

Updated Drug Formulary

Information for all provider network

Effective Aug. 1, 2018, Molina Healthcare updated the Drug Formulary with the following changes:

Drug Name	Description of Change	Alternative Drug
Humalog Vial	Non Preferred/Not Covered	Admelog Vial
Novolog Vial	Non Preferred/Not Covered	Admelog Vial
Novolog Flexpen and Penfill	Non Preferred/Not Covered	Admelog SoloStar, *AL
Humalog KwikPen/ Junior KwikPen	Non Preferred/Not Covered	Admelog SoloStar, *AL
Jardiance	Non Preferred/Not Covered	Steglatro
Advair	Non Preferred/Not Covered	Symbicort

*AL (Age Limit) – Maximum age 18

We understand that many factors are considered when a medication is prescribed for a patient, and that the patient may need to request Prior Authorization (PA) or an exception for medical necessity. For more information on these options, visit our website or contact Molina at (800) 642-4168.

Molina Announces Partnership with Cleveland Cavaliers

Information for Medicaid providers in the Northeast region

Molina has teamed up with the Cleveland Cavaliers! This exciting new partnership will include

- An incentive program for members in the Northeast region
- Health and wellness member events with Cavaliers presence
- A Cavaliers basketball camp for adolescent members
- Community basketball and health clinics across the state

Medical Foods

Information for all network providers

Medical foods are excluded from the pharmacy benefit and should be submitted to the Molina Utilization Management (UM) department on the [Prior Authorization \(PA\)](#) request form available on our website under the “Forms” tab. A medical PA form must be submitted for medical review, including any applicable Current Procedural Terminology (CPT) code, International Classification of Disease (ICD) 10 code and clinical information for review.

Requests should be submitted by the supplier that will dispense the item to the member. For example, if the doctor’s office is going to utilize the “buy and bill” procedure they should submit the PA request. If a Durable Medical Equipment (DME) company is going to dispense the medical food product they would be responsible for submitting the PA request.

Medical foods constitute meal replacements and foods that are in the form of pills/capsules and indicated for specific disease states. Refer to [OAC \(Ohio Administrative Code\) 5160-10-26 Durable Medical Equipment](#),

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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

Visit our website at MolinaHealthcare.com/OhioProviders

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Did You Know?

Did you know that members can drop off Medicaid renewal forms at local County Department of Jobs and Family Services (CDJFS)? Members who choose to renew their Medicaid benefits in person are no longer required to schedule an appointment with their local CDJFS office.

This is one of four ways members can choose to renew their Medicaid benefits. Other methods include:

- Phone: members can call their local CDJFS or their Ohio Medicaid Renewals hotline
- Online: members may visit www.benefits.ohio.gov

[Prostheses, Orthoses, and Supplies \(DMEPOS\): nutrition products for more information on ODM coverage criteria](#) for more information.

Americans with Disabilities Act

Information for all network providers

Section 504 of the Rehabilitation Act of 1973 forbids organizations receiving federal funding (such as Medicare and Medicaid) from denying individuals with disabilities. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to health care access, we can improve the quality of life for people with disabilities. To learn more, visit the [Americans with Disabilities Act FAQ](#) on our website under MyCare Ohio, in the “Manual” tab, under “Provider Manual” beneath “Quick Reference Guides & FAQs.”

Cultural Competency

Information for all network providers

Providers are required to participate in Molina cultural competency education and training. We have resources to assist providers including translated materials and accessible formats like Braille. For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800) 750-0750 or 711. To learn more, view our [Cultural Competency Training](#) on our website under the “Manual” tab in the MyCare Ohio line of business.

Updated In-Office Laboratory Testing List

Information for all network providers

Effective Sept.1, 2018, the following test has been approved for payment in the physician office setting:

- Glucose testing, Clinical Laboratory Improvement Amendments (CLIA) waived methodology: CPT Code 82962

Look for our updated [In-Office Laboratory Testing](#) list under the “Forms” tab on our website.

Sterilization, Hysterectomy and Abortion Consent Forms

Information for providers in all networks

On Sept. 1, 2018, Molina will update the policy for submitting a Signed Consent Form (SCF) for Sterilization, Hysterectomy and Abortion. The forms are available on our website under the “Forms” tab and must be submitted with the claim when these services are billed:

- [Consent to Sterilization Form](#): Required except in unique circumstances of an unscheduled clinical event that requires sterilization because of a life-threatening emergency
 - **Codes that require an operative report and a SCF if sterilization occurred**
 - 58661
 - 58700
 - 58720
 - 58940
- [ODM Abortion Certification Form](#): Not covered, except when medically necessary to save the life of the woman or in instances of reported rape or incest
- [Consent to Hysterectomy Form](#): Required

If the form is missing or incomplete, the claim will be denied. The [Claim Reconsideration Request Form](#) must be used when submitting a claim

- Mail: members may fill out and return the renewal form mailed to them by the Ohio Department of Medicaid (ODM)

Every 12 months, Ohio Medicaid recipients must verify their income to renew Medicaid eligibility, or their benefits will be terminated. This process is called Medicaid redetermination and it impacts all Ohio Medicaid and MyCare Ohio members.

Notice of Changes to Prior Authorization (PA) Requirements

On Sept. 1, 2018, the updated PA Code list will be posted on our website under the “Forms” tab for an Oct. 1, 2018 effective date.

Always use the list available on our website, do not print the list.

Outpatient EAPG Services

Information for network hospitals

Recent changes to the EAPG grouper effective July 1, 2018, have been developed and deployed by Optum/3M.

To avoid incorrect payment of EAPG-priced claims, Molina pended impacted claims with dates of service between July 1 and August 17, 2018.

Molina Healthcare has now automatically released all pended claims for processing during the week of August 20, 2018. If you have any questions, please contact your Provider Service Representative.

Corrected Claims

Information for all network providers

Corrected claims must be received by Molina no later than the filing limitation stated in the provider contract.

Submission of Corrected Claims:

As of April 1, 2018, corrected claims must be submitted with the Molina claim ID number from the original claim being corrected, and with the appropriate corrected claim indicator based on claim form type.

Corrected claims received without this information will not be accepted and will receive the following denial information on the Molina remittance:

- Category Code A3

reconsideration and include the complete SCF. Additional information is available in the Molina [Provider Manual](#) on our website, under the “manual” tab.

Based on the above amended policy, the below email for the submission of operative reports will be closed effective Sept. 1, 2018.

- MHOOB@MolinaHealthcare.Com

Nursing Facility Care Coordination Visit Guide

Information for Nursing Facility providers in the MyCare Ohio network

Look for the “[MyCare Ohio Nursing Facility Care Coordination Visit Guide](#)” on the MyCare Ohio Molina Healthcare website under the “Manual” tab. This guide is intended as a tool to help Nursing Facility staff understand the types of visits Molina staff make to members and the purpose of each visit including:

- Compliance Related Visits
- Transition of Care Visits
- Acuity Visits

Rendering Provider NPI

Information for all network providers

Effective July 1, 2018, the Ohio Department of Medicaid (ODM) requires rendering practitioner National Provider Identifiers (NPI) on claims for:

- Behavioral Health (BH) dependently licensed and paraprofessionals
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Occupational Health Facility (OHF)
- Accredited Health Care Clinic (AHCC) clinics
- Freestanding birth center staff

As a reminder, effective Jan. 1, 2018, ODM began requiring rendering practitioner NPI on claims for:

- Independently licensed BH professionals

Claims are required to include the NPI(s) of the professionals referenced above to be on the claim. In the event this information is not included, claims will be denied. Home health and waiver providers are not required to have an NPI on the claim and will continue to submit claims with the current process.

If Community Behavioral Health providers are concerned about their ability to complete the Medicaid registration process prior to claims submission, please use the [Molina BH Provider Form](#) located on our website under the “Forms” tab, under “Contracted Practices” and send the completed roster to our contracting team at MHOProviderUpdates@MolinaHealthcare.com to ensure that we have your practitioners loaded in our claims system. All other providers should use the Molina [Provider Information Form](#) located on our website under the “Forms” tab.

Behavioral Health Carve-In for Primary Care Providers

Information for all primary care providers in the Medicaid network

On July 1, 2018 Behavioral Health (BH) services accessed through community behavioral health centers and Substance Use Disorder (SUD) treatment agencies by Medicaid consumers enrolled in Managed Care Plans will be coordinated and billed through Medicaid Managed Health

- Status Code 748
- Entity Code 41
- Error Description: “Missing incomplete/invalid payer claim control number”

Submission of Final Claims after Interim Billing:

Inpatient facility claims billed on a UB claim form, bill type 0117 are no longer accepted as the final original claim. Facilities which have submitted interim claims should submit a final claim upon patient discharge using the 0111 bill type.

Please Remember: Corrected claims are used to change or add information to a previously submitted claim. Corrected claims should be sent through the original claim submission process with a corrected claim indicator and Molina claim ID number as outlined in the [Corrected Claim Billing Guide](#), located on our website under the “Forms” tab. Corrected claims are not adjustments. Find additional information in our [Provider Manual](#) under the “Claims and Encounter Data” under “Claim Corrections.”

Provider Training Sessions

Information for all network providers

Molina is offering monthly training sessions!

Provider Portal Training:

- Thurs., Sept. 27, 2 to 3 p.m. meeting number 809 361 929
- Thurs., Oct. 25, 2 to 3 p.m. meeting number 803 201 694

Claim Submission Training:

- Tues., Sept. 25, 1 to 2 p.m. meeting number 801 156 434
- Tues., Oct. 23, 1 to 2 p.m. meeting number 805 700 653

Click “Join” at WebEx.com or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

Outpatient Therapy Caps

Information for providers in the Medicare network

In accordance with the Bipartisan Budget Act (BBA) of 2018, Medicare claims are no longer subject to the therapy caps:

- one cap for occupational therapy services

Plans instead of Fee-for-Service Medicaid. Members currently receiving treatment from non-par providers will be able to continue those services through Dec. 31, 2018 to give the providers enough time to contract.

For additional information visit the Ohio Department of Medicaid (ODM) website at <http://bh.medicaid.ohio.gov> or check out our [July Behavioral Health Provider Bulletin](#) under the “Communications” tab on our website. For questions call (855) 322-4079.

ODM Behavioral Health (BH) Redesign

Information for all Community Behavioral Health providers

Ohio’s BH Redesign went into effect on Jan. 1, 2018, impacting community behavioral health providers.

As of July 1, 2018, claims for these services need to be submitted to the Medicaid Managed Care Plans for members enrolled in managed care. To prevent a delay in service, ensure you have information about claims billing with Molina. For questions, contact BHProviderServices@MolinaHealthcare.com. Visit <http://bh.medicaid.ohio.gov/manuals> for updates and resources.

Question and Answer Sessions:

- Fri., Sept. 14, 2 to 3 p.m. meeting number 809 843 114

Provider Portal Claims Training sessions:

- Wed., Sept. 19, 11 a.m. to 12 p.m. meeting number 807 327 025

Click “Join” at WebEx.com or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

- one cap for physical therapy and speech-language pathology combined

For Molina Medicare Plans, claims for therapy services above a certain amount of incurred expenses, which is the same amount as the previous therapy caps (\$2,010 in 2018), continue to require prior authorization.

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.