MOLINA HEALTHCARE

PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

Annual Mandatory SNP Model of Care Training
Information for all Behavioral Health 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 (BH) 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.

Read the "Model of Care" Provider Bulletin on our website, under the "Communications" tab for more details.

Prior Authorization Requirements for Urine Drug Screenings (UDS)
Information for providers in all networks

Effective Oct. 7, 2019, Molina will require Prior Authorization (PA) on each Urine Drug Screening (UDS) test per member, per calendar year per the following:
- greater than 30 tests for Presumptive and/or
- greater than 12 tests for Definitive

Molina will be utilizing the Ohio Urine Drug Screen Prior Authorization (PA) Request Form that has been published by the Ohio Department of Medicaid (ODM) on the ODM Behavioral Health website, under "Providers" select "Medicaid Managed Care Plans." The Ohio Urine Drug Screen PA Request Form will be posted on Molina's provider website under the "Forms" tab, under "Prior Authorizations" in coming weeks.

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 the ODM BH website to view the updated manual.

Behavioral Health Timely Claim Submission
Information for all Community Behavioral Health Center providers

On July 1, 2019, CBHC providers passed the initial 365 days of claims being submitted to the MCPs. Timely filing requirements may impact claims going forward.

For additional information, please visit ODM BH website and under "Provider," select "Overview" and "MITS Bits." Read "Reminder About Timely Claim Submission" to learn about:
- Claims Submitted to Medicaid Managed Care Plans
- "Fee-for-Service" Claims Submitted to MITS

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 BHProviderServices@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

Visit the ODM Behavioral Health website for updates and resources https://bh.medicaid.ohio.gov/ manuals

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Join Our Email Distribution List
Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Behavioral Health Question and Answer WebEx Training Session
Information for BH 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:
- Wed., Sept. 25, 10:30 to 11:30 a.m. meeting number 808 813 413

To join a WebEx call (866) 499-0396 and follow the instructions. To view

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The Behavioral Health Special Provider Bulletin is a newsletter distributed by Molina Healthcare of Ohio.

July 2018 Outstanding AR Advances Recoupment Process
Information for all Community Behavioral Health Center providers

In late February 2019, Molina made advance payments to CBHCs (provider types 84 and 95) who were identified as having outstanding AR for denied claims submitted with July 2018 dates of service. On November 1, 2019 Molina will begin first dollar claim recoupment of these advances until funds are recovered.

Behavioral Health Contingency Funds Repayment Process
Information for all Community Behavioral Health Center providers

In June 2018 advance payments were made available through ODM and MCPs to CBHCs (provider types 84 and 95) that needed assistance to transition to managed care billing during the Behavioral Health (BH) Redesign and Integration.

ODM has been working with MCPs regarding the BH Redesign progress and claims payments. Based on this progress ODM has begun working with providers and MCPs to start repayment of the remaining advance payments. ODM will continue to work with providers to develop individualized repayment plans. Repayment will begin when agreement is reached with ODM and a date to begin repayment is established.

For additional information visit ODM BH website, and under "Provider" select "Overview" and "MITS Bits." In 2019, select "Medicaid Advance Payment Agreements and the Initiation of Repayment." For additional details on the advance payment in June 2018, select "Contingency Plan for Behavioral Health Providers – Medicaid Managed Care Advance Payment Agreements" under 2018.

Provider Enrollment and Credentialing
Information for Community Behavioral Health Center providers

ODM, along with the MCPs, is working towards a new process to ease the burden on CBHCs related to credentialing practitioners. The goal is for CBHC providers to update information only in the Medicaid Information Technology System (MITS) system when changes to provider status occur.

There are several steps that will require providers' active participation in order to achieve the single system goal. The steps include:

- CBHCs should review the online CBHC Practitioner Enrollment File for correct provider type, specialty and affiliation, and make any updates in MITS. This file is **now** available under Enrolling Practitioners in Medicaid on the ODM BH website (Provider Type 84 and 95).
- ODM will notify providers when MITS is up-to-date and it can be used by the MCPs for claims adjudication (see MITS Bits "Updates on Enrolling and Affiliating Agency Practitioners" dated July 1, 2019). In the meantime, the CBHC Universal Roster is a standardized roster that can be submitted now to all plans in lieu of plan-specific rosters to report any new hires, changes in certification, etc.

For more information visit ODM BH website, and under Enrolling Practitioners in Medicaid view the "CBHC Practitioner Enrollment File Training" or read the "Frequently Asked Questions."

Narcan Nasal Administration Coding
Information for all network providers

Effective immediately Healthcare Common Procedure Coding System (HCPCS) code J3490 has been added to the Substance Use Disorder (SUD)

sessions, log into WebEx.com, click on "Join" and follow the instructions.

Provider Training Sessions
Information for all network providers

Molina offers training sessions:
- **Provider Portal:** These sessions cover administrative tools, member eligibility, authorization requests, HEDIS® profiles and more!
- **Provider Portal Claim Submission:** Learn to use the Provider Portal to submit claims, check claim status, add supporting documents, request claim reconsiderations and more!

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.
- Tues., Sept. 24, 10 to 11 a.m. meeting number 800 966 230

Monthly Provider Portal Training:
- Tues., Oct 22, 2 to 3 p.m. meeting number 806 258 171
- Thurs., Nov. 21, 2 to 3 p.m. meeting number 809 057 438

Monthly Claim Submission Training:
- Thurs., Oct. 17, 2 to 3 p.m. meeting number 802 209 822
- Tues., Nov. 12, 2 to 3 p.m. meeting number 808 155 380

Quarterly Provider Orientation:
- Tues., Nov. 26, 2 to 3 p.m. meeting number 809 465 833

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.

Provider Portal Status for Non-Licensed Provider Records

Providers utilizing the Provider Portal have the option of selecting "Non-Licensed Provider" in the "Rendering Provider" drop down menu of the Claim Status lookup and the Create Claims section of the Claims tab for claims for dates of service (DOS) from January 1 to June 30, 2018. Providers need to select the "Non-Licensed Provider" status to view claims with a

benefit package to cover the nasal form of Narcan for provider type 95 and specialties 951 or 953. Providers must also submit both the appropriate National Drug Code (NDC) and dosage on the claim with HCPCS code J3490. The dosage should be reported in the notes section.

Under the BH Redesign, HCPCS code J2310 was the only HCPCS code recognized for Narcan, but this code was intended to only cover the intramuscular form of Narcan. ODM developed HCPCS code J3490 to cover the nasal administration form of Narcan retroactively to Jan. 1, 2018.

ODM will manually price J3490 based on the NDC code and dosage administered. ODM implemented this in the MITS Fee-For-Service claims payment system retroactively effective Jan. 1, 2018. Coverage will be retroactively applied for Medicaid members to July 1, 2018 and for MyCare Ohio members to Jan. 1, 2018. Molina will identify previously denied claims and send them for adjustment.

Billing in the Provider Portal
Information for all network providers

The Molina Provider Portal is secure and available 24/7. Register on our website or at https://Provider.MolinaHealthcare.com.

Online Claims Features include the ability to:

- Submit new claims
- Submit claim reconsiderations
- Check status of claims
- Build and submit batches of claims
- Add supporting documents
- Submit a corrected claim
- Export claims
- Void a claim
- Create a claims template

Additional information is available in the Claims Features Training and the Provider Web Portal Quick Reference Guide located on our website. Providers will need their Tax Identification Number (TIN) and Molina Provider Identification Number to register for the Provider Portal. Providers without a Molina ID can email our BH Provider Representative for assistance.

Rendering Providers in the Provider Portal
Information for all network providers

The Molina Provider Portal has the ability to allow multiple rendering providers per claim.

Example: Jane Smith, RN (NPI 9876543210) and John Jones, RN (NPI 9876543211) each provide two, 15-minute nursing services (H2019) to Betty Brown. The correct way to bill these services is by submitting two detail lines on a single claim.

1. Claim detail one would be: Jane Smith, RN, NPI in rendering provider field: 9876543210, with two units of H2019.
2. Second claim detail would be: John Jones, RN, NPI in rendering provider field: 9876543211, with two units of H2019.

Providers who are not required to individually enroll in Medicaid must leave the rendering provider field blank and detail at the same date of service, same supervisor NPI, same place of service, same provider and other modifiers.

dependent practitioner as the rendering provider for this date range.

Active Medicaid ID Number

In order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with ODM at both the group practice and individual levels by Jan. 1, 2019.

Providers without a Medicaid ID number will need to submit an application to ODM. Enrollment is available through the MITS portal or providers can start the process at https://medicaid.ohio.gov.

Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and known to the state.

Service Codes Billable to Medicare and Third Party Liability

Visit the ODM BH website and select Final Services Billable to Medicare and Commercial Insurance under "Billing and IT Resources" to view a list of services billable to Medicare and Commercial Insurance. This document also provides a list of codes that can bypass Medicare/Third Party Liability (TPL) since they are only covered in the Medicaid benefit

Provider Support Available

Molina has multiple channels to assist BH providers with Prior Authorization (PA), billing support and claims payment issues:
- Utilization Management – contact (855) 322-4079 for assistance
- Molina Rapid Response Team – providers can route issues to BHProviderServices@Molinahealthcare.com and Molina will monitor, route and track emails for quick resolution

Behavioral Health FAQ

Our Behavioral Health Frequently Asked Questions (FAQ) is available to help answer questions about the Provider Portal, contracting, claims, prior authorizations and more! Look for it on our website under the "Health Resources" tab.