

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” Aug. question! Our winner for Aug. is Carol Hahn from Anazao Community Partners.

The “It Matters to Molina” Aug. question was: “Providers can file a claim reconsideration by using the Provider Portal. To begin you will find and select the claim you wish to appeal. Once you are routed to the ‘Claim Details’ page, you can access the “Provider Appeal Request Form” by selecting what button?”

The correct answer is: The “Appeal Claim” button.

Sept. Question: In a previous Molina Provider Bulletin we discussed Molina contracting with eviCore to provide outpatient utilization management services. Which of the services below will NOT be handled by eviCore?

- Radiation Therapy
- Genetic Counseling
- Durable Medical Equipment (DME)
- Advance Imaging

Please email your answer and contact information by Sept. 16, 2019 to OHProviderBulletin@MolinaHealthcare.com to be entered into the Sept. drawing. The correct answer and drawing winner will be announced in the Oct. Provider Bulletin. In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

Annual Mandatory SNP Model of Care Training

Information for providers in the MyCare Ohio and Medicare Networks

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers complete a basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2019. This includes primary care providers and specialists, including behavioral health providers and dentists.

SNP Model of Care should be completed by providers in the MyCare Ohio and Medicare lines of business. Providers who only participate in the Medicaid and Marketplace lines of business do not need to complete this training.

Online Training: Our online “[2019 Model of Care Provider Training](#)” is available on the “Communications” tab, under “Resources & Training” at www.MolinaHealthcare.com/OhioProviders on the MyCare Ohio line of business. Select the “2019 Model of Care Provider Training.”

After reviewing the training, open and sign the “[2019 Model of Care Provider Training Attestation](#).”

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Questions?

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

Email us at OHProviderRelations@MolinaHealthcare.com

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Provider Training Sessions

Information for all network providers

Molina is offering provider training sessions!

Monthly It Matters to Molina Provider Forum:

Topic: General Question and Answer (Q&A) Session. Molina is hosting an open forum. In addition to general questions, the Q&A sessions can also be utilized for billing and claims questions.

- Thurs., Aug. 29, 1 to 2 p.m. meeting number 803 758 171
- Tues., Sept. 24, 10 to 11 a.m. meeting number 800 966 230

Monthly Provider Portal Training:

If one provider is willing to sign off for a group or clinic, he or she must attach an Excel spreadsheet of all the providers in the clinic/group and include:

- Name of the provider giving the training
- Clinic/Practice name
- Clinic/Practice address
- TIN
- The method used to train office staff and providers
- Date the office staff and providers were trained
- Date the office staff and providers sign the attestation

Fax it to (866) 713-1894, ATTN: Debbe Snow

Sepsis Payment Policy Update

Information for all network hospitals

Molina has updated the [Sepsis and Septic Shock Payment Policy](#) available on our Medicaid and MyCare websites under the “Policies” tab, under “Payment Policy,” and on the Marketplace website under the “Policies” tab.

Provider Satisfaction Survey

Information for all network providers

Molina recently mailed our annual Provider Satisfaction Survey to a cross-section of our provider network. If you receive a survey, please take a few minutes to complete it. Your opinion and feedback matter to us. You can mail back the survey, fill it out online or complete it by telephone.

The survey will give your office the opportunity to share your opinions about the care and service we provide at Molina.

Each completed survey is reviewed and analyzed. The information is then used by Molina to find ways to better serve you and to find out how we can better work with you to serve our membership. We know that your time is valuable. We want to thank you in advance for taking the time to share your opinions and thoughts with us.

Behavioral Health Provider Manual Updates

Information for all Behavioral Health providers

On July 23, 2019, the [Behavioral Health \(BH\) Provider Manual](#) was updated by the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

Visit <https://bh.medicaid.ohio.gov/manuals> to view the updated manual.

Reconsideration Request Form Requirements

Information for all network providers

As a reminder, as of Aug. 1, 2019, claim disputes or authorization reconsiderations submitted on an incorrect form, or submitted on a form that is not filled out completely, will be returned unworked.

For additional information visit the Provider Bulletin archive on our website, located under the “Communication” tab and “Provider Bulletin.”

Claim Corrections for Primary Explanation of Benefits

Information for all network providers

- Mon., Sept. 23, 3 to 4 p.m. meeting number 806 846 824
- Tues., Oct 22, 2 to 3 p.m. meeting number 806 258 171

Monthly Claim Submission Training:

- Tues., Sept. 10, 2 to 3 p.m. meeting number 804 094 886
- Thurs., Oct. 17, 2 to 3 p.m. meeting number 802 209 822

Quarterly Provider Orientation:

- Tues., Sept. 17, 1 to 2 p.m. meeting number 802 543 270

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions. Meetings do not require a password.

Behavioral Health Question and Answer WebEx Training Session

Information for Behavioral Health providers

Molina is hosting question and answer (Q&A) sessions for Behavioral Health (BH) providers. In addition to general questions, the Q&A sessions can also be utilized for billing and claims questions.

BH Q&A Sessions:

- Tues., Aug. 27, 9 to 10 a.m. meeting number 806 793 001

To join a WebEx call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions.

Notice of Changes to Prior Authorization (PA) Requirements

On Sept. 1, 2019, the updated PA Code Lists will be posted on our website under the “Forms” tab for an Oct. 1, 2019 effective date.

Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the “Forms” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina’s PA requirements.

Notice of Changes to the Provider Manual

Molina posts a new comprehensive Provider Manual to our website semi-

Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim, or it may result in the claim being denied. As a reminder: Primary insurance Explanation of Benefits (EOB) and itemized statements are not accepted via claim reconsideration. Please submit as corrected claims.

Medication-Assisted Treatment

Information for all network providers

On Jan. 1, 2019, Molina joined the Ohio Department of Medicaid (ODM) and other Medicaid Managed Care Plans (MCPs) in eliminating prior authorizations (PA) on all brand and generic forms of oral short-acting buprenorphine-containing products for all prescribers of Medication-Assisted Treatment (MAT).

In favor of eliminating PA for all forms of oral short-acting buprenorphine-containing products, ODM and the MCPs have implemented safety edits and a retrospective drug utilization review process for all brand and generic forms of oral short-acting buprenorphine-containing products.

For additional information view the [MAT Provider Bulletin](#) on our website under the “Communications” tab or look at the [“Opioid Safety Provider Education Resources”](#) under the “Health Resources” tab.

Electronic Visit Verification

Information for impacted home and community-based service providers who will bill the following codes: G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019

On Aug. 5, 2019, Electronic Visit Verification (EVV) became mandatory for Phase 2 services. Sandata is offering training dates until Aug. 30 for new and current EVV users.

New Sandata EVV User: If you are a new EVV user, you must complete the Sandata training before you can access the EVV system. At least one representative from your agency **must** complete all required training to receive your Welcome Kit with login credentials to the Sandata system

Current Sandata EVV User: If you are a current EVV user, Sandata is offering a limited number of refresher classes for providers who have completed the initial training. These are half-day sessions and will cover hands-on time with e-trac, recording visits and visit maintenance.

Sandata EVV training is only offered by Sandata. The training dates and times are available at <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification/Training>. To sign up for training, you **MUST** have your Ohio Department of Medicaid (ODM) issued Provider Medicaid ID. If you are unsure what your ODM issued Medicaid Provider Medicaid ID is, please contact your Molina Provider Services Representative. Agency and non-agency providers have separate trainings. If you experience any trouble registering for training, please contact the EVV Provider Hotline at (855) 805-3505.

Providers using Alternate Vendor: If you are using an alternate EVV vendor visit <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification> and select “[Alternate System](#)” to locate “Alternate EVV Webinar Training” under “Resources.”

For more information read the Frequently Asked Questions ([FAQ](#)) at <https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification>. If you

annually. However; changes can be made to the manual between comprehensive updates. Always refer to the manual posted on our website under the “Manual” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina’s Provider Manual.

Did You Know?

Information for all network providers

Did you know Patient Liability is the amount of money that a member is required to pay out-of-pocket each month to a specific, assigned provider? This amount is determined by the member’s county case worker at the County Department of Job and Family Services (CDJFS).

When will Patient Liability apply:

- Nursing facility claims billed on a UB with Bill Type 0210-0218, 0180-0188, 0221-0228, or 0231-0238
- Hospice claims billed with code T2046 (room and board)
- Assisted living T2031
- Certain Home and Community-Based Waiver services
- Personal care aid T1019
- Home care attendant – nursing and personal care S5125
- Nursing services T1002 & T1003
- Adult day services S5100, S5101, S5102

For additional information view the [Patient Liability Guide](#) on our MyCare Ohio website, under the “Manual” tab.

Therapeutic Duplication Prospective DUR Program

Information for all network providers

On May 1, 2019, Molina implemented the Therapeutic Duplication Prospective Drug Utilization Review (DUR) program. The DUR program identifies possible therapeutic duplication based on excessive, and potentially clinically inappropriate, overlapping claims.

The DUR program will support, but is not intended to replace, a pharmacist’s role of efficiently identifying possible therapeutic duplication via prospective DUR review across multiple pharmacies. Due to the potentially inappropriate clinical use and associated safety risks, such claims will reject as:

have general questions about EVV, email the ODM EVV Unit at EVV@medicaid.ohio.gov.

Update: National Drug Rebate Agreement Requirements Information for Medicaid network providers

Effective Sept. 1, 2019, drugs manufactured or distributed by labelers who have not signed a drug rebate agreement with the federal Department of Health and Human Services (DHHS) are excluded from coverage through the Ohio Medicaid Managed Care Organizations' (MCOs) benefit and will not be covered through the Ohio Medicaid fee-for-service (FFS) program.

Find out which medications are covered by viewing the [2019 Drug Formulary](#) on our website.

Reject 88 <<DUR for further clinical review>>

We understand that many factors are considered when a medication is prescribed for a patient, and that the provider may need to request prior authorization or an exception to a DUR reject for medical necessity. For more information on these options, contact Molina at (855) 322-4079. Visit the Molina website for more information or to review the entire Drug Formulary.

Fighting Fraud, Waste & 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.