PROVIDER BULLETIN

MOLINA® HEALTHCARE

A bulletin for the Molina Healthcare of Ohio provider networks

"It Matters to Molina" Corner
Information for all network providers

Thank you for the wonderful response to the "It Matters to Molina" July question! Our winner for July is Laurie Rauser from Ohio Guidestone.

The "It Matters to Molina" July question was "In a previous Molina Provider Bulletin we discussed the Authorization Reconsideration process. If you receive a denial for a prior authorization (PA) request, you can submit a reconsideration of the authorization denial on which form?
  a. Claim Reconsideration Request Form
  b. Authorization Reconsideration Request Form"

The correct answer was b. Authorization Reconsideration Request Form. An Authorization Reconsideration Form must be attached to any request involving a PA denial or update. A Request for Claim Reconsideration Form would be submitted for any dispute that is related to a claim denial that is not due to a PA.

Aug. Question: Providers can file a claim reconsideration by using the Provider Portal. To begin you will find and select the claim you wish to appeal. Once you are routed to the "Claim Details" page, you can access the "Provider Appeal Request Form" by selecting what button?

Please email your answer and contact information by Aug. 15, 2019 to OHProviderBulletin@MolinaHealthcare.com to be entered into the Aug. drawing. The correct answer and drawing winner will be announced in the Sept. Provider Bulletin.

Provider Satisfaction Survey
Information for all network providers

Molina will soon be sending our annual Provider Satisfaction Survey to a cross-section of our provider network. If you receive a survey, please take a few minutes to complete it. Your opinion and feedback matter to us. You can mail back the survey, fill it out online or complete it by telephone.

The survey will give your office the opportunity to share your opinions about the care and service we provide at Molina.

Each completed survey is reviewed and analyzed. The information is then used by Molina to find ways to better serve you and to find out how we can better work with you to serve our membership. We know that your time is valuable. We want to thank you in advance for taking the time to share your opinions and thoughts with us.

Balance Billing
Information for all network providers

Per Ohio Administrative Code (OAC) 5160-26-05 Managed health care programs: provider panel and subcontracting requirements and OAC 5160-1-13 Medicaid consumer liability, providers contracted with Molina are prohibited from billing a member for any covered benefit. This includes asking the member to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees.

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 OHProviderRelations@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

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

Provider Training Sessions
Information for all network providers

Molina is offering provider training sessions!

Monthly It Matters to Molina Provider Forum:
Topic: General Question and Answer (Q&A) Session. Molina is hosting an open forum. In addition to general questions, the Q&A sessions can also be utilized for billing and claims questions.
  Thurs., Aug. 29, 1 to 2 p.m. meeting number 803 758 171

Monthly Provider Portal Training:
• Thurs., Aug. 22, 2 to 3 p.m. meeting number 805 406 661
• Mon., Sept. 23, 3 to 4 p.m. meeting number 806 846 824

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

Providers may not charge members fees for covered services beyond copayments, deductibles or coinsurance.

Providers are responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

For additional information view the Balance Billing section of the Provider Manual on our website, under the "Manual" tab.

Reconsideration Request Form Requirements
Information for all network providers

Effective Aug. 1, 2019, claim disputes or authorization reconsiderations submitted on an incorrect form, or submitted on a form that is not filled out completely, will be returned unworked.

A Request for Claim Reconsideration Form must be submitted for any dispute that is related to a claim denial that is not due to an authorization, including a payment denial, payment amount or code edit. An Authorization Reconsideration Form must be attached to any request involving an authorization denial or update including disputing a level of care determination, a medical necessity denial with new/additional clinical information, or a retro authorization for Extenuating Circumstances.

The appropriate form will be required to process the reconsideration. These forms have been updated and are available on our website under the "Forms" tab. Please be sure you are accessing the current version of the form on our website.
- The Claim Reconsideration Request Form (CRRF) is available on the Molina website under "Forms."
  o Fax the form and supporting documents to (800) 499-3406
  o The form and supporting documents can also be submitted through our Provider Portal
- The Authorization Reconsideration Form is available on the Molina website under the "Forms" tab. The process for requesting an Authorization Reconsideration is specific to each line of business. For additional information view the guides below on our website, under the "Manual" tab. Please confirm the line of business the member is eligible under and reference the correct guide for the reconsideration process and appeal rights.
  o Medicaid and Marketplace Authorization and Claim Reconsideration Guide
  o MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide

As a reminder, paper authorization and claim reconsideration submissions received by mail will not be processed and the provider will be notified.

Provider Newsletter
Information for all network providers

The Summer 2019 Provider Newsletter is available on the "Communications" tab on our website. Articles in this edition include:
- Updating Provider Information
- Provider Portal Corner
- Practitioner Credentialing Rights
- Molina Healthcare's Utilization Management
- Drug Formulary and Pharmaceutical Procedures

Monthly Claim Submission Training:
- Tues., Aug. 13, 2 to 3 p.m. meeting number 806 690 396
- Tues., Sept. 10, 2 to 3 p.m. meeting number 804 094 886

Quarterly Provider Orientation:
- Tues., Sept. 17, 1 to 2 p.m. meeting number 802 543 270

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on "Join" and follow the instructions. Meetings do not require a password.

Behavioral Health Question and Answer WebEx Training Session
Information for Behavioral Health providers

Molina is hosting question and answer (Q&A) sessions for Behavioral Health (BH) providers. In addition to general questions, the Q&A sessions can also be utilized for billing and claims questions.

BH Q&A Sessions:
- Tues., Aug. 27, 9 to 10 a.m. meeting number 806 793 001

To join a WebEx call (866) 499-0396 and follow the instructions. To view sessions, log into WebEx.com, click on "Join" and follow the instructions.

Notice of Changes to Prior Authorization (PA) Requirements

Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the "Forms" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina's PA requirements.

Notice of Changes to the Provider Manual

Molina posts a new comprehensive Provider Manual to our website semi-annually. However; changes can be made to the manual between comprehensive updates. Always refer to the manual posted on our website under the "Manual" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina's Provider Manual.

- Complex Care Management
- Website
- Translation Services
- Patient Safety
- Care for Older Adults
- Hours of Operation
- Non-Discrimination
- Member Rights and Responsibilities
- Health Management Programs Improve Member Health
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health
- Care Coordination & Transitions

Also available on our website:
- Privacy Notices
- Provider Manuals
- Quick Reference Guides and FAQs

Claim Corrections for Primary Explanation of Benefits
Information for all network providers

Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim, or it may result in the claim being denied. As a reminder: Primary insurance Explanation of Benefits (EOB) and itemized statements are not accepted via claim reconsideration. Please submit as corrected claims.

Medication-Assisted Treatment
Information for all network providers

On Jan. 1, 2019, Molina joined the Ohio Department of Medicaid (ODM) and other Medicaid Managed Care Plans (MCPs) in eliminating prior authorizations (PA) on all brand and generic forms of oral short-acting buprenorphine-containing products for all prescribers of Medication-Assisted Treatment (MAT).

In favor of eliminating PA for all forms of oral short-acting buprenorphine-containing products, ODM and the MCPs have implemented safety edits and a retrospective drug utilization review process for all brand and generic forms of oral short-acting buprenorphine-containing products.

For additional information view the MAT Provider Bulletin on our website under the "Communications" tab or look at the "Opioid Safety Provider Education Resources" under the "Health Resources" tab.

Electronic Visit Verification
Information for impacted home and community-based service providers who will bill the following codes: G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019

Electronic Visit Verification (EVV) will be mandatory for Phase 2 services on Aug. 5, 2019. Molina is partnering with the Ohio Department of Medicaid (ODM) to get the word out about EVV and the training that providers are required to take.

Did You Know?

Did you know providers should submit a claim reconsideration when disputing a payment denial, payment amount or a code edit? The reconsideration will be reviewed, and results of the review will be faxed back to the person who submitted the reconsideration.

As a reminder: primary insurance Explanation of Benefits (EOB), corrected claims and itemized statements are **not** accepted via claim reconsideration. Please refer to the corrected claims submission guidelines in the Provider Manual.

Therapeutic Duplication Prospective DUR Program
Information for all network providers

On May 1, 2019, Molina implemented the Therapeutic Duplication Prospective Drug Utilization Review (DUR) program. The DUR program identifies possible therapeutic duplication based on excessive, and potentially clinically inappropriate, overlapping claims.

The DUR program will support, but is not intended to replace, a pharmacist's role of efficiently identifying possible therapeutic duplication via prospective DUR review across multiple pharmacies. Due to the potentially inappropriate clinical use and associated safety risks, such claims will reject as:

Reject 88 <<DUR for further clinical review>>

We understand that many factors are considered when a medication is prescribed for a patient, and that the provider may need to request prior authorization or an exception to a DUR reject for medical necessity. For more information on these options, contact Molina at (855) 322-4079. Visit the Molina website for more information or to review the entire Drug Formulary.

Update: National Drug Rebate Agreement Requirements
Information for all network providers

Effective Sept. 1, 2019, drugs manufactured or distributed by labelers who have not signed a drug rebate agreement with the federal Department of Health and Human Services (DHHS) are excluded from

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If you are a new EVV user, you must complete the training before you can access the EVV system. You can begin using the system once training is complete, so you can become familiar with it before Aug. 5, 2019.

There are several types of trainings you can choose from:
- Instructor-led classroom training - Offered in seven different locations in Ohio
- Instructor-led webinar training - Offered online
- Self-paced online training - Offered online

The feedback from providers has shown Classroom and Webinar trainings are the most effective ways to train. To sign up for training visit https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification/Training. Agency and non-agency providers have separate trainings. Please be sure to sign up for the training that applies to you. To sign up for training, you MUST have your ODM issued Provider Medicaid ID. If you are unsure what your ODM issued Medicaid Provider Medicaid ID is, please contact your Molina Provider Representative for assistance locating your number.

At least one representative from your agency **must** complete all required training to receive your Welcome Kit with login credentials to the Sandata system
- A maximum of two people per Medicaid ID can attend training

If you experience any trouble registering for training, please contact the EVV Provider Hotline at (855) 805-3505. If you have general questions about EVV, email the ODM EVV Unit at EVV@medicaid.ohio.gov.
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coverage through the Ohio Medicaid Managed Care Organizations' (MCOs) benefit and will not be covered through the Ohio Medicaid fee-for-service (FFS) program.

Find out which medications are covered by viewing the 2019 Drug Formulary on our website.

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 are confidential, but you may choose to report anonymously.