

## **"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 Rebecca Blair from Portsmouth City Health Department.

The "It Matters to Molina" September question was: 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

The correct answer is f.

**October Question:** What are the billing requirements for a diagnosis that is exempt from the "Present on Admission" indicator requirement?

- "1" for One
- Leave Blank for Unreported
- "N" for No

Email your answer to [OHProviderBulletin@MolinaHealthcare.com](mailto:OHProviderBulletin@MolinaHealthcare.com) by Oct. 15 to enter the October drawing. The correct answer and drawing winner will be announced in the November 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.

## **Provider Satisfaction Survey**

### **Information for all network providers**

Molina recently mailed our annual Provider Satisfaction Survey to a cross-section of our provider network. If you receive a survey, please take a few minutes to complete it. Your opinion and feedback matter to us. You can mail back the survey, fill it out online or complete it by telephone.

The survey will give your practice the opportunity to share your opinions about the care and service we provide at Molina.

Each completed survey is reviewed and analyzed. The information is then used by Molina to find ways to better serve you and work with you to serve our membership. We know that your time is valuable. We want to thank you in advance for taking the time to share your opinions and thoughts with us.

## **LabCorp COVID-19 Updates**

### **Information for all network providers**

On Aug. 11, 2020 LabCorp began offering a no charge antibody testing program for three months. This is in response to federal health authorities' request to increase donations of COVID-19 blood plasma, as plasma with COVID-19 antibodies is being evaluated as a possible treatment.

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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](mailto:OHProviderRelations@MolinaHealthcare.com)

Visit our Provider Website at [MolinaHealthcare.com/OhioProviders](http://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](http://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](mailto:OHProviderRelations@MolinaHealthcare.com) and we'll assist you with getting connected immediately.

## **Connect with Us**

[www.facebook.com/MolinaHealthcare](https://www.facebook.com/MolinaHealthcare)  
[www.twitter.com/MolinaHealthcare](https://www.twitter.com/MolinaHealthcare)

## **Join Our Email Distribution List**

Get this bulletin via email. Sign up at [MolinaHealthcare.com/ProviderEmail](http://MolinaHealthcare.com/ProviderEmail).

## **Provider Training Sessions**

**Monthly It Matters to Molina**  
**Provider Forum Topic: Overview of**

The test must be ordered by a physician for individuals who they think could be donors, and who are contemporaneously receiving other medically necessary blood tests. The no-charge test is the Roche Elecsys® Anti-SARS-CoV-2; it does not apply to other COVID-19 services.

Note: No-charge means no claim will be submitted to the health plan, no bill to the ordering provider and the patient will not be responsible for any fee.

Patients who test positive for antibodies are encouraged to donate their blood plasma. Information on the donation process and criteria can be found at <https://TheFightIsInUs.org>.

### Provider Portal Moving to Availity

#### Information for all network providers

Molina has chosen Availity as its exclusive Provider Portal provider. Coming in 2021, Molina's Provider Portal including all features, functionality and resources will transition to Availity. This will be a phased transition, with access to both the Molina Provider Portal and the Availity Portal being available as features and functionality are deployed on Availity's Portal.

Providers who currently utilize Availity for other Managed Care Plans will have access to Molina on Availity on Nov. 14, 2020. For providers who do not currently utilize Availity, Molina will be sending out additional information and training opportunities in the coming months to support this transition.

### VaxCare Solutions Now in Network

#### Information for primary care providers (PCP) in all networks

On May 1, 2020, Molina added VaxCare to our provider network. This partnership represents risk-free vaccine administration for Molina members and better access for your patients. VaxCare is a workflow-optimized buy-and-bill vaccine management system that helps provide vaccines at no cost, removes extra work and pays admin fees on every administration for primary care providers.

COVID-19 adds a new complexity to immunizing patients and VaxCare has developed tools to help with primary care and prevention, including:

- Predictive and automated flu ordering – Anticipate stock demands and streamlined ordering process
- Curb-side vaccine clinic technology – Physician office curb-side toolkit with HIPAA-compliant LTE mobile access to easily identify, track and bill for appropriate vaccines
- Family Flu Protection – Integrated pediatric workflow and tools to swiftly administer and bill for parent/guardian immunization

Existing VaxCare Partners, please allow VaxCare to bill for vaccines rendered to Molina members per your Terms of Service Agreement with VaxCare. This excludes the Vaccines for Children (VFC) program which buys vaccines at a discount and distributes them at no charge to private physicians' offices and public health clinics registered as VFC providers.

If you are interested in becoming a VaxCare Partner, email VaxCare at [hello@vaxcare.com](mailto:hello@vaxcare.com).

#### Pega and Availity (Session Includes a Presentation and Question and Answer Time):

- Thurs., Oct. 29, 1 to 2 p.m. meeting number 133 340 5738, password xH2Cwmd6358

#### Monthly Provider Portal Training:

- Thurs., Oct. 8, 10:30 to 11:30 a.m. meeting number 133 793 6084, password URuMpbch356
- Tues., Nov. 10, 9 to 10 a.m. meeting number 133 780 7408, password NMv3e6mqmY6

#### Monthly Claim Submission Training:

- Mon., Oct. 12, 9 to 10 a.m. meeting number 133 791 3758, password fPggMBte342
- Tues., Nov. 17, 2 to 3 p.m. meeting number 133 207 0625, password c5nN5iNhq6p

#### 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

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.

## Active Medicaid ID Number and National Provider Identifier (NPI) Information for Medicaid and MyCare Ohio providers

### Reminder: Providers are required to have an active Medicaid ID Number.

In order to comply with the Code of Federal Regulations (CFR) 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 Medicaid Information Technology System (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.

### Reminder: Provider should confirm the Ordering, Referring and Prescribing (ORP) provider has an active NPI and has not been deactivated in the National Plan and Provider Enumeration System (NPES).

Referring Provider NPI is required when submitting a claim. Edit 30261 "Referring Physician NPI Required" was implemented by Centers for Medicare and Medicaid Services (CMS) to improve data integrity by ensuring values submitted are valid NPIs. For additional information visit [www.hhs.gov](http://www.hhs.gov), select "Laws & Regulations" then "HHS Guidance Portal" and in "Keyword Search" type in "[Announcement of December 2019 Encounter Data Software Release Updates](#)."

## Remind Patients about Healthchek

### Information for PCPs in the Medicaid and MyCare Ohio networks

Remind your patients, or their parents/guardians, when it's time to get important Healthchek Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. These services are covered by Molina at no cost to our members. Physicians and advanced practice nurses are eligible to provide Healthchek services.

For additional information visit <https://medicaid.ohio.gov>, and under "For Ohioans," select "Programs," then "Young Adults," and "Healthchek/Early and Periodic Screening, Diagnostic and Treatment" then "[More Information](#)."

Recommended Well Care Visits from the American Academy of Pediatrics Bright Futures™ include the following ages:

- Infancy: Newborn, 3-5 days, 1 month, 2 months, 4 months, 6 months and 9 months
- Early Childhood: 12 months, 15 months, 18 months, 24 months, 30 months, 3 years and 4 years
- Middle Childhood: 5 years, 6 years, 7 years, 8 years, 9 years and 10 years
- Adolescence: 11 years, 12 years, 13 years, 14 years, 15 years, 16 years, 17 years, 18 years, 19 years, 20 years and 21 years

## Did you know?

### Information for pediatric providers

Did you know Project ECHO (Extensions for Healthcare Outcomes) offers behavioral health training series for pediatric primary care providers?

Find out more by selecting "For Medical Professionals" at [NationwideChildrens.org](http://NationwideChildrens.org), then "Education and Training" and under "+Education and Training" choose "Project ECHO." On the Project ECHO page select "View Upcoming Series" and you will be taken to the Project ECHO Series with training opportunities and registration options.

## Update: Cologuard™ Coverage

### Information for all network providers

On June 1, 2020, Molina began covering Cologuard™, a Food and Drug Administration (FDA) approved noninvasive colorectal cancer screening test that uses stool DNA technology to find both precancer and cancer. Cologuard™ has been approved by the FDA for testing men and women, 45 years of age and older, who are at average risk for colorectal cancer.

Cologuard™ is covered for the following lines of business. **Update:** Prior Authorization is not required for any line of business.

## Changes for Non-Contracted Behavioral Health Providers

### Information for Medicaid and MyCare Ohio network providers

Effective Oct. 2, 2020, non-contracted (out-of-network) Community Behavioral Health Center (CBHC) providers who deliver services to Molina members will be required to submit a Prior Authorization (PA) for all services per Molina's standard policies. Failure of a non-contracted provider to obtain prior authorization will result in claim denials for those services.

This change is based on the July 1, 2020 update by ODM to the transition of care language in Appendix C of the Managed Care Plan (MCP) Provider Agreement, under "31. Transition of Care Requirements for Managed Care Members Receiving Behavioral Health Services."

**Obstetrics (OB) Update**

**Information for Medicaid and MyCare Ohio obstetric providers**

As a reminder, on Aug. 1, 2020, Molina implemented a new review process based on the [Ohio Administrative Code \(OAC\) 5160-1-10](#): Limitations on elective obstetric deliveries, which includes the following provisions:

- Payment for any cesarean section, labor induction, or any delivery following labor induction is subject to the following criteria: Gestational age of the fetus must be determined to be at least thirty-nine weeks; or
- If a delivery occurs prior to thirty-nine weeks gestation, maternal and/or fetal conditions must indicate medical necessity for the delivery. Cesarean sections, labor inductions, or any deliveries following labor induction that occur prior to thirty-nine weeks gestation that are not considered medically necessary are not eligible for payment.

To meet this requirement providers can:

1. Send/obtain a prior authorization when delivery is to be planned prior to 39 weeks. This should be done in advance with approval/denial determination rendered prior to delivery.
2. Provide the following information upon hospital admission/delivery:
  - Clinical to support rationale for early delivery
  - Pertinent OB history, and if sterilization occurred during this OB admission

**Molina Quality Living Program Awardees**

**Information for all network providers**

Molina is proud to announce the most recent quarter’s performance for nursing facilities in the Molina Quality Living Program.

Level	Nursing Facility
Platinum Level	Bethany Village
Gold Level	Crowne Pointe Care Center
	Friends Care Community
	Pinnacle Point Nursing Rehab
	Terrace View Gardens
Silver Level	Garden Manor Extended Care Facility
	Golden Years Nursing Center
	Venetian Gardens

The Molina Quality Living Program recognizes and awards nursing facility partners that meet or exceed select CMS quality measures when providing care to Molina MyCare Ohio members in custodial care.

**Use of ASAM Criteria® for SUD Treatment in Hospitals**

**Information for providers in the Medicaid and MyCare Ohio networks**

As a reminder, effective Oct. 5, 2020, Molina will utilize American Society of Addiction Medicine (ASAM) Criteria® for all members receiving Substance Use Disorder (SUD) Treatment, including inpatient hospital level of care.

Providers should include supportive ASAM Criteria® clinical documentation with requests for admissions for any member receiving SUD Treatment/ withdrawal management to ensure the review is completed as quickly as possible.

Providers who wish to join the Molina network should reach out to [MHOBHProviderTeam@molinahealthcare.com](mailto:MHOBHProviderTeam@molinahealthcare.com).

For additional information visit <https://bh.medicaid.ohio.gov> and select “MITS BITS & Newsletters” then “[August 11, 2020 – Managed Care Changes Coming – October 2020.](#)”

**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 started on Sept. 1, 2020 per the 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.

**COVID-19 (Coronavirus) Updates**

**Information for all network providers**

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 Personal Protective Equipment (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.



Note: Information for all network providers Additionally, providers are requested to ensure the SUD Treatment/withdrawal management diagnosis/diagnoses are included on the prior authorization request for these services occurring in any level of care.

For additional information read the "[Use of ASAM Criteria® for SUD Treatment in Hospitals](#)" Provider Bulletin on our provider network, under the "Communications" tab.

### Annual Mandatory Cultural Competency Training

#### *Information for Medicaid, MyCare Ohio and Medicare providers*

Per CMS guidelines in rule 42 CRF § 438.10(h) (vii), Molina is required to validate our network providers' completion of annual Cultural Competency (CC) training. This requirement helps to ensure providers meet the unique and diverse needs of all our members.

Providers have the option to:

- Utilize Molina's CC training, located on the "Culturally and Linguistically Appropriate Resources/Disability Resources" page on our provider website, under the "Health Resources" tab
- Utilize their own CC training that meets the federal requirement

Once CC Training is completed, providers must:

- Fill out and sign the Cultural Competency Attestation form available on the "Provider Manual & Training" page, under the "Manual" tab
- Email the completed Cultural Competency Attestation form by Dec. 31, 2020 to [OHAttestationForms@MolinaHealthcare.com](mailto:OHAttestationForms@MolinaHealthcare.com)

### Annual Mandatory Medicare Model of Care Training

#### *Information for providers in the MyCare Ohio and Medicare networks*

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](mailto:OHAttestationForm@MolinaHealthcare.com)

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

- Fri., Oct. 23, 1 to 2 p.m. meeting number 287 825 686, password 7UEeE4tgn3m
- Thurs., Nov. 12, 11 a.m. to 12 p.m. meeting number 285 419 434, password yNGn7EWmW84

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

Find additional information at [www.cms.gov](http://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.

### Ownership and Control Disclosure Form Requirements

#### *Information for Medicaid and MyCare Ohio providers*

As a reminder, providers are required to complete the [Ownership and Control Disclosure Form](#) during the initial contracting process and re-attest every 36 months during the recertification process, or any time changes are made that require disclosure to the managed care plan regarding ownership and control.

Note: If a provider has completed the form within the last credentialing period and there is no change the provider needs to report, this form does not need to be completed and returned to Molina at this time.

The form is available on the Molina website, under the "Forms" tab, under "Other Forms and Resources." For additional information read the "Updated Notification: Ownership and Control Disclosure Form Requirement" Provider Bulletin under the "Communications" tab on our provider website.

### 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.