

Telehealth Place of Service (POS) 02

Information for all Medicaid and MyCare Ohio providers

As of Nov. 15, 2020, the Ohio Department of Medicaid (ODM) fee-for-service no longer accepts Place of Service (POS) 02 on telehealth claims where Medicaid is the primary payer.

Effective Nov. 15, 2020, Telehealth place of service (POS) 02 should NOT be billed on claims submitted to Molina, unless stated otherwise in ODM's telehealth billing guidelines.

Molina encourages providers to adopt this change as soon as possible. Claims billed with POS 02 will be denied where Molina Medicaid is the primary payer for DOS Jan. 1, 2021 and after. The POS on the claim must reflect the physical location of the practitioner at the time the telehealth service was delivered and not POS 02.

For Home Health services, RN Assessment service and RN Consultation service, POS 02 should continue to be billed for these services provided using telehealth.

Post-Acute Prior Authorization Update

Information for Post-Acute Medicaid and MyCare Ohio Medicare and Medicaid providers

Effective Nov. 12, 2020, Molina began to temporarily relax the Prior Authorization (PA) requirement for members admitting to Skilled Nursing Facility (SNF), Long-Term Acute Care (LTAC) and Inpatient Rehab Facilities (IRF) for Medicaid and MyCare Ohio Medicaid members.

Based on this change, Molina will waive the PA for admission. Once admitted, Molina requests notification of admission within 72 hours to continue to follow ODM's guidance in ensuring appropriateness of the level of care, to continue concurrent stay review and assistance with discharge planning and safe transition to the next level of care, including:

- Adding services for member home care needs
- Expediting referrals to participating providers
- Ensuring all plans are in place before the member discharge

Effective Nov. 20, 2020, upon notification of a SNF admission for Molina MyCare Ohio Medicare members, Molina will issue a 3-day authorization. A medical necessity review will be required for continued SNF stay.

Molina remains committed to reducing unnecessary administrative burden during the COVID-19 pandemic for our providers, and to remove discharge barriers. For additional information reach out to your Provider Services Team.

30-Day Readmission Policy Update

Information for Medicaid, MyCare Ohio and Marketplace providers

Molina has updated our [30-day Readmission Review Policy](#) to add exclusion of HIV, behavioral health and major trauma, and to update the claims process to collapse billing of Preventable Readmission into Anchor Admission.

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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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Join Our Email Distribution List

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

These changes will be effective on Jan. 1, 2021. The updated policy is located on our Provider Website, under the “policies” tab.

Notice of Changes to Prior Authorization (PA) Requirements

Information for all network providers

On Dec. 1, 2020, the updated PA Code Lists will be posted on our website, under the “Forms” tab for a Jan. 1, 2021 effective date. Updates will include:

Addition of codes for all Lines of Business (LOB) in the following sections:

- Behavioral Health, Mental Health, Alcohol & Chemical Dependency
- Experimental/Investigational
- Genetic Counseling & Testing
- Healthcare Administered Drugs
- Outpatient (OP) Hospital/ Ambulatory Surgery Center (ASC) Procedures

Removal of codes for all LOBs in the following sections:

- Healthcare Administered Drugs
- Outpatient (OP) Hospital/ Ambulatory Surgery Center (ASC) Procedures

Removal of codes for the Marketplace and Medicaid, MyCare Ohio Medicaid LOBs:

- Behavioral Health, Mental Health, Alcohol & Chemical Dependency

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.

Updated Medicaid Drug Formulary

Information for providers in the Medicaid network

On Dec. 1, 2020, Molina will post the most recent 30-Day Change Notice “Effective beginning Jan. 1, 2021: Unified Preferred Drug List (PDL) Updates.”

Molina has posted the “[Effective Jan. 1, 2021: Over-The-Counter and Durable Medical Equipment List](#)” to the Molina website, under the “Rx info” tab, on the “Drug Formulary” page.

Medicare Part B - J Code Prior Authorizations

Information for Medicare and MyCare Ohio Medicare network providers

On Jan. 1, 2021, providers will be required to submit PA requests for Medicare Medical Part B injectable drugs (Healthcare Common Procedure Coding System [HCPCS] J codes) through:

- New fax number: (800) 391-6437
- CVS Caremark, powered by NovoLogix’s web-based application via the Provider Portal

Note: The fax number and NovoLogix are to be used only for Medicare J codes requests.

The CVS Caremark (NovoLogix) PA system provides the following online PA management services:

- Efficient intake process through a web-based authorization system
- Real-time status updates

Website Roundup

Recently updated documents include:

- [Policy: 30-Day Readmission](#)
- [Provider Information Update Form](#)
- [Open Panel Form](#)
- [Provider Telehealth Resource Guide](#)

Provider Training Sessions

Monthly It Matters to Molina

Provider Forum Topic: Model of Care Training Session

- Thurs., Dec. 10, 11 a.m. to 12 p.m., meeting number 177 319 5655, password 2qpNvJmRV32

Quarterly Provider Orientation:

- Thurs., Feb. 18, 3 to 4:30 p.m., meeting number 177 539 0817, password Kfi5p8kWe9N

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

Notice of Changes to the Provider Manual

By Jan. 1, 2021, the updated Provider Manuals will be posted on our website under the “Manual” tab for a Jan. 1, 2021 effective date.

Look for an upcoming Provider Bulletin to summarize additional details on the changes to the Combined Provider Manual, including new updates to Medicaid Transition of Care timeframes.

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?

Did you know providers have a new supplemental lookup tool on the Provider Portal and the public Provider Website?

This new feature allows providers to enter a CPT code for outpatient services into a search engine to help determine if a code requires PA, if there are limitations to the code and if the PA request should be sent to Molina or eviCore. Providers can access this tool:

- On the Provider Portal under the “Quick Member Eligibly Search” and

NovoLogix is offering WebEx training sessions on how to access the new PA tool, request PA and review the status of authorized services. Please choose a CVS Caremark (NovoLogix) training session date and time below, then join at <https://cvs.webex.com/meet/AMatimba>.

- Wed., Dec. 9, 2020, 3 to 4 p.m.
- Tues., Dec. 15, 2020, 11 a.m. to 12 p.m.
- Thurs., Dec. 17, 2020, 11 a.m. to 12 p.m.
- Tues., Dec. 22, 2020, 2 to 3 p.m.
- Tues., Dec. 29, 2020, 2 to 3 p.m.
- Tues., Jan. 5, 2021, 2 to 3 p.m.
- Thurs., Jan. 7, 2021, 11 a.m. to 12 p.m.

For questions about NovoLogix call (866) 378-3791, or email CVS.NLX.IT.Help_Desk@CVSHealth.com. To reach the Molina Pharmacy Team call (800) 665-3086.

Changes to Drug Test Codes

Information for all network providers

On Jan. 1, 2021, Molina, based on ODM guidance, will stop using the Current Procedural Terminology (CPT) codes maintained by the American Medical Association (AMA) for reporting of definitive drug tests and will adopt the HCPCS codes maintained by Centers for Medicare & Medicaid Services (CMS).

New HCPCS codes include: G0480, G0481, G0482 and G0483

As a reminder, testing should be performed only for drugs or drug classes that are likely to be present, as indicated by:

- The patient's medical history
- The patient's current clinical presentation
- Current patterns of use and abuse in the general population

Hospice Services to Require PA

Information for Medicaid and MyCare Ohio network providers

Molina has postponed the effective date for hospice services billed under HCPCS T2046 to require PA for inpatient and out-of-network (non-contracted) providers.

The original effective date was Jan. 1, 2021. The new effective date is April 1, 2021.

For codes that require PA, always view the current PA Code List on our Provider Website, or use the PA Look Up tool on the Provider Portal.

Reminder: eviCore PA Requests and Process

Information for all network providers

As a reminder, if you are submitting an authorization request for a service that will be reviewed by eviCore, please remember to request via the eviCore portal at <https://www.evicore.com/provider>, by fax at (800) 540-2406, or by phone at (888) 333-8144.

eviCore manages PA requests for the following specialized clinical services, effective for dates of service (DOS) on or after Jan. 1, 2020:

- Imaging and Special Tests: Advanced Imaging (MRI, CT, PET, non-OB Ultrasounds) and Cardiac Imaging
- Radiation Therapy
- Sleep Covered Services and Related Equipment

under the "Service Request/Authorization" drop-down menu

- On the Provider Website under "Health Care Professionals"

The new lookup tool is an enhancement to the PA Code lookup process and will not replace the PA Code Lists that Molina posts to the Provider Website.

Dialysis Treatment Update

Information for ESRD dialysis clinics in the Medicaid networks

As a reminder, per the Ohio Administrative Code (OAC) [5160-13-02](#), for covered dialysis services provided at an End-Stage Renal Disease (ESRD) dialysis clinic (Medicaid provider type 59), payment is made as an all-inclusive composite amount per visit. Separate payment may be made for covered professional services of a medical practitioner and for covered laboratory services and pharmaceuticals that are not directly related to dialysis treatment.

Find additional information at <https://medicaid.ohio.gov>, under "Resources" select "Publications" then "ODM Guidance" and on the "Medicaid Policy" tab select "[MAL 641: Separate Payment for Erythropoietin-Stimulating Agents Administered at ESRD Dialysis Clinics.](#)"

Required Annual Trainings

Information for Medicaid, MyCare Ohio and Medicare network providers

CMS requires Molina to offer annual trainings on the following:

- **Model of Care:** Contracted medical providers, are required to complete a basic training on the Molina Medicare and MyCare Ohio Medicare Model of Care by Dec. 31, 2020 based on CMS guidelines.
- **Cultural Competency:** Participating network providers are required to receive Cultural Competency training to ensure providers meet the unique and diverse needs of all members based on National Committee for Quality Assurance (NCQA) requirements.

- Molecular and Genomic Testing

Connecting directly with eviCore will support a faster response time to your request and minimize any delays caused by re-routing.

Transportation Needs: Groceries

Information for all network providers

Molina has expanded transportation services to include trips for pick-up and delivery of food and groceries at food banks, grocery stores and school lunch programs.

Molina knows how hard it can be for our members to get needed services, especially during the COVID-19 pandemic. Members can now catch a ride to the store and pick out their own groceries or arrange for an online order and we will have it delivered to them.

- To schedule a ride: Members should call (866) 642-9279 at least two full business days in advance but can schedule up to 30 days in advance.
- To schedule food delivery: Members should complete and pay for an online “curbside pick-up” grocery order with a delivery day at least two full business days in the future at a participating Walmart, Giant Eagle or Kroger. When the order is placed the member should call to schedule the delivery at (866) 642-9279.

Reminder: When calling, members should have their home and food facility address ready to share. Every member has access to an extra benefit of 30 one-way trips or 15 round trips per year through our Transportation program.

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” question! Our winner is Sherry McKenzie from Memorial Health System.

The “It Matters to Molina” November question was: In order to comply with the rule Code of Federal Regulations (CFR) § 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with ODM at both the group practice and individual levels. What **two options** below could a provider utilize to obtain a Medicaid ID number?

- Submit an application through the Medicaid Information Technology System (MITS) portal.
- Nothing, ODM will send each provider a Medicaid ID number in 2020.
- Visit <https://medicaid.ohio.gov> to start the process under “Providers” and “Enrollment and Support.”
- Request a Medicaid ID number from the Molina Provider Portal under “Account Tools.”

The correct answer is a and c.

December Question: Which contract lines of business do NOT have to complete the Model of Care?

- Medicaid
- MyCare Ohio Medicare Medicaid Plan
- Medicare
- Marketplace

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

What providers need to do by the Dec. 31, 2020 deadline:

- Complete the Model of Care and Cultural Competency trainings
- Fill out the specific attestation forms for Model of Care and Cultural Competency
- Return the attestation forms by email to OHAttestationForms@MolinaHealthcare.com

For additional details read the [Model of Care](#) and [Cultural Competency](#) Provider Bulletins on our website under the “Communications” tab.

LabCorp COVID-19 Testing

LabCorp has partnered with Walgreens and CVS to provide no-cost, drive-up COVID-19 testing in certain locations in Ohio.

Individuals who wish to get tested will need to visit the Walgreens or CVS website to confirm testing locations and to answer a few screening questions before having the ability to select a location and time for the COVID-19 testing appointment.

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 42 CFR Rule § 438.602, providers were 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 must 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 thereby not 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 (NPPES). Referring Provider NPI is required when submitting a claim. Edit

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.

You Matter to Molina!

Information for all network providers

Molina wishes to thank our providers for the feedback and ideas that have been submitted through the It Matters to Molina program. Based on recommendations from our provider partners Molina has made enhancements to our Interactive Voice Response (IVR) phone system and our [Marketplace Member Website](#).

IVR updates include:

- Standardization of Main Menu, department options and messaging across all states and lines of business
- A single voice utilized throughout the IVR
- Addition of business and holiday operation hours by department
- Reduction of repeat menu options

The Marketplace Member Website updates include:

- A new user-friendly view
- Clickable icons for finding a doctor, Member forms, and more
- New drop-down menus
- New Accessibility options in the top-left corner
- Easier access to website content

Look for a new Marketplace Provider Website coming soon! Please keep sharing your recommendations. We want to hear from you, **You Matter to Molina!**

As a reminder, the Molina Provider and Member Websites are no longer supported on Internet Explorer. Please use Google Chrome or Microsoft Edge.

Value Code 80 & 81: Missing/Invalid Covered Days

Information for Inpatient and Long-Term Care providers in the Medicaid, MyCare Ohio Medicaid networks

Value code 80 (Medicaid Covered Days) **must** be present on inpatient and long-term care claims or the claims will be denied. Institutional (UB) outpatient services are excluded from this requirement.

- Units billed with value code 80 are the number of covered full days and must correspond with units billed on the claim
- The number of covered days must be entered to the left of the dollars/cents delimiter
- Value Code 80 and corresponding units exclude non-covered days, leave of absence days or the day of discharge or death

Claims with non-covered days **must** bill value code 81 (Medicaid Non-Covered Days) to indicate the total number of full days that are not reimbursable.

- Units billed with value code 81 are the number of non-covered full days and must correspond with units billed on the claim
- The number of non-covered days must be entered to the left of the dollars/cents delimiter
- Charges related to the non-covered days would be reported under Total Charges and Non-Covered Charges

30261 “Referring Physician NPI Required” was implemented by CMS to improve data integrity by ensuring values submitted are valid NPIs. For additional information visit 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](#).”

Provider Portal Moving to Availity

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 have access to Molina on Availity as of Nov. 16, 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.

Electronic Visit Verification (EVV)

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

EVV system changes for Phase 3 started on Sept. 1, 2020 per 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 information visit <https://medicaid.ohio.gov/> and under “Initiatives” select the “Electronic Visit Verification” page, then “Providers” on the sidebar. Select “Training” on the right-hand side of the page for training information.

As a reminder: When a provider receives the Remittance Message “Alert: In the near future we are implementing new policies/procedures that would affect this determination” for N363, it means that your claim will still

- The discharge date or day of death should not be included as a non-covered day
- Claims reporting non-covered level of care or leave of absence, must report a value code of 74

As a reminder:

- If the covered and non-covered days' values are not reported on separate lines, the claim will be denied
- The total covered days and non-covered days billed must match at the line and header level

For more information please visit <https://www.Medicaid.ohio.gov> and review the "Appendix G – Value Codes" in the [ODM Hospital Billing Guidelines](#) located under "Resources," then "Publications" and "ODM Guidance."

Cost Coverage Rate Increase for Hospitals

Information for hospital providers in the Medicaid and MyCare Ohio Medicaid network

Molina is holding hospital inpatient and outpatient claims while we work to configure the Cost Coverage Add-On (CCA) increases recently implemented by Governor Mike DeWine.

This was implemented through the signed [Executive Order 2020-38D](#), which authorizes ODM to temporarily increase hospital-specific CCAs.

These rate changes are for services provided on or after Nov. 1, 2020 and on or before Dec. 31, 2020. All claims will be held to ensure they do not pay at the incorrect rates.

be paid at this time; however, in the future claims could be denied.

The alert is part of the EVV validation process, and Molina was unable to find a matched, verified visit for the claim submitted. Review your visits in the Sandata Aggregator to ensure all visits are accurately logged, cleared of exceptions and that what is submitted on the claim matches.

COVID-19 (Coronavirus) Updates

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.

Pain Management

As a reminder, providers should include all required information with every Pain Management request submitted for a PA. For additional information, read the "[Tips for Submitting Pain Management Injection Request](#)" Provider Bulletin on our 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.