

JUNE 2014**SUBMITTING CORRECTED CLAIMS**

Corrections can be sent in an electronic format.

1. In the 2300 Loop, the CLM segment (claim information), CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
 - a. "7" – REPLACEMENT (Replacement of Prior Claim)
 - b. "8" – VOID (Void/Cancel of Prior Claim)
2. In the 2300 Loop, the REF segment (claim information), must include the original claim number issued to the claim being corrected. The original claim number can be found on the remittance advice.
3. Corrected claim bill type for UB claims are billed in Loop 2300/CLM05-01.

PHARMACY FACTS**Abilify Half-Tablet Initiative**



Molina Healthcare of Ohio is launching a half-tablet initiative for members taking 5mg, 10mg or 15mg doses of Abilify®. Participation in this program is strictly voluntary. Molina Healthcare understands this intervention may not be appropriate for all members, and we are working with prescribers and pharmacies to assure patient safety. Molina Healthcare will cover tablet-splitters to members participating in this initiative. Prescribers **may** request a tablet-splitter on the half tablet prescription. Questions, comments, or other concerns about this program may be directed to (Attn: Dr. Nelson) MHOPharmacyDepartment@MolinaHealthcare.com.

Solvaldi

Hepatitis C is a frequent occurrence among the people we serve, ranging from a smoldering infection to a virulent, catastrophic disease most evident in lab testing. In some patients, the disease progresses, eventually requiring the patient to undergo a liver transplant. Fortunately, new drugs in the pipeline look very promising in fighting this disease.

Molina Healthcare recently published Molina Coverage Guidance on Solvaldi®, the newest hepatitis C medication on the market. Our coverage guidance states Solvaldi will be approved for treatment of genotype 1, 2, 3, or 4 chronic hepatitis C (CHC) (in combination with ribavirin or with peginterferon alfa and ribavirin), including patients with hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and those with HCV/HIV-1 coinfection. Members must meet clinical criteria to be eligible for this treatment. Please note the four physician specialists who can order this medication:

- Board-certified Infectious Disease specialists
- Board-certified Gastroenterologist

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

- group name
- TIN
- service location address
- contact name
- contact phone number
- email

Website RoundupCheck out www.MolinaHealthcare.com for the following updates:

- [Molina Dual Options MyCare Ohio](#)
 - [Duals Provider Manual](#)
 - [LTSS Manual](#)
 - [Provider Orientations](#)
- [Chiropractic PA Requirements Provider Letter](#)

Reminders

If you have eligibility or claims questions and issues, please call Provider Services at (855) 322-4079. Calls to Member Services will be transferred, as they are not equipped to handle provider issues.

Provider Spotlight

Congrats to Westar Obstetrics & Gynecology and Amani Womens Wellness LLC who received a Molina Healthcare gift basket as the Monthly Web Portal Winner and Clear Coverage winners!

MyCare Ohio Quick Links:

- [Ohio Department of Medicaid](#)
- [Centers for Medicare & Medicaid Services](#)
- [Ohio Association of Area Agencies on](#)

- Board-certified Hepatologist
- Board-certified Transplant physician

There is a prior authorization form that must be completed in detail to allow us to evaluate the requests. If the information is incomplete, the request may be denied. The form is available through Molina Healthcare's provider [Web Portal](#).

PROVIDER INFORMATION UPDATES

Make sure your claims process smoothly—and accurately—through our system by keeping Molina Healthcare updated with any and all demographic changes. Keep us up-to-date on your service location changes, new providers joining the practice, providers leaving the practice, capacity change, or TIN and practice name changes.

When updating the provider demographics, be sure to include the [Provider Information Update form \(PIF\)](#) and all appropriate documents, such as CAQH information, an Attachment A for new PCPs, an Attachment B for new specialists, or a W9 for a change in billing address, practice name, and TIN changes. The PIF can be found under the forms section our website at: <http://www.MolinaHealthcare.com/providers/oh>

DUAL OPTIONS BEHAVIORAL HEALTH UPDATE

As we prepare to best serve members of the newly launched Dual Options MyCare Ohio, Molina Healthcare has adopted a new communications policy for behavioral health crisis services.

We are requesting that, when you serve a Dual Options member in a billable crisis contact case, you either send us a copy of the member's documentation or fill out the Molina Healthcare behavioral health Coordination of Care form. This process will serve as notification of a crisis contact and provide Molina Healthcare with the necessary follow-up information to coordinate the member's care.

The form will be posted the Provider section of [MolinaHealthcare.com](#) in the following week. Just click "I'm a Health Care Professional" and look for the "Forms" tab on the top menu. The form and/or any supporting documentation can be faxed to (866) 553-9262 Attn: Emily Higgins.

PARTNERS IN CARE PROVIDER NEWSLETTER POSTED ON THE WEB

The Spring 2014 *Partners in Care* provider newsletter is available at the Provider section of [MolinaHealthcare.com](#). Just click "I'm a Health Care Professional" and look for the "Communications" tab on the top menu.

The latest edition of *Partners in Care* includes:

- Practitioner Credentialing Rights: What You Need to Know

[Aging](#)

WebEx Online Trainings

Clear Coverage – June 2014

Fri., June 20, 12 to 1 p.m.

Meeting Number: 807 760 400

The Benefits of Clear Coverage:

- 24/7 online access
- Real-time authorization status when viewing your home page through Clear Coverage
- Automatic approvals for many services
- Ability to upload medical records, view member eligibility, and print proof of authorization

Duals Provider Trainings

Behavioral Health (9:00-10:30 a.m.)

- Thurs., June 12

Meeting Number: 801 160 379

- Wed., June 18

Meeting Number: 805 878 319

- Fri., June 27

Meeting Number: 809 635 499

Long Term Support Services (LTSS) (9:00-10:30 a.m.)

- Fri., June 13

Meeting Number: 807 230 220

- Thurs. June 19

Meeting Number: 803 144 515

- Wed., June 25

Meeting Number: 803 621 600

Nursing Facility (9:00-10:30 a.m.)

- Wed., June 11

Meeting Number: 801 415 520

- Fri., June 19

Meeting Number: 805 259 314

- Thurs., June 26

Meeting Number: 803 815 160

LTSS Web Portal Claim Submission

- Wed., June 25, 10:30 to 11:30 a.m.

Meeting number: 801 630 537

- Fri., June 27, 10:30 to 11:30 a.m.

Meeting number: 804 444 791

- Wed., July 2, 9:00 to 10:00 a.m.

Meeting number: 804 247 691

- Thurs., July 3, 9:00 to 10:00 a.m.

Meeting number: 807 839 674

Fighting Fraud, Waste & Abuse

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

- Complex Case Management
- Molina Healthcare's Utilization Management
- Non-Discrimination
- Preventive Health Guidelines
- Behavioral Health
- Care for Older Adults
- Hours of Operation
- Clinical Practice Guidelines
- Member Rights and Responsibilities
- Standards for Medical Record Documentation
- Drug Formulary and Pharmaceutical Procedures
- Featured at MolinaHealthcare.com
- Patient Safety
- Care Coordination & Transitions
- Molina Healthcare ICD-10 Conversion FAQ
- Advance Directives
- Risk Adjustment and Accurate Reimbursement
- Quality Improvement Program
- Health Management Programs Improve Member Health

Also available on our website:

- Clinical practice and preventive health guidelines
- Disease management programs for asthma, diabetes and pregnancy
- Quality Improvement program
- Member rights and responsibilities
- Privacy notices
- Claims and denials decision information
- Provider manual
- Utilization management affirmative statement (non-incentive for underutilization)
- How to obtain copies of utilization management criteria

To request hardcopy versions of *Partners in Care*, call Provider Services at (855) 322-4079.

PROVIDER SATISFACTION MATTERS TO MOLINA

Molina Healthcare is partnering with The Myers Group (TMG), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, to conduct the Molina Healthcare 2014 Provider Satisfaction Survey. TMG follows a two-wave mail and phone follow-up survey methodology.

The survey has been mailed to a representative cross section of our provider network. Molina Healthcare values the opinion of its providers and encourages you to take a few moments to complete the survey. What you have to say truly matters to all of us at Molina Healthcare.

The survey results will be used to find opportunities for improvement to make Molina Healthcare the managed care plan of choice among providers. With your feedback, we can continue to serve you better. We look forward to continuing to provide you with exceptional service for years to come.

available to you 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.

Ohio Medicaid – ICD-10 Implementation Update

The U.S. Department of Health & Human Services will soon release an interim final rule that includes a new ICD-10 compliance date of October 1, 2015. The rule will require HIPAA-covered entities to continue use of the ICD-9 code set through September 30, 2015. This action is made necessary by enactment on April 1, 2014 of the *Protecting Access to Medicare Act of 2014 (PAMA)* (Pub. L. No. 113-93), which delayed adoption of ICD-10 prior to October 1, 2015.

While Ohio Medicaid will not be accepting the ICD-10 code set until the new effective date of October 1, 2015, Ohio Medicaid will stay the course with ICD-10 implementation work by:

- *Continuing to process claims with the ICD-9 code set until ICD-10 is adopted as the standard for code sets on October 1, 2015;*
- *Modifying all systems for the new compliance date of 10-1-2015;*
- *Continuing remediation and testing activities as originally planned, including external testing for entities electing to participate starting **June 2014**;*
- *Continuing updates to the Ohio Administrative Code, including updating ICD-9 to the most recent version of ICD; and*
- *Revising external outreach and internal training plans to follow the new October 1, 2015 date.*

Ohio Medicaid will continue to monitor PAMA impacts and publish updates to our ICD-10 webpage at:

<http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx>.

Please continue to direct your ICD-10 questions to:

IDC10question@medicaid.ohio.gov.