MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

BH Redesign and Integration – Ongoing Assistance

Information for all network providers

The Ohio Department of Medicaid (ODM) has implemented several strategies to help providers and managed care plans resolve challenges that may have resulted in outstanding accounts receivable, including:

- Extension to allow non-par providers to provide services until June 30, 2019
- Extension of the timely claim submission period from 180 days to 365 days through Dec. 31, 2019, for Medicaid managed care

To learn more visit the Ohio Mental Health & Addiction Services website at https://mha.ohio.gov, under "News & Events," select "MITS Bits Updates," then "2019" and "Behavioral Health Redesign and Integration – Ongoing Assistance for Behavioral Health Providers."

Psychological Testing CPT Codes

Information for all network providers

As of Jan. 1, 2019, important changes were made to the psychological testing prior authorization requirements and Current Procedural Terminology (CPT) codes 96101, 96111, 96116 and 96118 that are included in community behavioral health services.

For additional information visit the Ohio Mental Health & Addiction Services website at https://mha.ohio.gov, under "News & Events," select "MITS Bits Updates," then "2018" and "Psychological Testing CPT Codes – Updated."

Top Denials with Remit Codes

Information for all network providers

Coming soon to the Molina website! The Ohio Medicaid Managed Care Plans (MCPs) have identified the top denial reasons responsible for the highest volume of denials on BH Redesign claims. Look for the "Managed Care Plans Top Denials with Remit Codes" document coming soon to our website, under the "Health Resources" tab, under "Behavioral Health Resources" to help identify the remittance code associated with the denial reasons from each Medicaid plan to understand the cause of the denial.

Active Medicaid ID Number

Information for all network providers

Effective Jan. 1, 2019, in order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with Ohio Department of Medicaid (ODM) at both the group practice and individual levels.

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 http://medicaid.ohio.gov. Reach out to your Molina Healthcare Provider Services Representative with questions.

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

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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 BHProviderServices@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Connect with Us

www.facebook.com/MolinaHealth
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Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Enrollment Updates for BH Agencies

Ohio community BH agencies (Medicaid provider types 84 and 95) must enroll all dependently licensed and paraprofessional BH practitioners in Ohio Medicaid and affiliate them with employing/contracting community behavioral health agencies in the MITS system.

For detailed information on how to complete this process, please see the ODM 01/31/2018 Enrollment of Dependently Licensed and BH

Holding Claims Prior to Submission

Information for all network providers

Molina is requesting that providers do not hold claims. When claims are held they can interfere with Molina's ability to identify and resolve processing issues that can delay claim payment.

A provider should promptly submit claims to Molina for covered services rendered to members. All claims need to be submitted in a form acceptable to and approved by Molina and shall include any and all medical records pertaining to the claim if requested by Molina or otherwise required by Molina's policies and procedures. Claims must be submitted by the provider to Molina within timely filing guidelines after the service has been provided.

For assistance in submitting claims, call (855) 322-4079 or reach out to your Molina Provider Services Representative.

New Size – Online Claim Reconsideration File Submission

Information for all network providers

Now available! Molina has increased the file submission size for uploading appeals on the Provider Portal from 20 MB to 125 MB!

Providers can access submission of online claim reconsiderations by doing a claim search by claim number or a general claim search in the Provider Portal. Attachments totaling up to **125 MB** can be included with the reconsideration request.

When completing the request for reconsideration through the Provider Portal, **please include your fax number in order to receive a timely response**. Providers must sign in using the **same email address they utilize for the Provider Portal** to receive the electronic acknowledgment letter in their portal inbox.

Common Billing Errors that Cause Claims to Deny

Information for all network providers

Molina Healthcare is providing the below information in response to trending common provider billing errors.

1. **Missing primary insurance information:** Medicaid is the payer of last resort. The claim must first be adjudicated by all primary insurers before being submitted to Molina. Refer to the Coordination of Benefits (COB) balancing rules in the "837P – Fee For Service Professional Claims" Companion Guide on the ODM website at http://medicaid.ohio.gov under "Providers," then "Billing" and "HIPAA 5010 Implementation." Additional information is available in the "MCO Resource Document for CBHC Providers" document on our website.

2. **Invalid/Missing modifier:** A service code modifier or degree level modifier is required for some services per the ODM Provider Manual available at http://bh.medicaid.ohio.gov/manuals. When a claim is submitted with a modifier missing, a corrected claim can be submitted via the Provider Portal or through the Electronic Data Interchange (EDI). See the "MCO Resource Document for CBHC Providers" on our website for additional details.

3. **Invalid diagnosis code for the services:** The claim includes a diagnosis code not allowed in conjunction with the service billed per

Paraprofessional Practitioners in MITS at http://mha.ohio.gov/.

Claims for services between Jan. 1 and June 30, 2018, should NOT include these practitioners' NPIs in the rendering field or claims will deny.

Provider Portal Status for Non-Licensed Provider Records

Providers utilizing the Provider Portal will 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 will need to select the "Non-Licensed Provider" status to view claims with a dependent practitioner as the rendering provider for this date range.

Provider Support Available

Molina Healthcare 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 with PA requests
- **Molina Healthcare Rapid Response Team** – providers can route issues to BHProviderServices@Molinahealthcare.com and Molina Healthcare will monitor, route and track emails for quick resolution

Service Codes Billable to Medicare and Third Party Liability

Visit the ODM website at http://bh.medicaid.ohio.gov/manuals 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

Identifying a Molina Healthcare Member

Molina Healthcare requires the Medicaid Management Information System (MMIS) Identification (ID) number for all Medicaid only members and MyCare Program members who have only Medicaid coverage with us. If the member has both Medicare and

the ODM grid published on the BH Redesign website at http://bh.medicaid.ohio.gov or has invalid information. It is the responsibility of the provider to make sure the diagnosis code for the date of service is correct. A corrected claim can be submitted via the Provider Portal or through EDI. Please see the MCO Resource Document for CBHC Providers on our website for additional details.

4. **Procedure inappropriate for provider specialty:** The rendering provider's credentials need updated in the Molina claims system to match the ODM rules for the providers allowed to bill the service, or the provider is billing codes outside of the Community Behavioral Health Care (CBHC) contract (e.g., billing Substance Abuse Disorder (SUD) services under Mental Health agency NPI or billing laboratory procedure codes without a laboratory provider contract).

5. **Invalid/Missing information for ordering physician:** Ordering physician (required on all claims for nursing services) requires a DK qualifier. For additional information see the "837P – Fee For Service Professional Claims" Companion Guide on the ODM website under "Providers," then "Billing" and "HIPAA 5010 Implementation."

6. **Individual provider name in the "Billing" or "Pay- to" field:** The following must contain the "Billing" or the "Pay-to" group name instead of the individual provider name or a claim will deny for "Incorrect Remit Address." You may need to discuss this with your clearinghouse for clarity on electronic submission.

Billing Provider Name - 2010AA

- Loop 2010AA-NM103 Billing Provider Last or Organizational Name
- Loop 2010AA-NM109 Billing Provider Identifier (NPI)
- Loop 2010AA-REF02 Billing Provider Tax Identification Number

Pay-to Address Name - 2010AB

- Providers should **only** submit the Pay-to address when the address is different from the billing in 2010AA. Note, providers **cannot** submit a provider name in this loop only the Pay-to address

Rendering Provider Name - 2310B

- Loop 2310B-Data is only provided when it's different from loop 2010AA.
- Loop 2310B-NM103 Rendering Provider Last or Organizational Name
- Loop 2310B-NM104 Rendering Provider First Name (Required when NM102 = 1 (person) and the person has a first name)
- Loop 2310B-NM105 Rendering Provider Middle Name or Initial (Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual)

Per ODM the following loops are required for BH and Clinics

- Line Level Rendering Provider (Loop 2420A) if it's different than that of header (Loop 2310B)
- Supervising Provider (Loop 2310D / 2420D for header / Line respectively) for certain scenarios (only for BH)

Medicaid coverage with Molina Healthcare in the MyCare Ohio Program we require the Medicare ID for Coordination of Benefits (COB) purposes.

Member Eligibility

Behavioral Health (BH) services were carved in to the Ohio Medicaid Managed Care Plans.

Providers should use the EDI 270/271 Eligibility transaction from the Ohio Department of Medicaid (ODM) to identify Managed Care Plan enrollment for members who are enrolled in the Ohio Medicaid program.

If you are not currently authorized to send the EDI 270/271 transaction and have an interest in adding this transaction please contact the EDI Support team by calling (844) 324-7089 or by email at OhioMCD-EDI-Support@dxc.com for assistance in sending your first test file.

Rendering Providers in Provider Portal

The Molina Healthcare Provider Portal now 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.

New Opioid Education Resources

Opioid Safety Provider Education Resources are now available on our website under the "Health Resources" tab for the Medicaid, MyCare Ohio and Marketplace lines of business.

- Ordering Physician (Loop 2420E) for certain scenarios (only for BH)

HCFA 1500 Form

- Box 33 Billing Provider Info & Phone #

NOTE: The NPI claims are billed under must align with the correct Provider Type (84 or 95). If a Provider Type 84 service is billed under the Provider Type 95 NPI, the claim will deny.

View the Top Claim Denials document on our website that includes:

- Claim Edits with Remittance Advice codes
- Denial Reason
- Correction Process

Upcoming Provider Portal WebEx Training Sessions

Molina Healthcare offers monthly training sessions:

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

Quarterly Provider Orientation:

- Wed., Feb. 20, 11 a.m. to 12 p.m. meeting number 805 725 335

Monthly Provider Portal Training:

- Thurs., Jan. 24, 2 to 3 p.m. meeting number 802 004 721
- Thurs., Feb. 28, 2 to 3 p.m. meeting number 806 568 243

Monthly Claim Submission Training:

- Tues., Jan. 22, 1 to 2 p.m. meeting number 805 966 751
- Tues., Feb. 26, 1 to 2 p.m. meeting number 806 150 085

Click “Join” at WebEx.com or call (866) 499-0396 and follow the instructions. Meetings do not require a password.

Billing in the Provider Portal

Information for all network providers

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

Online Claims Features include the ability to:

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

Additional information is available in the Claims Features Training and the Provider Web Portal Quick Reference Guide located on our website.

Information includes fact sheets, links to articles and to external trainings.

These resources:

- strengthen our commitment to opioid safety for our members
- support our providers to aid their clinical decision making

Molina Healthcare is committed to doing our part to help improve the safety of members who suffer from opioid use disorders, and to helping prevent problems related to opioid use. If you have any questions, please email our BH Provider Representative.

Requesting Prior Authorization for New Services

PA is required from Ohio Mental Health and Addiction Services (OhioMHAS) certified providers for the following services:

- Assertive Community Treatment (ACT)
- Intensive Home-Based Treatment (IHBT)
- Substance Abuse Disorder (SUD) Partial Hospitalization
- SUD Residential Services (when annual limit is reached)

Molina Healthcare online resources include:

- The Standard PA Form developed by the Ohio Association of Health Plans (OAHP) BH Collaborative for community behavioral health services. Please fax the standard PA form along with clinical information that demonstrates medical necessity for the service to our Utilization Management (UM) team at (866) 449-6843
- A Managed Care Plan Resource Document developed collaboratively by Managed Care Plans containing information on the PA process, billing procedures, contracting/credentialing, and other topics requested by providers

For a list of services that require PA prior to the initiation of the service or after an annual limit is reached, see the Provider Manual on the Molina Healthcare website. The Molina Healthcare UM team can be reached for questions at (855) 322-4079.

Behavioral Health - FAQ

Providers will need their Tax Identification Number (TIN) and Molina Healthcare Provider Identification Number to register for the Provider Portal. Providers without a Molina Healthcare ID can email BHProviderServices@MolinaHealthcare.com for assistance.

ERA and EFT for Providers

Information for all network providers

Molina Healthcare offers Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) with our contracted vendor solution ProviderNet. This is a free service for providers and benefits include:

- Faster payments
- Ability to search for historical Explanation of Payment (EOP) by claim number, member name, etc.
- Ability to view, print, download and save a PDF version of the EOP
- Ability to have files routed to associated clearinghouse

An initial check payment to the agency Tax ID associated with the NPI of at least one affiliated provider is necessary to become eligible for EFT thru ProviderNet.

NOTE: if your organization bills under multiple NPI numbers, you will need to register each NPI in the ProviderNet system.

To sign up visit the Molina Healthcare website and follow the Change Healthcare ProviderNet Registration Instructions under the "EDI ERA/EFT: tab.

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

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.