provider Oversight Contractor, Public Consulting Group at (877) 908-1746.

CORRECTED CLAIMS SUBMISSION

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

Web Portal Submission
1. Log in with your username and password
2. Select "Create a professional claim" from the menu

Clear Coverage™ Corner – Enhancements

Start using Clear Coverage™ and reap all the benefits of a web-based authorization system.

To learn more, join on our monthly training session, listed below. On-site trainings are available upon request. Contact your Provider Services Representative or email OHProvider Relations@MolinaHealthcare.com.

Friday June 19, 9 to 10 a.m.
Meeting Number: 807 264 474

Clear Coverage™ has been enhanced to display an authorization status of "partially approved" for grouped or single authorizations. This newly supported status informs providers if only some of the authorization requests included in the grouped submission have been authorized. For a single authorization, this new status informs providers if not all of the units requested have been authorized. Providers can filter the search for authorizations in the "partially approved" status.

Molina Healthcare Achieves NCQA Commendable Status

Molina Healthcare of Ohio has earned accreditation status for our Marketplace plan and renewed our Commendable rating for our Medicaid plan from the National Committee for Quality Assurance (NCQA). NCQA awards a status of Commendable to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Health plans earning this accreditation level must also achieve Healthcare Effectiveness Data and Information Set (HEDIS®) results that are in the highest range of national or regional performance.

Pre-Authorization Denials Tips

If a request for a service is denied, you have up to 30 calendar days from the denial date to request reconsideration by submitting additional clinical information. Additional information may be provided to Molina Healthcare verbally or by fax.

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 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 issued to the claim being corrected, found on the remittance advice.
3. Corrected claim bill type for UB claims are billed in loop 2300/CLM05-1

In 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 http://www.molinahealthcare.com/providers/oh/duals/manual/Pages/provdtraining.aspx.

CARE MANAGEMENT – HOW YOU CAN HELP

Our goal is the same as yours – to improve the health of the members we serve. Molina Healthcare’s Care Management program supports our members, but also physicians who work hard to care for their patients.

Medicaid and MyCare Ohio members have a variety of medical, social and behavioral health concerns, such as homelessness, development disability, depression, schizophrenia, bipolar illness, serious respiratory and cardiac disease, poorly controlled diabetes and alcohol and drug addiction. These issues affect the member’s ability to cooperate and comply with the physician’s treatment plan. Our Care Managers are dedicated and experienced. We work diligently to obtain the member’s confidence and understand all of the medical, social and behavioral issues the member faces. We can help ensure the member is following your instructions and treatment plan.

Transportation is a benefit Molina offers. If the member cannot walk or ride the bus, he or she may not be able to keep appointments. We work closely with our transportation providers to ensure our members have access to the services they need. Each program has its own transportation benefits, so let us know if you have questions. If you or your patients have transportation questions, tell us so we can help.

We are here to assist and we will do all we can to support you and our members. Please work with our Care Managers by letting us know each member’s needs and how we can help.

Please reference Molina Healthcare’s Prior Authorization/Pre-Service Review Guide for the appropriate contact information at http://www.molinahealthcare.com/providers/oh/medicaid/forms/Pages/fuf.aspx. You can also reference the denial letter.

We encourage providers to submit a reconsideration request before filing an appeal. Responses to appeals may take up to 15 calendar days and you’ll need the member to sign an Appeal Representative Form, but when you submit a reconsideration, you will get a quicker response in most cases and the appeal representative form is not required.

Provider Spotlight

Congrats to gift basket winners in the monthly Clear Coverage™ and Web Portal drawings: Blanchard Valley Medical Associates and Hagerman Family Physicians.

Enter to win the monthly drawings by registering for the Provider Web Portal. You are also entered every time you use Clear Coverage™ to request an authorization.

ICD-10 Implementation Update

View the seventh and eighth ICD-10 Transition Information for Providers and Staff (TIPS) at http://medicaid.ohio.gov/providers/billing/icd10. The TIPS focus on Non-Institutional and Outpatient Prior Authorizations and Certificate of Medical Necessity

Fighting Fraud, Waste and Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.

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