PROVIDER BULLETIN

MOLINA HEALTHCARE

A bulletin for the Molina Healthcare of Ohio provider networks

IN THIS ISSUE

Questions?
Call Provider Services
(855) 322-4079 – 8 a.m. to 6 p.m.
Monday through Friday

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Website Roundup
Updated at www.MolinaHealthcare.com:
- Clear Coverage™ Training
- Transportation Training
- Provider Information Update Form
- Archived PA Code Lists
- Health Care Coding Tips
- Clinical Practice Guidelines
- Preventive Health Guidelines

PREVENT EPSDT CLAIM REJECTION
Information for all Medicaid and MyCare Ohio providers

Don't forget to complete the referral field indicator (field 24h) on Early Periodic Screening, Diagnosis and Treatment (EPSDT) claims. Your claim may **reject** if this field is not complete. To learn more, To learn more, visit http://www.MolinaHealthcare.com/ Providers/OH and select "Provider Bulletin" under the "Communications" tab.

EXPLANATION OF PAYMENTS UPDATE
Information for all MyCare Ohio providers

An update is coming soon that will modify explanation of payments (EOPs) to assist providers in processing their accounts. The amounts previously listed under the coordination of benefits (COB) field in the MyCare Ohio Medicare segment will now be listed under the co-insurance and deductible fields. This change was made to add clarity to our EOPs and is applicable to electronic and paper modes of transmission.

Reminder: MyCare Ohio members will not be held liable for any Medicare Part A and B cost sharing. This includes deductibles, co-insurance and co-payments.

IMMUNIZATION STATUS
Information for primary care providers in all networks

Providers often see an increase in well visits from June to September, making this an ideal time to review for missing vaccinations. Adolescents need one meningococcal, one Tdap, and Human Papillomavirus Vaccine (HPV).

Children 2 years of age need four diphtheria, tetanus and a cellular pertussis, three polio, one measles, mumps and rubella, three H influenza type B, three hepatitis B, one chicken pox, four pneumococcal conjugate, one hepatitis A, two or three rotavirus, and two influenza.

Tips to ensure your patients get their needed vaccines:
- Review the immunization record before the visit.
- Recommend immunizations to parents. Parents are more

Leadership Staff Update
Ami Cole has been named President of Molina Healthcare of Ohio. As the previous Chief Operating Officer (COO), Ami was responsible for rolling out new products and overseeing the implementation of the Molina Marketplace and the Molina Dual Options plans.

Her predecessor as Ohio President, Amy Schultz Clubbs, was promoted to Regional Vice President over plans in Ohio, Illinois and Wisconsin.

Virginia Fuentes-Rivera, the previous Associate Vice President of health plan operations in Ohio, has been promoted to COO.

Clear Coverage™ Corner – Training
Start using Clear Coverage™ to reap the benefits of an authorization system that

likely to agree with provider-supported vaccines.
- Address concerns about vaccinations (e.g., autism).
- Have a system for patient reminders.
- Check for missed appointments on the Web Portal.

SKILLED NURSING RESOURCES
Information for MyCare Ohio Skilled Nursing Facilities

Molina Healthcare has created several resources for Skilled Nursing Facilities (SNFs) providing services to MyCare Ohio members, including a Nursing Facility Orientation, a Nursing Facility FAQ, a Patient Liability Training and a Transportation FAQ. To find these resources, visit www.MolinaHealthcare.com/Providers/OH/Duals and select "Provider Training" under the "Manual" tab.

If you have additional questions, contact your Provider Services Representative at (855) 322-4079.

PRE-SERVICE PA RECONSIDERATION VS. APPEAL
Information for all providers in all networks

When your prior authorization (PA) request is denied, consider a pre-service denial reconsideration first before an appeal.

A pre-service denial reconsideration is a second review of PA request by Molina Healthcare clinical staff done after the provider submits additional information to support the original request.

A denial reconsideration can be completed during the 30-day period following the initial PA denial.

If there is an unfavorable decision, the member still has formal appeal rights. If you are not satisfied with the reconsideration determination, an appeal is the next step. The appeal process can take up to 14 days for a determination.

Benefits of requesting a reconsideration include:
- A quicker turnaround time in most cases than an appeal.
- No member approval is required (via Authorized Representative Form).
- You still have the option to file an appeal if the original decision is upheld after reconsideration.

How do you ask for reconsideration?
- Fax additional information to:
  - Pre-Service: (866) 449-6843
  - Inpatient Services: (866) 553-9219
- Clearly write the word "Reconsideration" on the fax.

may provide an automatic decision. To learn more, join the next training session, also available on mobile devices.

Friday, Aug. 21, 9 to 10 a.m.
Meeting Number: 805 366 905

1. Go to http://molina.webex.com.
2. Enter the meeting number.
3. If requested, enter your name and email address. (No password)
4. Provide your number to get a call back.
5. Follow the instructions.

You can request an on-site training from your Provider Services Representative or by emailing OHProviderRelations@MolinaHealthcare.com.

Portal Support Service Desk
We have a team of Customer Service Representatives specialized to assist providers and members if they encounter issues with the Web Portal. The team will help you complete registration, reset a password and navigate the Web Portal. Call Provider Services at (855) 322-4079 for help.

Provider Spotlight
Congrats to gift basket winners in the monthly Clear Coverage™ drawings: Wilmington Physicians Group and Lower Lights Christian Health Center.

ICD-10 Implementation Update
View the ninth ICD-10 Transition Information for Providers and Staff (TIPS). The TIPS focus on Child Birth Delivery & Weeks of Gestation Diagnosis Codes.

Fighting Fraud, Waste and 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 are confidential, but you may choose to report anonymously.

The Provider Bulletin is a monthly newsletter distributed to network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.