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**CLEAR COVERAGE™ CORNER****Accessibility**

We know your time is at a premium as you work to provide the best possible health care services to our members. Clear Coverage™ is a time-saving web-based system that offers 24/7 access to real time authorization status and automatic approvals for certain services. Clear Coverage™ can be accessed wherever there is an Internet connection.

Start using Clear Coverage™ today on the Molina Healthcare [Provider Portal](#) at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

**Service Code Authorization Groups**

Effective Jan. 5, Molina Healthcare enhanced the Clear Coverage™ PA process. In some cases, service codes originally ordered and authorized may have been slightly different than services rendered, requiring a modified PA request. For example, changing an MRI without contrast to MRI with contrast.


Now, with the enhancement, select CPT codes are collected into service code authorization groups, eliminating the need to submit modified PA requests for codes in the same group. A list of codes in each group is coming soon to the forms section of the provider website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

Services outside the code groups, additional units and/or additional services still require separate authorization.


**TELEMEDICINE**

New for 2015, telemedicine will be reimbursable by Molina Healthcare for evaluation and management (E&M) services as well as psychiatric services.

Providers eligible for reimbursement are physicians (MD/DO), licensed psychologists, physician offices, Rural Health Clinics, Federally Qualified Health Centers, and outpatient hospitals. Home, inpatient hospital, nursing facility, and inpatient psychiatric hospitals place of service are restricted for an originating site payment, and home is also not acceptable for a distant site.

**Questions?**

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

**Connect with Us**

[ItMatters@MolinaHealthcare.com](mailto:ItMatters@MolinaHealthcare.com)  
[www.facebook.com/MolinaHealth](http://www.facebook.com/MolinaHealth)  
[www.twitter.com/MolinaHealth](http://www.twitter.com/MolinaHealth)

**Join Our Email Distribution List**

To receive this bulletin via email, contact [ProviderServices@MolinaHealthcare.com](mailto:ProviderServices@MolinaHealthcare.com) to send us your:



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

**Website Roundup**

The following [Medicaid Provider Manual](#) sections have been updated for 2015:

- [Credentialing](#)
- [Health Care Services](#)
- [Quality Improvement](#)

Also at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com):

- Clinical and preventive guidelines
- Disease management programs
- Quality Improvement programs
- Member rights and responsibilities
- Privacy notices
- Claims/denials decision information
- Provider manuals
- Utilization management affirmative statement and how to obtain copies of utilization management criteria

**Provider Spotlight**

Congrats to Kettering Health Network and Columbus Neighborhood Health Center, winners of Molina Healthcare gift baskets in the monthly Clear Coverage™ and Web Portal drawings!

**Upcoming Provider Training Webinars**

**Featured:** *Clear Coverage™*  
**Friday, Feb. 20, 9 to 10 a.m.**

All current place of service restrictions for E&M and psychiatric codes apply. For complete billing instructions, see OAC 5160-1-18.

# MyCareOhio

Connecting Medicare + Medicaid

## MYCARE OHIO UPDATE

### Passive Enrollment Split Billing

MyCare Ohio offers all members the option to choose their Medicare benefits on a monthly basis. Passive enrollment into Molina Dual Options MyCare Ohio became effective on Jan. 1, 2015. Any members who did not actively choose to remain with their current Medicare carrier were passively enrolled into the managed care plan who manages their Medicaid.

Any member who changed from Medicaid Only (opt-out) to a full Medicare-Medicaid (opt-in) member with Molina Healthcare was given a new member ID number. If the member was passively enrolled, all claims with dates of service from Jan. 1, 2015 and after will need to be billed with the new member ID. All claims with a date of service prior to Jan. 1, 2015 will need to be billed with the member's Medicaid ID number.

A claim cannot include a date range with both 2014 and 2015 dates of service if the member's ID number changed. Providers will need to bill two separate claims splitting the dates of service. This will hold true anytime a member changes Medicare plans and receives a new member ID.

### Upcoming MyCare Ohio Provider Forums

Providers are invited to attend the following regional Molina MyCare Ohio forums :

Dayton Regional Forum  
Feb. 17 from 11 a.m. to 1 p.m.  
Sinclair Conference Center  
444 W. Third St., Room 116  
Dayton, OH 45402

Cincinnati Regional Forum  
Feb. 24 from 11 a.m. to 1 p.m.  
Diamond Oaks Career Campus  
6375 Harrison Avenue  
Cincinnati, OH 45247

Topics include Medicare passive enrollment, prior authorizations, transportation, long-term care, behavioral health, and waiver services. Provider Relations and Health Care Services representatives will be onsite to address questions and issues.

Please RSVP to Paul McGuire at [Paul.Mcguire@MolinaHealthcare.com](mailto:Paul.Mcguire@MolinaHealthcare.com) or (888) 562-5442 ext. 216444.

Meeting Number: 804 540 474

To attend the WebEx orientations, simply:

1. Go to [www.webex.com](http://www.webex.com)
2. Click "Attend Meeting"
3. Enter the Meeting Number
4. Provide your number when you join the meeting to receive Ohio call back
5. Follow the instructions

### ICD-10 Implementation Update

The new ICD-10 compliance date is Oct. 1, 2015, requiring HIPAA-covered entities to continue use of the ICD-9 code set through Sept. 30, 2015.

While Ohio Medicaid will not be accepting the ICD-10 code set until the new effective date of Oct. 1, 2015, it will continue preparation for ICD-10 by:

- Modifying systems for new date
- Continuing remediation and testing activities as originally planned, including external testing for entities participating starting June 2014
- Updating the Ohio Administrative Code (OAC)
- Revising external outreach and internal training plans

Monitor updates at

<http://medicaid.ohio.gov/providers/billing/icd10>.

### Electronic Funds Transfers Update for Waiver Providers

Molina Healthcare has updated the registration process for atypical providers (providers who do not have an NPA number). Before this update, atypical providers had to contact Molina Healthcare to get started on their registration. Now, providers can choose to use the Molina Healthcare Provider Identification number to register (the number used to register for the Provider Web Portal) and follow the registration process.

### 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, and even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.