

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to last month’s “It Matters to Molina” question! Our winner is Mandy Karlin from Stromberg Chiropractic Center.

The “It Matters to Molina” August question was: As a provider, what should you do when disputing a payment amount, payment denial or a code edit?

- Submit an Authorization Reconsideration
- Submit a Claim Reconsideration
- Submit a Corrected Claim

The correct answer was b.

September Question: Which one of the below items is not a reminder for the Corrected Claim Process in our Provider Manual:

- Submit electronically or on the Provider Portal
- Include all elements that need correction, and all originally submitted elements
- Do not submit only codes edited by Molina
- Do not submit via the Claim Reconsideration process
- Do not submit paper corrected claims
- Do not include the original Molina Claim ID number

Email your answer to OHProviderBulletin@MolinaHealthcare.com by Sept. 15 to enter the September drawing. The correct answer and drawing winner will be announced in the October Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

Electronic Visit Verification

Information for impacted home and community-based service providers who bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

Electronic Visit Verification (EVV) system changes for Phase 3 will go into effect on Sept. 1, 2020 per the Ohio Department of Medicaid (ODM). Mandatory use of the Phase 3 services will be effective on Jan. 1, 2021. Phase 3 includes participant-directed services and home health therapies.

For additional Phase 3 information visit the ODM EVV website at <https://medicaid.ohio.gov/> and under “Initiatives” select the “Electronic Visit Verification” page, then “Providers” on the sidebar. Information for Phase 3 includes:

- Provider Training Roadmap
- Phase 3 Overview
- Provider Introduction Letter
- Updated Provider Email in MITS

For training information select “Training” on the right-hand side of the page.

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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 Provider Website at MolinaHealthcare.com/OhioProviders

How to Join WebEx

To join WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions. Meetings passwords are case sensitive. For trouble connecting to a Molina training, email Molina at OHProviderRelations@MolinaHealthcare.com and we’ll assist you with getting connected immediately.

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

Provider Training Sessions

Monthly It Matters to Molina Provider Forum Topic: Claim and Prior Authorization

Reconsideration Processes:

- Wed., Sept. 30, 2 to 3 p.m.
meeting number 133 297 7127,
password jGSfJPrD452

Monthly Provider Portal Training:

- Tues., Sept. 15, 2 to 3 p.m.
meeting number 133 618 9688,
password U5BpeFM7mp3

COVID-19 (Coronavirus) Updates

Information for providers in all networks

Molina would like to thank you for the care you provide to our members. Please view the COVID-19 (Coronavirus) page on our provider website under the “Communications” tab for additional COVID-19 information.

As a reminder, billing members for PPE or additional COVID-19-related charges during the COVID-19 pandemic falls under the Balance Billing restrictions. For additional details see the “Balance Billing” section of the Provider Manual.

Active Medicaid ID Number

Information for Medicaid and MyCare Ohio providers

In order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with ODM at both the group practice and individual levels by Jan. 1, 2019. Providers without a Medicaid ID number will need to submit an application to ODM.

Enrollment is available through the MITS portal or providers can start the process at <https://medicaid.ohio.gov>. Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and known to the state.

Annual Mandatory Medicare Model of Care Training

Information for providers in the MyCare Ohio and Medicare networks

The Centers for Medicare and Medicaid Services (CMS) requires contracted medical primary care providers and specialists complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) and MyCare Ohio Medicare Model of Care (MoC) by Dec. 31, 2020. MoC should be completed by providers in the MyCare Ohio and Medicare lines of business (LOB). Providers who only participate in the Medicaid and Marketplace LOB do not need to complete this training.

What providers need to do – Deadline: Dec. 31, 2020

- Complete training and fill out the MoC Attestation Form and send to OHAttestationForm@MolinaHealthcare.com

WebEx Training: Molina will be hosting monthly MoC provider training sessions to help train you and your staff, and address questions.

- Mon., Sept. 14, 2 to 3 p.m. meeting number 284 495 069, password 32PEiWgg6p6
- Fri., Oct. 23, 1 to 2 p.m. meeting number 287 825 686, password 7UEeE4tgn3m

To join WebEx, follow the instructions under “[How to Join WebEx](#).”

Find additional information at www.cms.gov under “Regulations & Guidance” then “Manuals” and “Internet-Only Manuals (IOMs)” in the CMS [100-16 Medicare Managed Care Manual](#) Chapter 5 – Quality Assessment, under “Section 20.2.1 – Model of Care Elements” then “3. SNP Provider Network” and “C. MOC Training for the Provider Network.” or read the Model of Care Provider Bulletin on our website, under the “Communications” tab.

- Thurs., Oct. 8, 10:30 to 11:30 a.m. meeting number 133 793 6084, password URuMpbch356

Monthly Claim Submission Training:

- Thurs., Sept. 17, 11 a.m. to 12 p.m. meeting number 281 076 174, password sQ9vMmMPp89
- Mon., Oct. 12, 9 to 10 a.m. meeting number 133 791 3758, password fPggMBte342

Quarterly Provider Orientation:

- Tues., Nov. 24, 2 to 3 p.m. meeting number 133 091 0716, password vgDvDpZV426

To join WebEx, follow the instructions under “[How to Join WebEx](#).”

Notice of Changes to Prior Authorization (PA) Requirements

On Sept. 1, 2020, the updated PA Code List will be posted on our website under the “Forms” tab for an Oct. 1, 2020 effective date.

Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the “Forms” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina’s PA requirements.

Notice of Changes to the Provider Manual

Molina posts a new comprehensive Provider Manual to our website semi-annually. However; changes can be made to the manual between comprehensive updates. Always refer to the manual posted on our website under the “Manual” tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina’s Provider Manual.

Did you know

Information for all network providers

Did you know you can locate Coordination of Benefits (COB) information from the Molina Portal? There are two ways to locate the member for COB:

- Under the “Quick Member Eligibility Search” type in the member ID number

Americans with Disabilities Act**Information for all network providers**

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](#) on our website under MyCare Ohio, in the “Manual” tab, under “Quick Reference Guides & FAQs.”

Obtaining a Home Blood Pressure Monitor for Members with Hypertension**Information for providers in the Medicaid and MyCare Ohio networks**

When providers want to obtain a Blood Pressure (BP) monitor for a member to utilize between office appointments, a prescription is needed with the following information:

- Member demographics (name, date of birth, address)
- Diagnosis
- Cuff size (standard or extra-large)
- Molina ID number
- Physician signature, NPI number and office phone number
- Date

The prescription for the BP monitor will be filled by a Durable Medical Equipment (DME) company. Depending on the DME company chosen, the prescription can be faxed, called in or the member can take the prescription to the DME location. For telephone orders a prescription will be faxed to the provider to sign and fax back.

The DME company will either ship the BP monitor to the member’s home, or the member will be required to pick up the equipment at the DME location.

For assistance with locating a DME company in the selected area, reach out to Molina Member Services at (800) 642-4168 for Medicaid, or (855) 665-4623 for MyCare Ohio.

- Under “Member Eligibility search by the member name and date of birth.

Then select “Enrollment Information” to locate COB.

If COB information has changed or terminated, please submit the updated COB information directly to Molina by sending a secure email to MHOEnrollment@MolinaHealthcare.com for Medicaid members, OHMMP_EnrollmentAccountingMHI@MolinaHealthcare.com for MyCare Ohio Dual Options members.

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina 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.