

Updating Provider Information Form (PIF) Process

Information for providers in all networks

Providers must notify Molina Healthcare in writing 30 days before:

- Change in practice ownership, TIN or NPI
- Change in practice name, address, phone, fax or email
- Change in practice office hours
- Addition or closure of office site locations
- Provider joins or leaves practice
- PCPs Only: practice is opened/closed to new patients

Please complete and return the Provider Information Update Form (PIF) to notify us of changes. The form is available at MolinaHealthcare.com/OhioProviders under the "Forms" tab. Please send completed form to one of the following:

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

Prior Authorization (PA) Code Addition Update

Information for providers in all networks

Please be advised that the below codes will require Prior Authorization (PA) with any diagnosis except Breast Cancer. These codes will be added to Molina Healthcare's online codified listing and will be posted by Dec. 1, 2017. Please contact your provider services representative for questions regarding this requirement.

Codes: 11900, 11901 and 11920

Fundamentals of Behavioral Health Redesign 501 Trainings

Information for Behavioral Health providers in all networks

In collaboration with the Ohio Association of County Behavioral Health Association (OACBHA), ODM and OhioMHAS will be providing a final series of "BH 501" trainings throughout Ohio to assist OhioMHAS certified providers of community behavioral health services with the most up to date information to make the successful transition. Examples of topics of interest are: prior authorization (PA), including PA transitions, policy clarifications related to practitioner enrollment, contracting with managed care plans, testing, and a high level overview of the OhioMHAS certification process to successfully transition on Jan. 1, 2018.

The trainings will take place from **10 a.m. to 3 p.m.** The cost to attend the training is **\$40**, which includes morning beverage service, and a boxed lunch with soda/water; conference materials; opportunities to ask questions during the training; and CEUs/RCHs. Go to https://www.oacbha.org/behavioral_health_redesign_501.php for more information.

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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.)

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www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

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

Website Roundup

Recently updated at www.MolinaHealthcare.com/OhioProviders:

- [Medicaid and MyCare Ohio Provider Manual](#)
- [Dental Provider Manual](#)

Durable Medical Equipment (DME) Modifiers

Durable Medical Equipment (DME) services are reimbursed according to [OAC 5160-10-05](#) when deemed medically necessary. Some DME items require certain modifiers depending on whether the service is a Rental Only, Short-Term rental or Rent-to-Purchase item. Please see [OAC 5160-10-03](#) to determine which codes should be billed as a rental or purchase. No reimbursement will be made for DME items when billed without the appropriate modifier. Please see below to determine when a modifier is required:

- No Modifier is required
 - Rental Only (RO)
- RR Modifier must be billed
 - Short-Term Rental
 - Rent to Purchase

Nov. 1	Nov. 3	Nov. 8
Top of the Market 32 Webster St. Dayton, OH 45402	The Natatorium 2345 Fourth St. Cuyahoga Falls, OH 44221	Church of the Nazarene 1617 Milan Rd. Sandusky, OH 44870

ODM Behavioral Health Redesign

Information for providers in the Medicaid and MyCare Ohio networks

Behavioral Health (BH) Redesign will be effective Jan. 1, 2018 and the Carve-In to Medicaid Managed Care will begin on July 1, 2018. Visit <http://bh.medicareid.ohio.gov/manuals> for updates and provider resources.

Molina Healthcare WebEx Behavioral Health Sessions:

- Provider training
 - Date, time and meeting number
 - Fri, Nov. 10, 2 to 3 p.m., meeting number 805 432 322
 - Thu, Nov. 16, 4 to 5 p.m., meeting number 806 991 388
- Provider Question and Answer (Q/A) sessions
 - Date, time and meeting number
 - Tue, Nov. 28, from 3 to 4 p.m., meeting number 807 339 338

To join WebEx, call (855) 665-4629 and follow the instructions. To view sessions, log into www.WebEx.com, click on "Join" and follow the instructions. Meetings do not require a password.

Claim Adjustment Reason Codes

Information for providers in all networks

Molina has standardized the HIPAA complaint CARC and RARC remit messages that will be attached to providers' and members' Electronic Remittance Advice (ERA or 835), Explanation of Payment (EOP) and/or Explanation of Benefits (EOB).

This project has developed an enterprise framework to identify and maintain all remit business rules to remain compliant with CMS and HIPAA. Providers and members can expect to see these changes on their 835, ERA, EOP and/or EOB after Dec. 15, 2017. Please contact Molina's Provider Services for questions at (855) 322-4079.

Reconsideration Process

Information for providers in all networks

Submit claim disputes **only** when disputing a denial, payment amount or clinical code edit.

- Primary insurance Explanation of Benefits (EOB), corrected claims, and itemized statements are **not** accepted via claim reconsideration.
- The Claim Reconsideration Request form (CRRF) must be filled out entirely and include the claim number or it will be returned with request for additional information. Find the form at MolinaHealthcare.com/OhioProviders under "Forms." (**paper submissions received by mail will be returned unprocessed**)
- **Fax** the form and supporting documents to **(800) 499-3406**, or
- The form and supporting documents can also be submitted through our Web Portal
 - Submit online claim disputes by doing a claim search in the Provider Web Portal
 - Attachments totaling up to 20MB can be included with the reconsideration request
 - Please include your fax number in order to receive a timely

Prior Authorization Reminder

Molina Healthcare is making continuous enhancements to improve your experience.

To ensure timely and accurate processing of authorizations, please refer to the current Prior Authorization (PA) Request Form and Instructions, which includes a list of items generally required to support a PA decision, or online Provider Manual, which outlines these general requirements in section V. paragraph C under Medical Necessity Review.

Providers can submit PA requests through the Provider Web Portal at <http://Provider.MolinaHealthcare.com> or by fax using the PA Request Form standard authorization process. For WebPortal training please contact your Provider Representative at OHPProviderRelations@MolinaHealthcare.com.

Standard forms, including the PA Request form, are available at MolinaHealthcare.com/OhioProviders under the "Forms" tab for Medicaid, MyCare Ohio and Marketplace. On the Medicare website this document is in the medical section located in the middle of the webpage under "Prior Authorization Forms," then choose "Ohio – Effective 1/1/16" from the drop down menu provided. To help process PA requests promptly, please provide the required additional information along with the original request and a completed PA request form.

Partners in Care Newsletter

Information for providers in all networks

The Fall 2017 Partners in Care newsletter will be available in coming weeks on the "Communications" tab at MolinaHealthcare.com/OhioProviders. Articles in this edition include:

- Molina Healthcare's 2017 HEDIS® and CAHPS® Results
- Molina Healthcare's Special Investigation Unit Partnering With You to Prevent Fraud, Waste, and Abuse
- 2017 Flu Season
- Updating Provider Information

Also available on our website:

- Clinical and preventive guidelines
- Disease management programs
- Quality Improvement programs
- Member rights/responsibilities

response.

Disc Submission: Larger files may not be able to process through our Web Portal or fax. These large files can be submitted by disc to ensure they are received and processed timely. Follow the policy below when submitting as a disc:

- Submit one member per disc. Those received with more than one member will be returned to the provider unprocessed.
- Complete a CRRF and save it to the disc. If the submission is received with an incomplete or missing CRRF it will be returned unprocessed.
- Place the member's first initial, last name, date of birth and shipped date on the disc.
- For encrypted discs, use the standard password **MOLINA2017**. Discs will be returned unprocessed if we cannot access the data.
- Mail **discs** to: **Molina Healthcare of Ohio**
Attn: Provider Inquiry Research and Resolution
P.O. Box 349020
Columbus, OH 43234-9020

National Drug Code (NDC) Billing Guidelines

Information for providers in all networks

Molina Healthcare and the Ohio Department of Medicaid (ODM) are requesting that all professional and outpatient claims with dates of service on or after Jan. 1, 2018, with CPT/HCPCS/Rev drug code details must have the corresponding valid National Drug Code (NDC) code submitted with the CPT/HCPCS drug code. If the CPT/HCPCS drug detail does not contain a valid corresponding NDC code, then the detail will be denied.

Report all drugs billed to the Managed Care Plan (MCP) that were acquired through the 340B drug pricing program using standard modifiers so they can be properly excluded from federal drug rebates. The 340B covered entities will be available at <https://opanel.hrsa.gov/340B>. Under "Search," select "Search Covered Entities."

The following provides some of the required billing data elements:

- NDC format (5-4-2)
- Valid units of measure are:
 - F2 (international unit)
 - GR (gram)
 - ML (milliliter)
 - UN (unit)
- Dispensing quantity
- You must use the decimal point if reporting a fraction of a unit

For further details on billing NDC numbers on claims, please refer to our Provider Manual at MolinaHealthcare.com/OhioProviders.

- Privacy notices
- Provider manuals
- Utilization Management (UM) affirmative statement/how to obtain copies of UM criteria
- Drug formulary and pharmaceutical procedures

Americans with Disabilities Act

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance 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 at MolinaHealthcare.com/OhioProviders under MyCare Ohio, in the "Manual" tab, under "Provider Manual" beneath "Quick Reference Guides & FAQs."

Now Available - Online Claim Reconsideration Requests

Information for providers in all networks

Molina Healthcare now offers providers the ability to submit claim reconsideration requests online via the Web Portal in addition to the current fax process.

Providers can access submission of online claim reconsiderations by doing a claim search by claim number or a general claim search in the Web Portal. Attachments totaling up to 20MB 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 **that they utilize for the Web Portal** to receive an electronic acknowledgment letter in their portal inbox.

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.