PROVIDER BULLETIN

MOLINA HEALTHCARE®

A bulletin for the Molina Healthcare of Ohio provider networks

Upcoming Behavioral Health Sessions

Molina Healthcare is hosting BH Provider WebEx Sessions. In addition to general questions, the Q&A sessions can also be utilized for billing, claims and testing questions.

Question and Answer WebEx Sessions:
- Tues., June 5, 1 to 2 p.m. meeting number 805 003 479
- Wed., June 20, 2 to 3 p.m. meeting number 803 439 317
- Mon., July 9, 11 a.m. to 12 p.m. meeting number 803 368 902
- Tues., July 17, 8:30 to 9:30 a.m. meeting number 809 898 687
- Wed., July 25, 12 to 1 p.m. meeting number 802 583 187
- Tues., July 31, 3 to 4 p.m. meeting number 809 481 824

Provider Portal Claims Training WebEx Sessions:
- Thurs., June 14, 1 to 2 p.m. meeting number 808 331 894
- Mon., June 25, 11 a.m. to 12 p.m. meeting number 808 624 834
- Wed., July 11, 11 a.m. to 12 p.m. meeting number 802 607 764
- Mon., July 23, 2 to 3 p.m. meeting number 803 931 383

To join WebEx, call (855) 665-4629 and follow the instructions. To view sessions, log into www.WebEx.com, click on "Join" and follow the instructions. Meetings do not require a password.

BH Provider Forums:
- Columbus: Tues., June 5, 10 a.m. to 1 p.m.
- Cleveland: Thurs., June 14, 10 a.m. to 1 p.m.

Register for the forums at http://www.eventbrite.com and search "MCO BH Provider Forum." Additional provider forums will be coordinated – information on the additional sessions will be announced in a MITS BITS email newsletter.

Independence, Ohio BH Training

Please join the Molina Healthcare BH Provider Services team for a face to face orientation on June 13, 2018, in our Independence, Ohio office, near Cleveland.

Molina Healthcare will offer three sessions times:
- 9:00 – 10:30 a.m.
- 11:00 a.m. – 12:30 p.m.
- 1:15 – 2:45 p.m.

Each session time has space for 12 attendees, so please RSVP to BHProviderServices@MolinaHealthcare.com advising of the time you would like to attend. Molina Healthcare will confirm your participation with an email reply that will include the address of the Independence office.

Identifying a Molina Healthcare Member

Molina Healthcare requires the Medicaid Management Information System (MMIS) Identification (ID) number for all Medicaid only members and MyCare Program members who have only Medicaid coverage with us. If the member has both Medicare and Medicaid coverage with Molina

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 BHProviderServices@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

Visit http://bh.medicaid.ohio.gov/manuals for updates and resources.

Connect with Us
ItMatters@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List
Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Provider Support Available

Molina Healthcare has multiple channels to assist BH providers with Prior Authorization (PA), billing support and claims payment issues:
- **Utilization Management** – contact (855) 322-4079 for assistance with PA requests
- **Molina Healthcare Rapid Response Team** – providers can route issues to BHProviderServices@Molinahealthcare.com and Molina Healthcare will monitor, route and track emails for quick resolution

Enrollment Updates for BH Agencies

The Behavioral Health Special Provider Bulletin is a newsletter distributed by Molina Healthcare of Ohio.

Healthcare in the MyCare Program we require the Medicare ID for Coordination of Benefits (COB) purposes.

Behavioral Health – Frequently Asked Questions

Our Behavioral Health Frequently Asked Questions (FAQ) is available to help answer questions about the Provider Portal, contracting, claims, prior authorizations, Behavioral Health (BH) Testing and more! Look for it on our website under the "Health Resources" tab.

Rendering Providers in Provider Portal

The Molina Healthcare Provider Portal now has the ability to allow multiple rendering providers per claim.

Example: Jane Smith, RN (NPI 9876543210) and John Jones, RN (NPI 9876543211) each provide two, 15-minute nursing services (H2019) to Betty Brown. The correct way to bill these services is by submitting two detail lines on a single claim.

1. Claim detail one would be: Jane Smith, RN, NPI in rendering provider field: 9876543210, with two units of H2019.
2. Second claim detail would be: John Jones, RN, NPI in rendering provider field: 9876543211, with two units of H2019.

Providers who are not required to individually enroll in Medicaid must leave the rendering provider field blank and detail at the same date of service, same supervisor NPI, same place of service, same provider and other modifiers.

Behavioral Health Redesign Claims Testing

MyCare Ohio's BH Redesign went live on Jan.1, 2018. Community BH Providers will transition to billing Medicaid Managed Care plans for their services on July 1, 2018.

Molina Healthcare would like to invite MyCare Ohio and Medicaid providers to test our billing systems as we finalize our preparations for the BH Redesign and Carve-In. The EDI and Provider Portal are available for BH claims testing. Test claims can be submitted by:

- Completing the EDI registration process through Molina Healthcare's clearinghouse, Change Healthcare. Providers/clearinghouses without an existing Change Healthcare account can register for the cost-free service at http://providernet.adminisource.com with our payer ID 20149
- Providers can submit an excel spreadsheet with test claims to Molina Healthcare at BHProviderServices@MolinaHealthcare.com. Molina Healthcare staff will enter this information into our Provider Portal for processing

Providers need to use active Molina Healthcare members whenever possible. Providers without Molina Healthcare members should leave the name field blank and contact Molina Healthcare when submitting a file. Molina Healthcare will populate test member information in these files.

Providers may repeat 10 test members over an unlimited number of test claims. Test scenarios should:
- Incorporate the new codes and requirements.
- Use 2018 Dates of Service. For example, on Jan. 5, 2018, only submit claims for Jan. 1-5, 2018

It is time for Ohio BH agencies (Medicaid provider types 84 and 95) to begin enrolling dependently licensed and BH paraprofessional practitioners in Ohio Medicaid and affiliating them with employing/contracting community behavioral health agencies.

For detailed information on how to complete this process, please see the ODM "01/31/2018 Enrollment of Dependently Licensed and BH Paraprofessional Practitioners in MITS" at http://mha.ohio.gov/, under "News & Events" and "MITS Bits Updates."

Claims for services between Jan. 1 and June 30, 2018, should not include these practitioners' NPIs in the rendering field or claims will deny.

BH Redesign Testing Guidance

Molina Healthcare has guidance on BH Redesign claims testing on our website under the "Health Resources" tab, under "Behavioral Health."

New Opioid Education Resources

Provider Education Resources on Opioid Safety and Guidelines is now available on our website under the "Health Resources" tab for the Medicaid, MyCare Ohio and Marketplace lines of business. Information includes fact sheets, links to articles and to external trainings.

These resources:
- strengthen our commitment to opioid safety for our members
- support our providers to aid their clinical decision making

Molina Healthcare is committed to doing our part to help improve the safety of members who suffer from opioid use disorders, and to helping prevent problems related to opioid use. If you have any questions, please email our BH Provider Representative.

Requesting Prior Authorization for New Services

Effective Jan. 1, 2018, Prior Authorization (PA) is required from Ohio Mental Health and Addiction Services (OMHAS) certified providers for the following services:
- Assertive Community Treatment (ACT)

- Reflect the current scope of services being offered in your practice
- Align with current HIPAA billing guidance and standards
- Providers submitted on test file must match the providers submitted on the testing intake form

If a provider is interested in testing, email Molina Healthcare at BHProviderServices@MolinaHealthcare.com for the intake form. Once it is submitted, email the testing reference number to Molina Healthcare. Our claims testing team will use this number to pull the test files from Change Healthcare for processing and will notify providers individually with the results.

For guidance on billing, please visit the Ohio Department of Medicaid (ODM) website at http://bh.medicaid.ohio.gov/manuals. Providers may request to join the Molina Healthcare network by completing the "Non-Participating Provider Contract Request Form" on our website under the "Forms" tab.

Common Billing Errors that Cause Claims to Deny

No member enrollment for claim dates of service: It is the responsibility of the providers to check eligibility at every encounter prior to rendering the service by logging into https://www.ohmits.com.

Claims billed for Medicaid members: Claims for Medicaid Members should be submitted to the ODM Fee for Service (FFS) for dates of service through June 30, 2018.

Providers combining type 84 (MH) and type 95 (SUD) services under one NPI: Claims cannot be processed with an incorrect NPI number. Providers must use separate NPIs for Mental Health (MH) and Substance Use Disorder (SUD) services. An NPI can be obtained by visiting https://nppes.cms.hhs.gov/NPPES/Welcome.do.

Provider type 84 (MH) and 95 (SUD) using NPIs not registered or inactive in MITS: Providers must have NPIs registered as active in MITS.

Providers entering a NPI on claim for dependent practitioners: Services performed by a dependent practitioner PRIOR to July 1, 2018, should not include the NPI number of the rendering practitioner. Box 31 and 24 J on the HCFA 1500 should be left blank and a practitioner modifier should be used on the service line. Claims for services performed by a dependent practitioner AFTER July 1, 2018 should include the NPI number of the dependent practitioner in Box 31 or 24 J.

Practitioner modifier or rendering practitioner NPI missing on claim: When a claim is submitted with the practitioner modifier or the rendering practitioner's NPI missing, a corrected claim can be submitted via the Provider Portal or through EDI. Please see the "MCO Resource Document for CBHC Providers" on our website for additional details.

- Intensive Home-Based Treatment (IHBT)
- Substance Abuse Disorder (SUD) Partial Hospitalization
- SUD Residential Services (when annual limit is reached)

Resources on our website include:

- The standard PA form developed by the Ohio Association of Health Plans (OAHP) BH Collaborative for community behavioral health services. Please fax the standard PA form along with clinical information that demonstrates medical necessity for the service to our Utilization Management (UM) team at (866) 449-6843
- A resource document developed collaboratively by Managed Care Plans containing information on the PA process, billing procedures, contracting/credentialing, and other topics requested by providers

For a list of services that require PA prior to the initiation of the service or after an annual limit is reached, see the Provider Manual on the Molina Healthcare website under the "Manual" tab. The Molina Healthcare UM team can be reached for questions at (855) 322-4079.

Claims Features Training

The Provider Portal is secure and available 24/7. Register for the Provider Portal on our website or at http://Provider.MolinaHealthcare.com. Online Claims Features include the ability to:

- Submit new claims
- Submit a corrected claim
- Submit claim reconsiderations
- Export claims
- Void a claim
- Check status of claims
- Build and submit batches of claims
- Create a claims template
- Add supporting documents

Additional information is available on our website under the "Manual" tab, under 'Provider Orientation and Trainings" click on "Claims Features Training."