

## Submitting Electronic Data Interchange (EDI) Claims

### Information for providers in all networks

Effective July 1, 2017, Molina Healthcare will begin denying paper claims from par providers. Providers can submit via a clearinghouse, such as Molina Healthcare's contracted clearinghouse, Change Healthcare, or the [Provider Web Portal](https://Provider.MolinaHealthcare.com) at <https://Provider.MolinaHealthcare.com>.

Accepted claims for EDI transmission include 837P (Professional Claims) and 837I (Institutional Claims).

Electronic submission helps to reduce claim costs and payment delays, improve accuracy and ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA). Also, it can increase data accuracy and efficiency of information delivery.

Providers will also need to enroll in electronic fund transfers (EFT) and electronic remittance advice (ERA). ERA/EFT benefits include, quick turnaround time to claim payment, access to historical ERAs and the ability to download and save a PDF version of the ERA.

To enroll or view registration instructions go to [MolinaHealthcare.com/OhioProviders](http://MolinaHealthcare.com/OhioProviders), click on the "EDI ERA/EFT" tab and select "[Enrollment Information for ERA/EFT](#)."

If you have questions please contact your Provider Services representative or call (855) 322-4079, or sign up for one of our upcoming WebEx training session at <http://molina.webex.com>.

Mon., May 8 from 1-2 p.m.  
Meeting Number: 807 375 832

Fri., May 19 from 12-1 p.m.  
Meeting Number: 809 416 334

Wed., May 10 from 9-10 a.m.  
Meeting Number: 809 714 275

Mon., May 22 from 1-2 p.m.  
Meeting Number: 804 751 370

Tue., May 16 from 11 a.m.-12 p.m.  
Meeting Number: 800 546 736

Thu., May 25 from 9-10 a.m.  
Meeting Number: 807 482 437

## ODM Behavioral Health Redesign

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

Effective July 1, 2017, the Ohio Department of Medicaid (ODM) is making changes to Medicaid Community Behavioral Health (BH) services.

#### Registration:

Providers must have all applicable rendering practitioners registered with Medicaid and linked to their organization through the Medicaid Information Technology System (MITS) portal. Visit <http://mha.ohio.gov> and select "MITS Claims Processing" under the "Funding" tab.

Provider groups can give information on their rendering practitioners to Molina Healthcare via the BH Provider form, located at [MolinaHealthcare.com/OhioProviders](http://MolinaHealthcare.com/OhioProviders) under the "Forms" tab.

#### Training:

Training is available through:

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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.)

#### Connect with Us

[OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)  
[www.facebook.com/MolinaHealth](http://www.facebook.com/MolinaHealth)  
[www.twitter.com/MolinaHealth](http://www.twitter.com/MolinaHealth)

#### Join Our Email Distribution List

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

#### Clear Coverage

**Provides instant approval on most outpatient services.** To learn more, join the next training session at <http://molina.webex.com>. Request on-site training: [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com).

**Wed., May 17 from 9-10 a.m.,**  
Meeting Number: 802 649 854  
**Fri., June 23 from 9-10 a.m.,**  
Meeting Number: 809 310 904

#### Updated PA Request Form

##### Information for providers in the Medicaid networks

Effective June 1, 2017, Molina Healthcare will be updating the [Prior Authorization \(PA\) Request Form](#), [Behavior Health PA Form](#) and the [Psychological Testing Request Form](#) and adding the new fax numbers.

The updated PA Request Form will be available June 1, at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders) under the "Forms" tab.

- Managed Care Organizations (MCO) Regional Provider Forums
  - Register at [www.eventbrite.com](http://www.eventbrite.com) and in the search engine type in “MCO Forums”
  - Locations include: Akron, Athens, Toledo, Columbus and Cincinnati
- Molina WebEx series for provider training
  - Date, time and meeting number
    - Tue., June 6 from 10-11 a.m., meeting number 802 134 237
    - Thu., June 15 from 2-3 p.m., meeting number 806 960 645
    - Wed., June 21 from 4-5 p.m., meeting number 806 360 611
- Molina Healthcare Q&A Sessions for providers to call in and pose their questions will be available in July.

To join WebEx, call (855) 665-4629 and follow the instructions. To view training screens log into [www.webex.com](http://www.webex.com), click on “Join” and follow the instructions. Meetings do not require a password.

Additional resources are located on the Behavioral Health Redesign website at <http://bh.medicaid.ohio.gov/manuals>.

### Reporting Covered and Non Covered Days

#### *Information for providers in all networks*

Days reported as covered (value code 80) should only be days Molina Healthcare is responsible for paying during the Statement Covers Period (From and Through dates). Days we are not responsible for (i.e., person is ineligible) during this period should be reported as non-covered days (value code 81). Report these numbers separately at the claim line detail level or the claim will deny.

- The number of covered days (value code 80) must match the number of units and charges reported for the covered room and board days.
- The number of non-covered days (value code 81) must match number of units and charges being reported on a separate line at the detail level for the non-covered room and board days.
  - Report charges related to the non-covered days under Total Charges and Non-Covered Charges.
  - Discharge date should not be considered a non-covered day.
- The sum of the covered days and non-covered days room and board units at the claim line detail level must equal the sum of value codes 80 and 81 days and the Statement Covers Period (From and Through dates) or the claim will deny.

### CAHPS® Survey Administration

#### *Information for providers in all networks*

Members may receive the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. The CAHPS® survey will run through May 2017. The CAHPS® survey helps provide specific feedback from our members’ perspectives about services received from Molina Healthcare and their providers.

We value all feedback from our members. Members will have a chance to give feedback on key categories, such as receiving needed and timely care and provider communications.

We appreciate the service that your office provides our members. Thank you in advance for ensuring every interaction with a Molina Healthcare member is a positive experience. If you have any questions regarding these surveys, please reach out to your Provider Services representative.

### Place of Service Coding for Scion *Information for dental providers in all networks*

Per the American Dental Association (ADA) billing guidelines, a provider can bill any valid place of service. If a provider bills a place of service (POS) other than his own office (POS code 11), the POS facility name and address are required or the claim will deny.

Additional coding information is available at <http://cms.gov> under the “Medicare” tab, then “Coding” and “Place of Service Codes.” Select the “Place of Service Code Set.”

### Healthcare Coding Tips

#### *Information for providers in all networks*

On June 1, 2017, we are remodeling the Health Care Coding Tips available under the ‘Health Resources’ tab at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders). The coding tips currently listed will be removed from the website and new ones will be rotated monthly.

### COB/Third Party Liability Billing Guidelines

#### *Information for providers in all networks*

For coordination of benefits (COB) related claims per 5010 billing guidelines providers are required to report COB carrier name, carrier ID, paid amounts, disallowed amounts using respective CARCs/RARC and paid date based on the member’s primary insurance enrollment rather than Molina Healthcare.

The Companion Guide is available at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders) under the “EDI ERA/EFT” tab.

### EAPG Payment Methodology

#### *Information for hospital providers in all networks*

Effective July 1, 2017, Ohio Medicaid Fee For Service and Molina Healthcare of Ohio will adopt the Enhanced Ambulatory Patient Group (EAPG) payment methodology for outpatient claims.

OAC Draft Rule/Final rules can be verified at <http://medicaid.ohio.gov> under the “Resources” tab, on the “Legal and Contract” line under “Rules.”

### Americans with Disabilities Act

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities. The

**Encounter Requirements**

**Information for providers in all networks**

1. Valid Admission Types on UB-04 claims: According to National Uniform Billing Committee, all inpatient claims must be submitted with a valid admit type. These guidelines are for UB Claims-(837I CL101 segment). Valid Admit Type Values:
 

1- Emergency	3- Elective	5- Trauma Center
2- Urgent	4- Newborn	
2. Transportation claims submission requirements:
  - Accurate place of Ambulance service 41 (Land) or 42 (Air or Water) need to be used for transportation claims
  - Ambulance pick up (2310E Loop) and drop off (2310F Loop) location addresses need to be accurate for Emergency and Non-emergency transportation claims and include valid state, city and ZIP code.
3. Accident state (CLM11-1 and CLM11-2) should be accurately billed for accident claims to indicate which state the accident has occurred.
  - AA – Auto Accident
  - EM – Employment
  - OA – Other Accident
4. Anesthesia claims need to be billed with an accurate unit of measurement code based on the modifier that is used on the claim. For more information, go to [www.cms.gov](http://www.cms.gov).

Loop ID	Reference	Name	Codes	Category
2400	SV103	Unit or Basis for Measurement Code	MJ, UN	6
2400	SV104	Service Unit Count	MJ	6
2400	SV104	Service Unit Count		2

**Basic Billing Training for Cost Based Clinic Providers**

**Information for providers in the Medicaid networks**

Register for the May 23, 2017, Basic Billing training session offered to Cost-Based Clinic providers that provide services to fee-for-service Ohio Medicaid clients. Attendees will receive basic information regarding Ohio Medicaid rules, billing and resources.

To register, complete a form located under the training calendar at: <http://medicaid.ohio.gov> under the “Providers” tab, on the “Training” line under “Basic Billing.”

**NOC Billing Requirements**

**Information for providers in all networks**

The Not Otherwise Classified (NOC) code description is required on all claims submitted for all networks. The requirement is part of the 5010 implementation and is mandatory for both professional and facility claims. When billing a NOC code, provide a description of the service in the Electronic Data Interchange (EDI) field SV101-07.

Additional coding information is available at <http://cms.gov> under the “Medicare” tab, then “Coding” and “HCPSC Release & Code Sets.” Select the “Alpha-Numeric HCPCS.”

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 [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders) under MyCare Ohio in the “Manual” tab, under “Provider Manual” beneath “Quick Reference Guides & FAQs.”

**Cultural & Linguistic Competency**

Providers are required to participate in Molina Healthcare cultural competency education and training. We have resources to assist providers including translated materials and accessible formats like Braille. For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800) 750-0750 or 711.

To learn more, view our Disability Awareness & Sensitivity Training at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders) by clicking “Provider Training” under the “Manual” tab.

**Corrected Claims**

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](http://www.MolinaHealthcare.com/OhioProviders) in the “Forms” tab, under “Claims” or the claim will be denied for incorrect billing.

**Claim Reconsideration Reminder**

Providers submitting a request for an adjustment of a previously adjudicated claim must include a completed “Claims Reconsideration Request Form.” The form and any supporting documentation should be faxed to Molina for review. Any requests without a completed form will be returned to the requestor. Find the Request for Claim Reconsideration form on our website: [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders) in the “Forms” tab, under “Claims.”

**Fighting Fraud, Waste & Abuse**

Do you have suspicions of member or provider fraud? The Molina Health care AlertLine is available 24 hours a day, seven days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose

to report anonymously.