MOLINA HEALTHCARE

PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

Submitting Electronic Data Interchange (EDI) Claims
Information for providers in all networks

Molina Healthcare is going green! In order to streamline the exchange of claim and payment information, Molina is focused on ensuring our provider partners are taking advantage of electronic solutions.

Electronic Data Interchange (EDI) is the safest and easiest method to submit claims to Molina Healthcare, receive payments and remittance advices.

Electronic claim submission can be done in one of two ways:
- through your own clearinghouse or Molina's contracted clearinghouse, Change Healthcare,
- Molina's Provider WebPortal - https://Provider.Molina Healthcare.com

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

Electronic Claims Submission:
- Ensures HIPAA compliance
- Helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claims delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina Healthcare faster

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) can save your staff from trips to the bank and faster payments than if they came in the mail.

ERA/EFT offer:
- Faster payment
- Ability to search for a historical ERA (aka Explanation of Payment – EOP) by claim number, member name, etc.
- View, print, download and save a PDF version of the ERA for easy reference with no paperwork to store.
- Files can be routed to FTP and/or provider clearinghouse.

To Enroll in ERA/EFT, please click here (http://www.molinahealthcare.com/providers/common/duals/ediera/era/Pages/enrollERAEFT.aspx) for registration instructions.

If you have questions regarding these electronic solution please contact your Provider Services representative or call 855-322-4079.

Questions?
Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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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.

Wed., March 22 from 9 to 10 a.m., Meeting Number: 801 943 841

Ownership Disclosure Requirement
Information for Medicaid & MyCare Ohio networks

Effective Feb. 6, 2017 providers are required to complete the Ownership and Control Disclosure Form during the contracting process and re-attest every 36 months during the re-credentialing process or at any time disclosure needs to be made to the plan. The form is at MolinaHealthcare.com/OhioProviders in the provider forms tab under "Other Forms and Resources."

Long Term Support Services (LTSS)
Information for MyCare Ohio providers

Molina Healthcare is updating the bid request process on supplemental and assistive devices, home medical

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	9- Unknown

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.

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

Aide Nursing Rate Changes
Information for RNs/LPNs and Personal Care Aids in MyCare Ohio network

Effective Jan. 1, 2017, new reimbursement rates went into effect for waiver nursing, personal care and home care attendant services available under Ohio's Medicaid Home and Community Based Services (HCBS) waiver, private duty nursing and home health nursing services available under the Ohio Medicaid state plan.

Providers can anticipate:
* A 3 percent rate increase for Ohio Home Care and Transitions Developmental Disabilities (DD) waiver personal care aide services (Agency and Non-Agency aides).
* A statewide 15-minute rate for PASSPORT Waiver personal care services (Agency aides).
* A 3 percent rate increase for the personal care tasks performed under the Ohio Home Care and PASSPORT waiver home care attendant service (Non-Agency aides).
* MyCare Ohio plans will be required to pay the new rates as

equipment and pest control for LTSS. Bid requests are expected to have a turnaround time of less than 7 days, unless an expedited time is required for a health or safety risk.

Bids must be submitted in writing with the following information:
* Provider name, billing ID, address and phone
* Member name, address including county, phone, date of birth, Medicaid ID and Medicare ID
* PCP name and phone
* Diagnoses related to request
* Full written description of service or product to be provided including model ID when relevant
* Total cost of service or product
* Identified breakdown of cost per payer source
* Total cost of waiver bid
* For services or products that require custom sizing, the bid must also contain member's height and weight

Nursing Facilities Ventilator Program
Information for home health providers in the Medicaid network

Effective on Feb. 2, 2017, skilled nursing facilities that provide service to Medicaid primary members who are utilizing a ventilator are eligible for an enhanced reimbursement if they receive prior approval to participate.

Providers interested in participating in this ODM program and who meet the criteria should send a written request to nfpolicy@medicaid.ohio.gov. If the request is approved, ODM will provide an ODM 10198 form for the nursing facility to complete for billing. Refer to Ohio Administrative Code (OAC) 5160-3-18.

New PA List Effective April 1, 2017
Information for providers in all networks

On March 1, 2017 the updated PA Code list will be posted online at www.MolinaHealthcare.com/OhioProviders.

Fighting Fraud, Waste & Abuse
Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports

transition requirements are applicable to new enrollees.
- Rate changes will not apply to state plan home health aide services as those rates were increased effective Jan. 1, 2016, as a result of the State Fiscal Year (SFY) 2016-2017 biennial budget.

Refer to Ohio Administrative Code (OAC) 5160-46-06 and 5160-46-06.1.

Home Health CPT Code Retired – G0154
Information for home health providers in the Medicaid and MyCare Ohio networks

Effective on Sept. 30, 2016 procedure code G0154 for home health nursing was retired by the Ohio Department of Medicaid (ODM). Use the following codes instead:

Service	Effective Sept. 30	Retired
Registered nurse (RN) visit for home health nursing	**G0299** (billed to ODM)	G0154 with modifier TD
Licensed practical nurse (LPN) visit for home health nursing	**G0300**	G0154 with modifier TE

The changes apply to home health nursing services and do not impact the TD or TE modifiers used to denote private duty nursing services (T1000) provided by an RN or LPN. Refer to Ohio Administrative Code 5160-12-05 Appendix A for new codes.

For additional questions, please contact the Ohio Long Term Services and Support email box at OHMyCareLTSS@MolinaHeathcare.com.

Notice of Changes to Prior Authorization Requirements
Information for providers in all networks

Home Health Providers: Effective April 01, 2017, the following documents will be required in addition to a completed Service Request Form for all prior authorization requests for home health services:
Start of Care Requests:
- A current completed OASIS
- A current signed 485

Recertification Requests:
- A current completed OASIS
- A current signed 485
- Two weeks of most recent Skilled nursing and/or Home Health Aide notes

are confidential, but you may choose to report anonymously.