MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio Medicaid and Medicare-Medicaid Networks

DECEMBER 2014

IN THIS ISSUE

AMENDED PA REQUIREMENTS – JAN. 1, 2015

We've heard your feedback, and Molina Healthcare of Ohio has eased several of our prior authorization (PA) requirements! Effective Jan. 1, 2015, the changes will enable Molina Healthcare to offer additional Clear Coverage™ functionality to provide automated and immediate PA approvals for certain services. The 2015 changes include:

- PA no longer required for:
  - Outpatient Behavioral Health visits
  - Chiropractic Services (state benefit applies)
  - Nutritional Supplements and Enteral Formulas
  - Podiatry under Office Based Procedures
  - Trigger Point Injections under Pain Management
- Habilitative Therapy – PA required after initial evaluation plus six visits for outpatient and home settings (per state benefit)
- Home Health Care and Home Infusion – PA required after initial evaluation plus six visits for outpatient and home settings (per state benefit)
- Physical/Occupational/Speech Therapy – PA required after initial evaluation plus six visits for outpatient and home settings
- Radiation Therapy and Radiosurgery (for selected services only) – Refer to Molina Healthcare's website or Web Portal for specific codes that require PA

Molina Healthcare PA Request Fax: (866) 449-6843
Advanced Imaging Fax: (877) 731-7218
Molina Medicare and MyCare Ohio PA Request Fax: (877) 708-2116

OHIO MEDICAID APR DRG REQUIREMENT

According to Section 5001(c) of the Deficit Reduction Act (DRA), for discharges occurring on or after Oct. 1, 2008, hospitals will not receive additional payment for cases in which one of the selected conditions was not Present On

Questions?

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

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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 Roundup

These provider training presentations were added to the Molina Dual Options MyCare Ohio website:

- Claims Submission Training
- Transportation Training
- Nursing Facility PA and Level of Care FAQ

Partners in Care Provider Newsletter
The Fall 2014 Partners in Care provider newsletter is available in the Provider section of www.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:

- Molina Healthcare's 2014 HEDIS and CAHPS Results
- 2014 Flu Season
- Where to Find Answers to Drug Benefits
- Tips for Improving Patient Satisfaction
- Molina Healthcare ICD-10 Conversion FAQ
- Important Reminders About member ID Cards

To request hardcopy versions of Partners in Care, call Provider Services.

Admission (POA). That is, the case would be paid as though the secondary diagnosis was not present. An example of how the Hospital Acquired Condition (HAC) provision may affect an MS-DRG payment is presented in the source link below. CMS also required hospitals to report present on admission information for both primary and secondary diagnoses when submitting claims for discharges on or after Oct. 1, 2007.

The Ohio Department of Medicaid does not exempt any hospitals from the POA/HAC requirement. Molina Healthcare requires POA indicators to be billed on all inpatient claims submitted for payment.

Source: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospital/AcqCond/index.html?redirect=/hospitalacqcond/06_hospital-acquired_conditions.asp.

EMDEON PROCESSING UPDATE
Recently, claims with revenue codes 0220 and 0658 have been rejected by Emdeon with the following error message, "Accommodations Service Line: Required; Must be entered on inpatient claims." This error was corrected in November and claims will now pass validation edits by Emdeon.

MEDICARE PASSIVE ENROLLMENT
The Medicare passive enrollment in the MyCare Ohio program will take place Jan. 1, 2015. Current MyCare Ohio Medicaid only members have been notified that they will be automatically enrolled in their current MyCare Ohio plan for Medicare (including Part D prescription drugs) and Medicaid services effective Jan. 1, 2015 unless they request to remain Medicaid Only. Members enrolled as a Molina Dual Options MyCare Ohio member get both Medicare and Medicaid from one plan.

MyCare Ohio enrollees may ask questions about the difference between enrolling for Medicare and Medicaid benefits versus Medicaid only. To assist you with these questions, below is a list of several advantages of the Dual Benefits plan, which integrates both Medicare and Medicaid services:
- One Care Manager to coordinate all health care needs.
- One ID card for both Medicare and Medicaid benefits.
- One dedicated Member Services line to call for all their

Also at www.MolinaHealthcare.com:
- Clinical practice and preventive health guidelines
- Disease management programs for asthma, diabetes and pregnancy
- Quality Improvement program
- Member rights and responsibilities
- Privacy notices
- Claim and denial decision information
- Provider manual
- Utilization management affirmative statement (non-incentive for underutilization)\How to obtain copies of utilization management criteria

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
- Updates to Ohio Administrative Code
- Revising external outreach and internal training plans

Monitor impacts and updates at:
http://medicaid.ohio.gov/providers/billing/icd10.

Provider Spotlight
Congrats to **Hilltop Obstetrics and Gynecology** and **Wilmington Physicians Group LLC**, winners of Molina Healthcare gift baskets in the monthly Clear Coverage and Web Portal drawings!

Upcoming Provider Training Webinars
Featured: Clear Coverage™
Friday, Dec. 19, 9 to 10 a.m.
 Meeting Number: 804 389 911
Friday, Jan. 16, 9 to 10 a.m.
 Meeting Number: 803 313 186
Friday, Feb. 20, 9 to 10 a.m.
 Meeting Number: 804 540 474

needs.
- One payor for Medicare and Medicaid benefits.
- MyCare Ohio plan is the single source for member and provider information regarding Medicare and Medicaid benefits.
- 24-hour access to Care Management, Behavioral Health Crisis and Nurse Advice phone lines.

If members have questions about choosing a MyCare Ohio plan or about enrollment options, refer them to the Ohio Medicaid Consumer Hotline at (800) 324-8680.

NET CARE TRANSPORTATION

Local County Department of Job and Family Services (CDJFS) Non-Emergency Transportation (NET) program must be used by all members who qualify, whether they are on a waiver or not. If a waiver member is eligible for NET transportation, the member will be expected to use NET transportation through the CDJFS first, as waiver benefits are to be payer of last resort.

If the member has not completed the application for NET transportation with the CDJFS, the Care Manager and Waiver Service Coordinators will assist with getting the application completed. If the member requires transportation while the application for NET transportation is pending, the Care Manager and Waiver Service Coordinators are able to approve waiver transportation on a case-by-case basis until the NET application is approved.

Once the application is approved, the member must use NET transportation for all eligible rides. NET transportation applications are typically approved within one week of receipt at the CDJFS offices. If NET cannot meet our members' needs, Molina Healthcare may approve the waiver-covered benefits. Please note, Members may not self-refer for waiver benefits. All waiver services must be approved through their Care Manager.

The Benefits of Clear Coverage:
- 24/7 online access
- Real-time authorization status
- Automatic approval for many services
- Upload medical records, view eligibility, and print proof of authorization

Featured: MyCare Ohio Prior Authorization and Passive Enrollment Training
Wednesday, Dec. 17, 9 to 10 a.m.
 Meeting Number: 806 923 109
Tuesday, Dec. 23, 9 to 10 a.m.
 Meeting Number: 805 578 978
Tuesday,Dec. 30, 9 to 10 a.m.
 Meeting Number: 806 022 652
Wednesday,Jan. 07, 9 to 10 a.m.
 Meeting Number: 800 367 327
Friday,Jan. 16, 9 to 10 a.m.
 Meeting Number: 808 937 079
Wednesday,Jan. 21, 9 to 10 a.m.
 Meeting Number: 806 703 574
Tuesday,Jan. 27, 9 to 10 a.m.
 Meeting Number: 800 985 881

To attend the WebEx orientations, simply:
1. Go to www.webex.com
2. Click "Attend Meeting"
3. Enter the Meeting Number
4. Provide your number when you join the meeting to receive a call back
5. Follow the instructions

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.

ICD-10 "ROAD TO 10":
ICD-10 Implementation Guidance

CMS ICD-10
CENTERS FOR MEDICARE & MEDICAID SERVICES
Official CMS Industry Resources
for the ICD-10 transition
http://roadto10.org

Your Practice's ICD-10 Transition is in Good Hands. Yours.

Taking advantage of the extended ICD-10 implementation timeframe gives you even more control over your practice's ICD-10 transition. To help your practice make the best use of this extension, the Centers for Medicare & Medicaid Services (CMS) is excited to offer a **free** ICD-10 **Webinar:** *CMS Sponsored Road to 10 Webinar with the Ohio State Medical Association and Ohio Department of Medicaid.*

- Study the basics, differences, and benefits of ICD-10
- Explore common codes, primers for clinical documentation, and clinical scenarios all broken out by specialty
- Create a customized Action Plan, personalized by specialty and practice details
- Receive an Ohio Medicaid ICD-10 implementation update and learn what is expected from providers
- Learn more about the Ohio State Medical Association (OSMA) and how they can help you with ICD-10 implementation

WEBINAR INFORMATION:

Date: January 15, 2015
Time: 12:00 -1:00 PM or 5:00-6:00 PM EST
Registration: Click: 12-1 PM Session OR 5-6 PM Session

LEARNING OBJECTIVES:

Designed for physicians, non-physician clinicians such as APRNs, independent providers, practice managers, and coders, this educational session will offer background and strategies on ICD-10 implementation so that your practice will understand the business imperative around implementing ICD-10 in Ohio. The presentation will cover the following topics:

- Overview of ICD-10
- Clinical/Business Impacts of ICD-10
- Customizable Action Plan
- Documentation Requirements for Common Health Conditions
- Interactive Practice Clinical Scenarios
- Measuring Success
- Ohio Medicaid ICD-10 Update
- OSMA Resources
- Resources