

# A bulletin for the Molina Healthcare of Ohio Medicaid Network

## **EMAILING PHI SECURELY**

As a provider, you share the responsibility to protect each Molina Healthcare member's protected health information (PHI). Take a look at the following list to make sure you are sending all emails containing PHI in a secure manner.

- Make sure each email is sent to only the appropriate individuals by carefully reviewing each recipient's information before you hit "Send."
- Do not use "PHI" in the subject line of an internal or external email. Only the body of the email can be sent securely.
- Do not send PHI or confidential information to a personal email account.
- Do not forget to select "**Mark Secure**" or the corresponding icon on your email account before sending emails containing PHI.

## DELEGATION OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Since July 1, 2013, Molina Healthcare has been serving the Children with Special Health Care Needs (CSHCN) population. To serve this population, Molina Healthcare forged partnerships with Nationwide Children's Hospital's Partners for Kids (PFK) and Health Network by Cincinnati Children's (HNCC) for care management (including complex and high-risk case management), while the partnership with HNCC also covers utilization management needs. Molina Healthcare has continued to directly serve members in lowrisk case management (disease management).

These two physician hospital organizations collaborate with Molina Healthcare, families, providers, and community organizations to help our youngest and most fragile members achieve optimum health outcomes, functional capability, and quality of life through improved management of their conditions. Each organization serves members in their specific regions or counties.

**PFK:** Athens, Belmont, Coshocton, Crawford, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton and Washington. Exceptions to the delegation agreement include Health Home members living in those counties, who will continue to receive services through Molina Healthcare of Ohio.

#### Questions? Call Provider S

Call Provider Services (855) 322-4079 – 8 a.m. to 5 p.m. Monday through Friday

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#### **Connect with Us**

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

#### Join Our Email Distribution List

To receive this bulletin via email, contact ProviderServices@MolinaHealthcare.com to send us your:



- $\rightarrow$  group name
  - TIN
    service location address
  - contact name
  - contact phone number
- $\rightarrow$  email

## Website Roundup

Check out www.MolinaHealthcare.com for the following updates:

- Molina Dual Options MyCare Ohio
  - Claim Submission Training
  - Transportation Training
  - Provider Sensitivity Training
  - Patient Liability Training

Molina Healthcare has implemented a new email box specifically for LTSS waiver providers. All LTSS waiver related questions can be emailed to <u>OHMyCareLTSS@MolinaHealthcare.com</u> and will be answered by a designated Provider Relations Representative.

#### **Provider Spotlight**

Congrats to Jill Vosser and Claudine Kern, winners of Molina Healthcare gift baskets in the monthly Clear Coverage and Web Portal drawings!

**Upcoming Provider Training Webinars** 

**Featured:** Clear Coverage<sup>™</sup> Friday, Aug. 15, 9-10 a.m. *Meeting Number:* 807 510 937 Friday, Sept. 19, 12-1 p.m. *Meeting Number:* 803 461 332 Friday, Oct. 17, 12-1 p.m. *Meeting Number:* 804 106 527

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#### PROVIDER BULLETIN

## MOLINA HEALTHCARE OF OHIO

**HNCC**: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren. Exceptions to the delegation agreement include Behavioral Health and Health Home members living in those counties, who will continue to receive services through Molina Healthcare of Ohio. Please refer to the Prior Authorization Request Form for HNCC's fax information

## PRIOR AUTHORIZATIONS

Authorizations should be requested with supporting clinical documentation at least 14 calendar days prior to the date of the requested service. When checking to see if a service requires a prior authorization (PA) we strongly recommend first viewing the Service Request Form, then proceeding to verify if the specific CPT code requires a PA or is a non-covered service. You can find the most up-to-date versions of these items at www.MolinaHealthcare.com > I'm A Healthcare Provider > Medicaid > Forms. \*Note: There is a separate service request form and codified PA list for BH, Home Health, and Pharmacy.

## PROVIDER ENGAGEMENT TEAM MEETINGS

With the health care reforms now underway under the Affordable Care Act and the Medicaid Adult Extension program, the Medicaid population is increasing tremendously. The percent of patients receiving their recommended chronic and preventative care is only a little more than half. While the HEDIS® tool gives you the capability to view some of these missing services, Molina Healthcare has taken it one step further by creating a Provider Engagement Team. This team includes Provider Service representatives, members form Molina's Healthcare's Quality Improvement team and our Medical Directors working closely with you—our providers—all focused on improving these stats. This team will take the lead in monitoring clinical performance rates, as well as patient compliance aimed at maximizing provider and member satisfaction.

## CORRECTED CLAIMS SUBMISSION

Now, you can submit EDI Claims Corrections in an electronic format. Here's how:

- In the 2300 Loop, the CLM segment (claim information), CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
  - "7" REPLACEMENT (Replacement of Prior Claim)
  - "8" VOID (Void/Cancel of Prior Claim)
- 2. The 2300 Loop, the REF segment (Claim Information), must include the original claim number issued to the claim being corrected. You can find the original claim number on the remittance advice.
- 3. Corrected claim bill type for UB claims are billed in loop 2300/CLM05-1

In Bill Type for UB the 7 or 8 goes in the third digit for "frequency".

The Benefits of Clear Coverage:

- 24/7 online access
- Real-time authorization status when viewing your homepage through Clear Coverage

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- Automatic approval for many services
- Ability to upload medical records, view member eligibility, and print proof of authorization

To attend the WebEx orientations, simply:

- 1.) Go to <u>www.webex.com</u>
- 2.) Click "Attend Meeting,"
- 3.) Enter the Meeting Number
- 4.) Provide your number when you join the meeting to receive a call back
- 5.) Follow the instructions

## Don't miss out on the upcoming **MyCare Ohio Provider Orientation** webinars:

| Claim Submission Trainings                |
|---|
| Aug, 21 9-10 a.m.   Meeting # 801 571 250 |
| Aug, 22 9-10 a.m.   Meeting # 809 102 609 |
| Aug, 28 10-11a.m.   Meeting # 803 821 807 |
| Aug, 29 10-11a.m.   Meeting # 804 271 305 |

## **Contacting Provider Services**

In order for us to serve you more efficiently, we are asking that you contact our Provider Claims Service Reps to assist you with your claims inquiries. For future reference, please be sure to dial (855) 322-4079, press 1 for provider or pharmacy, and follow the prompts.

## 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.

## MyCare Ohio Quick Links:

- Molina Dual Options Website: <u>www.MolinaHealthcare.com/Duals</u>
- Ohio Department of Medicaid: <u>http://medicaid.ohio.gov</u>
- Centers for Medicare & Medicaid Services: <u>www.cms.gov</u>
- Ohio Association of Area Agencies on Aging: <u>www.ohioaging.org</u>

#### **MOLINA HEALTHCARE OF OHIO**

## HyCareOhio Connecting Medicare + Medicaid

## Face to Face Claim Submission Trainings

| Molina Healthcare – Dayton AAA<br>40 W. 2nd St.<br>Dayton, Ohio 45402 |                     |  |
|---|---------------------|--|
| Date  | Time                |  |
| August 28, 2014   | 9:00 am – 10:15 am  |  |
| August 28, 2014   | 10:30 am – 11:45 am |  |
| August 28, 2014   | 1:00 pm – 2:15 pm   |  |
| August 28, 2014   | 2:30 pm – 3:45 pm   |  |
| August 28, 2014   | 4:00 pm – 5:15 pm   |  |
|   |                     |  |
| August 29, 2014   | 9:00 am – 10:15 am  |  |
| August 29, 2014   | 10:30 am – 11:45 am |  |
| August 29, 2014   | 1:00 pm – 2:15 pm   |  |
| August 29, 2014   | 2:30 pm – 3:45 pm   |  |
| August 29, 2014   | 4:00 pm – 5:15 pm   |  |

To attend one of these sessions, we ask that you RSVP by Thursday, Aug. 21. You can RSVP via email to <u>OHMyCareLTSS@MolinaHealthcare.com</u>. Please use "RSVP" as the subject line and include your name, phone number, and three preferred times. A Provider Services representative will inform you of your scheduled time. If you were previously using Rhino Billing, please bring a Rhino bill with you as a guide for diagnosis and procedure codes.

**Please Note:** Registration for Molina Healthcare's Provider Portal is required for these face-to-face training opportunities. You can register at no charge for the Provider Portal at <u>www.MolinaHealthcare.com/providers/oh/duals/</u>. You will be asked for your tax identification number or Social Security Number (SSN) and your unique Molina Healthcare provider identification number during registration. If you do not know your Molina Healthcare Identification number, please email your Tax Identification Number/SSN, Medicaid ID number, mailing address and phone number to <u>OHMyCareLTSS@MolinaHealthcare.com</u> Please include "Requesting Molina ID" in the subject line of the email. AUGUST 2014 MyCare Ohio Claims Updates:

Molina will not require a demand denial from Medicare for non-homebound members receiving Home Health services. Home Health providers can bill Molina Healthcare as primary for Molina Dual Options MyCare Ohio members who do not meet the Medicare homebound skilled level of care.

## Non–Emergent Medical Transportation for Molina Dual Options MyCare Ohio Members

"Non-emergency medical transportation service" is any service that transports a consumer from one place to another for a non-emergency medical purpose using a provider's vehicle and driver. Examples of places to which the service may transport a consumer are a doctor's office or a pharmacy. Molina Healthcare of Ohio provides non-emergent medical transportation for our members for distances greater than 30 miles. If one of your patients is in need of this service, please have them contact Logisticare or our Member Services Department to see if they qualify. Note: It is important to have your patient(s) call two (2) days in advance of the appointment to schedule transportation.

Molina Healthcare covers non-emergent transportation for nursing facility residents, dialysis patients, and covered waiver transportation for distances less than 30 miles. Molina Healthcare uses contracted transportation providers rather than Logisticare in these instances.

All other members can still access transportation for certain services through the County Department of Job and Family Services Non-Emergency Transportation (NET) program. Call County Department of Job and Family Services for questions or assistance with NET services. For more information on MyCare Ohio transportation, please see the transportation training at <u>www.MolinaHealthcare.com</u> > I'm a Health Care Provider > Duals > Manual > Web Portal Trainings.