



## In This Issue – October 2019

- [Claim Reconsideration Training](#)
- [BH Recoupment Process](#)
- [Model of Care Training](#)
- [Cultural Competency Training](#)
- [PA Requirements for UDS](#)
- [BH Timely Claim Submission](#)
- [Enrollment and Credentialing](#)
- [Billing in the Provider Portal](#)
- [Rendering Providers](#)
- [Provider Portal Training](#)
- [BH Provider Manual Updates](#)
- [Non-Licensed Provider Status](#)
- [Active Medicaid ID Number](#)
- [Billable Service Codes](#)
- [Provider Support](#)
- [Behavioral Health FAQ](#)

## Claim Reconsideration Training for BH Providers

### *Information for all Behavioral Health providers*

Effective Jan. 1, 2020, claim processing disputes should no longer be sent to the Molina Healthcare Behavioral Health (BH) Provider Services Representatives. BH providers will be required to follow the current claim reconsideration process when disputing how a claim was processed.

Molina is offering claim and authorization reconsideration training for BH providers. Learn how to use the Provider Portal to request a claim reconsideration when disputing a payment denial, payment amount or code edit and more.

### **Claim Reconsideration Training:**

- Tues., Nov. 19, 9 to 10 a.m. meeting number 808 576 180
- Mon., Dec. 2, 3 to 4 p.m. meeting number 805 362 425
- Wed., Dec. 18, 10:30 to 11:30 a.m. meeting number 805 937 027

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into [WebEx.com](https://www.webex.com), click on “Join” and follow the instructions. Meetings do not require a password.

## Behavioral Health Recoupment Process

### *Information for all Community Behavioral Health Center providers*

**Outstanding AR Advances Recoupment Process:** In Feb. 2019, Molina made advance payments to Community Behavioral Health Centers (CBHC), provider types 84 and 95, who were identified as having outstanding AR for denied claims submitted with July 2018 dates of service. On Nov. 1, 2019 Molina began first dollar claim recoupment of these advances until funds are recovered.

**Contingency Funds Recoupment Process:** In June 2018 advance payments were made available through the Ohio Department of Medicaid (ODM) and Managed Care Plans (MCPs) to CBHCs (provider types 84 and 95) that needed assistance to transition to managed care billing during the BH Redesign and Integration.

ODM has been working with MCPs regarding the BH Redesign progress and claims payments. Based on this progress ODM has continued working with providers and MCPs to start recoupment of the remaining advance payments. ODM will continue to work with providers to develop individualized recoupment plans. Recoupment will begin when agreement is reached with ODM and a date to begin recoupment is established.

For additional information visit ODM BH website, and under “Provider” select “Overview” and “MITS Bits.” In 2019, select “[Medicaid Advance Payment Agreements and the Initiation of Repayment](#).” For additional details on the advance payment in June 2018, select “[Contingency Plan for Behavioral Health Providers – Medicaid Managed Care Advance Payment Agreements](#)” under 2018.

## **Annual Mandatory SNP Model of Care Training**

### ***Information for all Behavioral Health providers in the MyCare Ohio and Medicare networks***

The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers complete a basic training on the Special Needs Plan (SNP) and MyCare Ohio Medicare Model of Care by Dec. 31, 2019. This includes primary care providers and specialists, including Behavioral Health providers and dentists.

SNP Model of Care should be completed by providers in the MyCare Ohio and Medicare lines of business. Providers who only participate in the Medicaid and Marketplace lines of business do not need to complete this training. Read the “[Model of Care](#)” Provider Bulletin on our website, under the “Communications” tab for more details.

## **Annual Cultural Competency Training**

### ***Information for providers in the Medicaid and MyCare Ohio networks***

Molina is required to provide annual Cultural Competency training to our participating provider network. The training is mandated by CMS to ensure providers meet the unique and diverse needs of all members.

Once the review of the [Cultural Competency Training](#) is completed, fill out and sign the [Cultural Competency Attestation](#) form available on the Molina website by selecting “Provider Manual & Training” under the “Manual” tab. Email the completed Cultural Competency Attestation form by Dec. 31, 2019 to [OHAttestationForms@MolinaHealthcare.com](mailto:OHAttestationForms@MolinaHealthcare.com).

## **Prior Authorization Requirements for UDS**

### ***Information for providers in all networks***

On Oct. 7, 2019, Molina began to require Prior Authorization (PA) on each Urine Drug Screening (UDS) test **per member, per calendar year** for:

- greater than 30 dates of service for Presumptive UDS tests
- greater than 12 dates of service for one or more Definitive UDS tests

UDS billing codes include:

- Presumptive: 80305-80307
- Definitive: 80320-80377, 83992, G0480-G0483\* and G0659\*

\*Use of G-codes will be required depending on the contractual provisions of your agreement with Molina.

The requirement is not facility based. Molina will be utilizing the [Ohio Urine Drug Screen Prior Authorization \(PA\) Request Form](#) that has been published by ODM, and is posted on Molina’s provider website under the “Forms” tab.

## Behavioral Health Timely Claim Submission

### *Information for all Community Behavioral Health Center providers*

On July 1, 2019, CBHC providers passed the initial 365 days of claims being submitted to the MCP. Timely filing requirements may impact claims going forward.

For additional information, please visit the ODM BH website and under “Provider,” select “Overview” and “MITS Bits.” Read “[Reminder About Timely Claim Submission](#)” to learn about:

- Claims Submitted to Medicaid Managed Care Plans
- “Fee-for-Service” Claims Submitted to MITS

## Provider Enrollment and Credentialing

### *Information for Community Behavioral Health Center providers*

ODM, along with the MCPs, is working towards a new process to ease the burden on CBHCs related to credentialing practitioners. The goal is for CBHC providers to update information only in the Medicaid Information Technology System (MITS) system when changes to provider status occur.

There are several steps that will require providers’ active participation in order to achieve the single system goal. The steps include:

- CBHCs should review the online CBHC Practitioner Enrollment File for correct provider type, specialty and affiliation, and make any updates in MITS. This file is now available under Enrolling Practitioners in Medicaid on the ODM BH website (provider type 84 and 95).
- ODM will notify providers when MITS is up-to-date and it can be used by the MCPs for claims adjudication (see MITS Bits “Updates on Enrolling and Affiliating Agency Practitioners” dated July 1, 2019). In the meantime, the CBHC Universal Roster is a standardized roster that can be submitted now to all plans in lieu of plan-specific rosters to report any new hires, changes in certification, etc.

For more information visit ODM BH website, and under Enrolling Practitioners in Medicaid view the “[CBHC Practitioner Enrollment File Training](#)” or read the “[Frequently Asked Questions](#).”

## Billing in the Provider Portal

### *Information for all network providers*

The Molina [Provider Portal](#) is secure and available 24/7. Register on our website or at <https://Provider.MolinaHealthcare.com>.

Online Claims Features include the ability to:

- Submit new claims or void a claim
- Submit a corrected claim
- Submit claim reconsiderations
- Export claims
- Build and submit batches of claims
- Check status of claims
- Add supporting documents
- Create a claims template

Additional information is available in the [Claims Features Training](#) and the [Provider Web Portal Quick Reference Guide](#) located on our website.

## Rendering Providers in the Provider Portal

### *Information for all network providers*

The Molina [Provider Portal](#) has the ability to allow multiple rendering providers per claim.

Example: Jane Smith, RN (NPI 9876543210) and John Jones, RN (NPI 9876543211) each provide two, 15-minute nursing services (H2019) to Betty Brown. The correct way to bill these services is by submitting two detail lines on a single claim.

1. Claim detail one would be: Jane Smith, RN, NPI in rendering provider field: 9876543210, with two units of H2019.

2. Second claim detail would be: John Jones, RN, NPI in rendering provider field: 9876543211, with two units of H2019.

Providers who are not required to individually enroll in Medicaid must leave the rendering provider field blank and detail at the same date of service, same supervisor NPI, same place of service, same provider and other modifiers.

## Provider Training Sessions

### *Information for all network providers*

Molina offers training sessions:

- **Provider Portal:** These sessions cover administrative tools, member eligibility, authorization requests, HEDIS® profiles and more!
- **Provider Portal Claim Submission:** Learn to use the Provider Portal to submit claims, check claim status, add supporting documents, request claim reconsiderations and more!

### **Monthly It Matters to Molina Provider Forum:**

**Topic: Long-Term Care (LTC):** Molina is hosting a Question and Answer (Q&A) forum on long-term care to discuss recent and upcoming changes for providers and gather recommendations from providers on ways Molina can reduce administrative burden for LTC providers.

- Fri., Nov. 22, 9 to 10 a.m. meeting number 804 789 689

### **Monthly Provider Portal Training:**

- Thurs., Nov. 21, 2 to 3 p.m. meeting number 809 057 438
- Tues., Dec. 17, 2:30 to 3:30 p.m. meeting number 809 653 869

### **Monthly Claim Submission Training:**

- Tues., Nov. 12, 2 to 3 p.m. meeting number 808 155 380
- Tues., Dec. 10, 2 to 3 p.m. meeting number 806 473 210

### **Quarterly Provider Orientation:**

- Tues., Nov. 26, 2 to 3 p.m. meeting number 809 465 833

To join WebEx, call (866) 499-0396 and follow the instructions. To view sessions, log into [WebEx.com](http://WebEx.com), click on “Join” and follow the instructions. Meetings do not require a password.

## Behavioral Health Provider Manual

On July 23, 2019, the [Behavioral Health \(BH\) Provider Manual](#) was updated by the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Visit the ODM BH website to view the updated manual.

## Provider Portal Status for Non-Licensed Provider Records

Providers utilizing the Provider Portal have the option of selecting “Non-Licensed Provider” in the “Rendering Provider” drop down menu of the Claim Status lookup and the Create Claims section of the Claims tab for claims for dates of service (DOS) from January 1 to June 30, 2018. Providers need to select the “Non-Licensed Provider” status to view claims with a dependent practitioner as the rendering provider for this date range.

## Active Medicaid ID Number

In order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with ODM at both the group practice and individual levels by Jan. 1, 2019.

Providers without a Medicaid ID number will need to submit an application to ODM. Enrollment is available through the MITS portal or providers can start the process at <https://medicaid.ohio.gov>.

Upon future notice by ODM, Molina will begin denying claims for providers that are not registered and known to the state.

## Service Codes Billable to Medicare and Third Party Liability

Visit the ODM BH website and select [Final Services Billable to Medicare and Commercial Insurance](#) under “Billing and IT Resources” to view a list of services billable to Medicare and Commercial Insurance. This document also provides a list of codes that can bypass Medicare/Third Party Liability (TPL) since they are only covered in the Medicaid benefit

## Provider Support Available

Molina has multiple channels to assist BH providers with Prior Authorization (PA), billing support and claims payment issues:

- Utilization Management – contact (855) 322-4079 for assistance
- Molina Rapid Response Team – providers can route issues to [BHProviderServices@Molinahealthcare.com](mailto:BHProviderServices@Molinahealthcare.com) and Molina will monitor, route and track emails for quick resolution

## Behavioral Health FAQ

Our [Behavioral Health Frequently Asked Questions \(FAQ\)](#) is available to help answer questions about the Provider Portal, contracting, claims, prior authorizations and more! Look for it on our website under the “Health Resources” tab.

## 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.

## 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](mailto:OHProviderRelations@MolinaHealthcare.com)

Visit our Provider Website at [MolinaHealthcare.com/OhioProviders](http://MolinaHealthcare.com/OhioProviders)

## Connect with Us

[www.facebook.com/MolinaHealth](http://www.facebook.com/MolinaHealth)  
[www.twitter.com/MolinaHealth](http://www.twitter.com/MolinaHealth)

## Join Our Email Distribution List

Get this bulletin via email. Sign up at [MolinaHealthcare.com/ProviderEmail](http://MolinaHealthcare.com/ProviderEmail).

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