

Corrected Claims

Information for providers in all networks

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.

Always submit corrected claims electronically with payer ID: 20149 or via Provider Portal at <http://Provider.MolinaHealthcare.com> or

- Include all elements that need correction and all other elements originally submitted.
- Do not submit only codes edited by Molina Healthcare.
- Do not submit via the claims reconsideration process.
- Do not submit paper corrected claims

When submitting corrected claims through the Provider Portal:

- ePortal supported file formats for attachments are PDF, TIFF, JPG, BMP and GIF
- Only 1 file attachment is allowed per claim
- The file cannot exceed 128 MB. If it does, an alert will be sent and the claim will not process.

ODM Behavioral Health

Information for providers in the Medicaid and MyCare Ohio networks

Effective Jan. 1, 2018, Ohio's Behavioral Health (BH) Redesign will go live for MyCare Ohio. This initiative will transform BH with the:

- addition of a new set of procedure codes
- adoption of new services

Effective July 1, 2018, Ohio's BH Carve-in will go live for Medicaid. At that time, payment for services obtained at Mental Health and Addiction Services (MHAS) certified BH providers will transition from fee-for-service Medicaid into the Medicaid managed care plans.

Molina Healthcare WebEx BH Provider Training Sessions:

- Date, time and meeting number
 - Tue, Dec. 12, 10 to 11 a.m., meeting number 803 207 298

Provider Question and Answer Sessions:

- Date, time and meeting number
 - Tue, Dec. 12, 11 a.m. to 12 p.m. meeting number 803 207 298
 - Tue, Jan. 9, 11 a.m. to 12 p.m., meeting number 808 957 520
 - Wed, Jan. 31, 2 to 3 p.m., meeting number 805 164 819

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.

For additional questions contact Molina Healthcare's BH Provider Representative at BHProviderServices@MolinaHealthcare.com. Visit <http://bh.medicaid.ohio.gov/manuals> for updates and resources.

In This Issue – December 2017

- [Corrected Claims](#)
- [ODM Behavioral Health](#)
- [NDC Billing Guides](#)
- [New Transportation Vendor](#)
- [Office Laboratory Tests](#)
- [New PA Code List](#)
- [Mailing Information](#)
- [Evaluation & Management](#)
- [Fee-for-time Compensation](#)
- [Online Claim Reconsideration](#)

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

ItMatters@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

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

Mailing Information for Contract-Related Documentation

Information for providers in all networks

All contract-related notices made to Molina Healthcare of Ohio must be in writing. Contract-related documentation may be delivered in person or sent by:

- Registered or certified mail or U.S. Postal Service Express Mail, with postage prepaid
- Federal Express or other overnight courier that guarantees next day delivery

All notices must be mailed to the following address:

Molina Healthcare of Ohio, Inc.
PO Box 349020
Columbus, Ohio 43234
Attn: President/CEO and
Director, Provider Contracting

Evaluation and Management (E&M)

Information for providers in all networks

Providers billing Evaluation and Management services (E&M) within the postoperative period is considered bundling services.

National Drug Code (NDC)

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 Molina Healthcare that were acquired through the 340B drug pricing program appending with an SE modifier so they can be properly excluded from federal drug rebates.

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

New Molina Healthcare Transportation Vendor

Information for providers in all networks

Effective Jan. 1, 2018, Molina Healthcare will be changing our transportation vendor from Secure Transportation to Access2Care. The transportation benefit and phone number you call to schedule transportation is not changing. Access2Care is available from 8 a.m. to 8 p.m., Monday through Friday for routine ride reservations. Please call 2 business days in advance. They are also available 24/7 for any urgent or same day transportation requests.

If providers have any questions about this transportation vendor change, please call the Provider Services Department.

Physician Office Laboratory Tests

Information for providers in the all networks

Coming in 2018, participating Molina Healthcare providers will be required to submit specific laboratory specimens to in-network Independent Clinical Laboratories. A comprehensive list of testing services that are allowed to be performed in a physician's office will be made available soon.

This upcoming requirement will ensure that laboratory services are provided by a credentialed laboratory, and ensures that Molina Healthcare has access to laboratory data needed to measure performance quality and outcomes related to HEDIS®.

If you are affected by this requirement, Molina Healthcare will be reaching out to you with additional information.

Notice of Changes to Prior Authorization Requirement Effective Jan. 1, 2018

Information for providers in all networks

On Jan. 1, 2018, the updated Prior Authorization (PA) Code List will be posted on our website at MolinaHealthcare.com/OhioProviders.

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.

According to [OAC 5160-4-06](#), E&M services billed within the postoperative period for covered surgical procedures, including the day of surgery, will not receive additional reimbursement. E&M services billed within the postoperative period regardless of modifier would be inappropriate and will not receive reimbursement. Please reference Appendix DD for postoperative service, per [OAC rule 5160-1-60](#).

Fee-for-time Compensation for Substitute Physicians

Information for providers in all networks

Effective Jan. 1, 2018, new OAC rule 5160-4-07 "Fee-for-time compensation arrangement" will set forth Medicaid coverage and payment policies for professional services provided by a substitute physician that works in place of a regular physician under a fee-for-time arrangement when the regular physician is absent. This new rule will replace the current term "Locum Tenens" used to describe this situation with the term "Fee-for-time compensation arrangement."

Online Claim Reconsideration Requests

Information for providers in all networks

Effective Sept. 7, 2017, Molina offers providers the ability to submit claim reconsideration requests online. Providers have the capability to submit claim reconsideration requests via the Provider 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 Provider 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 Provider Portal** to receive an electronic acknowledgment letter in their portal inbox.