Submitting Electronic Data Interchange (EDI) Claims

Information for providers in all networks

Effective July 1, 2017, Molina Healthcare will begin denying paper claims from par providers. Providers can submit via a clearinghouse, such as Molina Healthcare’s contracted clearinghouse, Change Healthcare, or the Provider Web Portal at https://Provider.MolinaHealthcare.com.

Accepted claims for EDI transmission include 837P (Professional Claims) and 837I (Institutional Claims).

Electronic submission helps to reduce claim costs and payment delays, improve accuracy and ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA). Also, it can increase data accuracy and efficiency of information delivery.

Providers will also need to enroll in electronic fund transfers (EFT) and electronic remittance advice (ERA). ERA/EFT benefits include, quick turnaround time to claim payment, access to historical ERAs and the ability to download and save a PDF version of the ERA.

To enroll or view registration instructions go to MolinaHealthcare.com/OhioProviders, click on the “EDI ERA/EFT” tab and select “Enrollment Information for ERA/EFT.”

If you have questions please contact your Provider Services representative or call (855) 322-4079, or sign up for one of our upcoming WebEx training session at http://molina.webex.com.

Mon., May 8 from 1-2 p.m.
Meeting Number: 807 375 832
Fri., May 19 from 12-1 p.m.
Meeting Number: 809 416 334

Wed., May 10 from 9-10 a.m.
Meeting Number: 809 714 275
Mon., May 22 from 1-2 p.m.
Meeting Number: 804 751 370

Tue., May 16 from 11 a.m-12 p.m.
Meeting Number: 800 546 736
Thu., May 25 from 9-10 a.m.
Meeting Number: 807 482 437

ODM Behavioral Health Redesign

Information for providers in the Medicaid and MyCare Ohio networks

Effective July 1, 2017, the Ohio Department of Medicaid (ODM) is making changes to Medicaid Community Behavioral Health (BH) services.

Registration:
Providers must have all applicable rendering practitioners registered with Medicaid and linked to their organization through the Medicaid Information Technology System (MITS) portal. Visit http://mha.ohio.gov and select “MITS Claims Processing” under the “Funding” tab.

Provider groups can give information on their rendering practitioners to Molina Healthcare via the BH Provider form, located at MolinaHealthcare.com/OhioProviders, under the “Forms” tab.

Training:
Training is available through:

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

Connect with Us
OHPProviderRelations@MolinaHealthcare.com
www.facebook.com/MolinaHealthcare
www.twitter.com/MolinaHealth

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

Clear Coverage
Provides instant approval on most outpatient services. To learn more, join the next training session at http://molina.webex.com. Request on-site training: OHPProviderRelations@MolinaHealthcare.com.

Wed., May 17 from 9-10 a.m., Meeting Number: 802 649 854
Fri., June 23 from 9-10 a.m., Meeting Number: 809 310 904

Updated PA Request Form
Information for providers in the Medicaid networks

Effective June 1, 2017, Molina Healthcare will be updating the Prior Authorization (PA) Request Form, Behavior Health PA Form and the Psychological Testing Request Form and adding the new fax numbers.

The updated PA Request Form will be available June 1, at www.MolinaHealthcare.com/OhioProviders, under the “Forms” tab.
To join WebEx, call (855) 665-4629 and follow the instructions. To view training screens log into www.webex.com, click on “Join” and follow the instructions. Meetings do not require a password.

Additional resources are located on the Behavioral Health Redesign website at http://bh.medicaid.ohio.gov/manuals.

**CAHPS® Survey Administration**

*Information for providers in all networks*

Members may receive the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. The CAHPS® survey will run through May 2017. The CAHPS® survey helps provide specific feedback from our members’ perspectives about services received from Molina Healthcare and their providers.

We value all feedback from our members. Members will have a chance to give feedback on key categories, such as receiving needed and timely care and provider communications.

We appreciate the service that your office provides our members. Thank you in advance for ensuring every interaction with a Molina Healthcare member is a positive experience. If you have any questions regarding these surveys, please reach out to your Provider Services representative.
Encounter Requirements

Information for providers in all networks

1. Valid Admission Types on UB-04 claims: According to National Uniform Billing Committee, all inpatient claims must be submitted with a valid admit type. These guidelines are for UB Claims-(837I CL101 segment). Valid Admit Type Values:
   1- Emergency
   3- Elective
   5- Trauma Center
   2- Urgent
   4- Newborn

2. Transportation claims submission requirements:
   - Accurate place of Ambulance service 41 (Land) or 42 (Air or Water) need to be used for transportation claims
   - Ambulance pick up (2310E Loop) and drop off (2310F Loop) location addresses need to be accurate for Emergency and Non-emergency transportation claims and include valid state, city and ZIP code.

3. Accident state (CLM11-1 and CLM11-2) should be accurately billed for accident claims to indicate which state the accident has occurred.
   - AA – Auto Accident
   - EM – Employment
   - OA – Other Accident

4. Anesthesia claims need to be billed with an accurate unit of measurement code based on the modifier that is used on the claim. For more information, go to www.cms.gov.

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Basic Billing Training for Cost Based Clinic Providers

Information for providers in the Medicaid networks

Register for the May 23, 2017, Basic Billing training session offered to Cost-Based Clinic providers that provide services to fee-for-service Ohio Medicaid clients. Attendees will receive basic information regarding Ohio Medicaid rules, billing and resources.

To register, complete a form located under the training calendar at: http://medicaid.ohio.gov under the “Providers” tab, on the “Training” line under “Basic Billing.”

NOC Billing Requirements

Information for providers in all networks

The Not Otherwise Classified (NOC) code description is required on all claims submitted for all networks. The requirement is part of the 5010 implementation and is mandatory for both professional and facility claims. When billing a NOC code, provide a description of the service in the Electronic Data Interchange (EDI) field SV101-07.

Additional coding information is available at http://cms.gov under the “Medicare” tab, then “Coding” and “HCPSC Release & Code Sets.” Select the “Alpha-Numeric HCPCS.”

Cultural & Linguistic Competency

Providers are required to participate in Molina Healthcare 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.


Corrected Claims

Providers should submit a corrected claim to change or add information to a previously submitted claim. Corrected claim submissions are not adjustments and should be sent through the original claim submission process with a corrected claim indicator as outlined in the “Corrected Claim Billing Guide,” located at www.MolinaHealthcare.com /OhioProviders in the “Forms” tab, under “Claims” or the claim will be denied for incorrect billing.

Claim Reconsideration Reminder

Providers submitting a request for an adjustment of a previously adjudicated claim must include a completed “Claims Reconsideration Request Form.” The form and any supporting documentation should be faxed to Molina for review. Any requests without a completed form will be returned to the requestor. Find the Request for Claim Reconsideration form on our website: www.MolinaHealthcare.com /OhioProviders in the “Forms” tab, under “Claims.”

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24 hours a day, seven days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose
to report anonymously.