PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Medicaid ID

Information for all network providers

Effective Jan. 1, 2019, providers are **required** to have enrolled or applied for enrollment with Ohio Department of Medicaid (ODM) at **both** the group practice and individual levels to receive payment for clean claims submitted to Molina Healthcare for covered services.

In order to comply with federal rule 42 CFR 438.602, providers without a Medicaid ID number will need to submit an application to ODM to receive payment for submitted clean claims. Molina Healthcare may not pay a network provider on or after Jan. 1, 2019 if the provider has not begun the enrollment process with 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.

Medicaid Unified Preferred Drug List

Information for all network providers

Beginning Jan. 1, 2019, all Ohio Medicaid managed care plans (MCPs) will prefer the same medications and use the same prior authorization criteria for diabetes drugs (insulin and non-insulin), hepatitis C drugs and medication assisted treatment (MAT) for opioid use disorder.

The Ohio Department of Medicaid (ODM), is moving toward creating this unified preferred drug list (PDL) to standardize the process across all Ohio Medicaid Fee-for-Service (FFS) and MCPs to support population health initiatives. This will help reduce administrative burdens for providers and minimize member movement across MCPs.

ODM is using a phased-in approach to build the unified PDL, adding more categories to it later in 2019. Providers may contact MEDICAID_PHARMACY@medicaid.ohio.gov with questions or concerns or can refer to the ODM Pharmacy website https://pharmacy.medicaid.ohio.gov/ under "Drug Coverage" for more information.

Waiver Provider Signature Requirement

Impacted providers include: personal care, waiver nursing, home care attendant, choice home care attendant, out of home respite, enhanced community living, adult day health services, social work counseling, and independent living assistance

Effective Jan. 1, 2019, waiver service providers for the Assisted Living, MyCare Ohio, Ohio Home Care and PASSPORT waivers are required to sign the individual's person-centered service plan (service plan). This change meets Centers for Medicare and Medicaid Services (CMS) and Ohio Department of Medicaid (ODM) requirements.

The provider's signature shows that the provider acknowledges and agrees to provide the waiver service, as authorized in the waiver service plan. Providers may sign the service plan electronically, by fax, etc. The signed service plan must be returned by the provider to Molina.

Impacted providers will receive more information closer to Dec. 31, 2018.

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

Connect with Us
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

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

Did You Know?

Did you know the Molina Provider Website includes tools and resources to ensure our providers have the most updated information The Provider Website is easy to access at MolinaHealthcare.com/OhioProviders.

Some of the key features available include:
- **Recent Updates** - Access to information or processes changing in the near future
- **Quick Links** - links to common pages on the provider site

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

Holding Claims Prior to Submission
Information for all network providers

Molina Healthcare 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 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.

2018 Open Enrollment
Information for all network providers

Ohio Medicaid and MyCare Ohio consumers can change their Medicaid managed care plans until Nov. 30, 2018. Consumers can change plans by calling the Medicaid Hotline at (800) 324-8680 or by submitting a request online at www.ohiomh.com. Current Molina Healthcare members do not need to take any action to stay enrolled with us.

The Marketplace 2019 Open Enrollment will run until Dec. 15, 2018.

Medicare Reimbursement   SNF VBP Program
Information for SNF providers in the Medicare network

As shared last month, Skilled Nursing Facilities (SNFs) will be subject to the Value-Based Purchasing (VBP) program enacted by the Centers for Medicare and Medicaid Services (CMS) effective Oct. 1, 2018. Molina is working with our vendor, Optum, to implement the VBP methodology which has been delayed awaiting release of the SNF-specific adjustment factors. Currently, implementation is slated for early December. Molina was holding impacted claims until the VBP rates were fully loaded; however, due to the additional time needed to implement, we are releasing claims to pay and will instead recover any overpayment related to the VBP through claim adjustments in Dec. 2018.

The SNF VBP Program will award incentive payments to SNFs based on performance on the SNF 30-Day All-Cause Readmission Measure.
- SNFs will be ranked from low to high nationally on performance
- Highest ranked facilities will receive highest pay back
- Only 60% of the funds withheld from all SNFs will be redistributed

This change is based on the SNF VBP program enacted by the Centers for Medicare and Medicaid Services (CMS). Additional information is available on the CMS website at www.cms.gov, go to "Quality Initiatives/Patient Assessment Instruments" under the Medicare tab, select "Value-Based Programs" and under "Other Value-Based Programs" click on "Skilled Nursing Facilities VBP."

As a reminder the VBP is separate and distinct from the 2% sequestration reduction and will be calculated before any rate factors for bad debt or sequestration.

- **Training Sessions** - All trainings available to our providers
- **EDI/ERA/EFT** – Access to information about Electronic Data Interchange (EDI), Electronic Remittance Advice (ERA) and Electronic Funds Transfers (EFT)
- **Manual & Training** – Provider manual, orientations, trainings, reference guides and FAQs
- **Communications** – Past Provider Bulletins and Partners in Care newsletters
- **Forms** – Forms and guidance, including prior authorizations, claims, provider information updates and more
- **Rx Info** –Molina's current and past Preferred Drug Lists (PDL) and pharmacy policies
- **Policy** –Key policies, such as fraud prevention, payment and 30-day readmission

Notice of Changes to Prior Authorization (PA) Requirements

On Dec. 1, 2018, the updated PA Code list will be posted on our website under the "Forms" tab for a Jan. 1, 2019 effective date.

Always use the list posted to our website under the "Forms" tab, do not print.

Provider Training Sessions
Information for all network providers

Molina is offering monthly training sessions!

Provider Portal Training:
- Thurs., Dec. 27, 2 to 3 p.m. meeting number 809 515 791
- Thurs., Jan. 24, 2 to 3 p.m. meeting number 802 004 721

Claim Submission Training:
- Thurs., Dec. 20, 2 to 3 p.m. meeting number 807 232 227
- Tues., Jan. 22, 1 to 2 p.m. meeting number 805 966 751

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

Molina Announces Partnership with Cleveland Cavaliers
Information for Medicaid providers in the Northeast region

Molina has teamed up with the Cleveland Cavaliers to provider the

Home Health Fax Number Changes
Information for all Home Health providers

Effective Dec. 1, 2018, the fax numbers used to submit Home Health Prior Authorization (PA) requests will change to the following:
- Medicaid/MyCare Ohio Opt-Out Fax: (866) 449-6843
- Medicare/MyCare Ohio Opt-In Fax: (877) 708-2116
- Marketplace Fax: (855) 502-5130

A new PA Request Form will soon be available on our website with the updated fax numbers. For additional information on how to submit PA requests check out the "Home Health Quick Prior Authorization Quick Tips Guide" on our MyCare Ohio provider website. For questions contact Molina at (855) 322-4079.

National Drug Code (NDC) Billing Guidelines
Information for all network providers

Effective Jan. 1, 2019, claims submitted with an SE modifier by providers not listed as an approved 340B drug supplier will be denied. Drugs acquired through the 340B drug pricing program must be billed with an SE modifier so they can be properly excluded from federal drug rebates.

Per the final Medicare 2018 Outpatient Prospective Payment System rule, modifiers JG and TB will be used to signify use of a 340B drug. For claims that crossover directly to ODM from Medicare, ODM will request rebates for eligible drugs, as appropriate. If a provider submits a claim for a dually eligible individual directly to ODM, ODM will expect proper reporting of the SE modifier in accordance with ODM guidelines. This is important for providers who serve both Medicaid and MyCare Ohio members.

All professional and outpatient claims with CPT/HCPCS/Rev drug code details must have the corresponding valid NDC code submitted with the CPT/HCPCS drug code or the claims will be denied.
Additional information is available by searching "Medicare 340B Reimbursement" at http://www.healthlawpolicymatters.com or in the Provider Manual on our website.

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.

Claim Denials - Discussion on TBS and T1003 type services with the Qualifiers modifiers and the importance of the roster and licensure levels.
- Fri., Nov. 30, 9 to 10 a.m. meeting number 283 555 212

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

Hoops for Health program! This exciting new partnership includes:
- 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

Learn more at MolinaHealthcare.com/HoopsforHealth!

Poll on the Provider Portal
Information for all network providers

Molina wants your feedback! We launched a new segment on the Provider Portal for providers to supply feedback based on poll questions.

After logging into the Provider Portal at provider.MolinaHealthcare.com, the poll is on the bottom right-hand side of the homepage.

Skilled Therapy
Information for all network providers

As of Oct. 1, 2018, the provisions of skilled therapy in non-institutional settings OAC 5160-8-30 through 5160-8-34 have been rescinded and combined into a single new OAC 5160-8-35 Skilled therapy services.

Skilled therapies include:
- Physical therapy
- Occupational therapy
- Speech-language
- Pathology services
- Audiology services

Updated PIF Form
Information for all network providers

Molina Healthcare has made several changes to the Provider Information Update Form (PIF), including:
- no longer requiring signatures in Attachments A, B and D
- the addition of the Americans with Disabilities Act (ADA) Attestation Form
- separate sections for individual or group service location changes and additions

As a reminder, this form is used to notify Molina of demographic or informational changes. The form is available on our website under the "Forms" tab. Send the completed form to one of the following:

Sterilization, Hysterectomy and Abortion Consent Forms
Information for providers in all networks

The Signed Consent Form (SCF) for Sterilization, Hysterectomy and Abortion 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 reconsideration and include the complete SCF. Additional information is available in the Molina Provider Manual on our website.

Based on the above amended policy, the below email address for the submission of operative reports was closed on Sept. 1, 2018.
- MHOOB@MolinaHealthcare.Com

Corrected Claims
Information for all network providers

Corrected claims must be received by Molina by the filing limitation stated in the provider contract.

Submission of Corrected Claims: 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
- 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. Corrected claims are not adjustments.

Find additional information in our Provider Manual under the "Claims and Encounter Data" under "Claim Corrections."

- Email: MHOProviderUpdates@Molina Healthcare.com
- Fax: (866) 713-1893
- Mail: Molina Healthcare of Ohio
  ATTN: PIM
  P.O. Box 349020
  Columbus, Ohio 43234-9904

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
- 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 are 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.