



## Outpatient Therapy Caps

### *Information for providers in the Medicare network*

In accordance with the Bipartisan Budget Act (BBA) of 2018, Medicare claims are no longer subject to the therapy caps:

- one cap for occupational therapy services
- one cap for physical therapy and speech-language pathology combined

For Molina Healthcare Medicare Plans, claims for therapy services above a certain amount of incurred expenses, which is the same amount as the previous therapy caps (\$2,010 in 2018), continue to require prior authorization.

## Durable Medical Equipment (DME) Q&A Sessions

### *Information for DME network providers*

Molina Healthcare of Ohio is now offering monthly question and answer sessions to all Durable Medical Equipment (DME) providers!

#### **Question and Answer Sessions:**

- Tues., May 8, 1 to 2 p.m. meeting number 807 881 330
- Tues., June 12, 10 to 11 a.m. meeting number 806 407 870

Click "Join" at WebEx.com or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

## ODM Enrollment Application Requirements

### *Information for all network providers*

Ohio Department of Medicaid (ODM) provider enrollment applications are required to be submitted with W-9 forms and must be signed by the applicant. If an application is submitted without this form or if the applicant name and signature name do not match, ODM will return it to the provider to be corrected and resubmitted. If you have questions about enrollment or need help, call (800) 686-1516.

## Pregnancy Rewards

### *Information for providers in the Medicaid network*

Effective May 1, 2018, Molina Healthcare is updating our Pregnancy Rewards program! We want our moms to get bigger rewards and to get them more easily. Members can get up to \$225 in Walmart gift cards for health services completed during the member's first trimester and until the baby is 15 months old. Services completed for previous pregnancies do not qualify for rewards.

Mothers who are Molina Healthcare Medicaid members at the time services are rendered are eligible for rewards. To qualify for these incentives, the member must complete exams/services during the designated timeframes.

To enroll, members will need to call (800) 562-5442 and complete an Ohio Needs Assessment (ONA). At that time members can also enroll in Molina Healthcare's case management program.

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### **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 website at  
[MolinaHealthcare.com/OhioProviders](http://MolinaHealthcare.com/OhioProviders)

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[MolinaHealthcare.com/ProviderEmail](http://MolinaHealthcare.com/ProviderEmail).

### **Did You Know?**

Did you know that Molina Healthcare members can now manage their health care anytime, anywhere with the Molina HealthInHand app? Members can update their contact information, find a doctor or facility nearby, contact Molina Healthcare and much more. Members can view their Member ID card and present it at a provider's office if needed. Members can sign in using their MyMolina username and password, or sign up with their Molina ID number, located on their ID card.

### **Notice of Changes to Prior Authorization (PA) Requirements**

On May 1, 2018, the updated PA Code Lists will be posted on our website under the "Forms" tab for a June 1,

We want pregnant members and new mothers to complete prenatal and well child provider visits so both mom and baby stay healthy. Members that are currently enrolled in the old pregnancy rewards program will stay in that program. They do not need to enroll in the new program.

Providers should submit claims to Molina Healthcare as usual. Molina Healthcare no longer requires providers to sign cards or fax medical records in order for members to receive rewards.

Reward	Requirement
\$25	<ul style="list-style-type: none"> <li>Current member must enroll in Pregnancy Rewards, take a short pregnancy assessment, and have her <b>1st prenatal visit</b> within the <b>first trimester</b> (weeks 1-12 of pregnancy).</li> <li>Newly enrolled members must enroll in Pregnancy Rewards, take a short pregnancy assessment and have her <b>1st prenatal visit</b> within <b>42 days of joining</b> Molina.</li> </ul>
\$100	<ul style="list-style-type: none"> <li>The member must be enrolled into the Pregnancy Rewards program and go to her <b>postpartum visit</b> between <b>21-56 days of delivery</b>. A visit to remove staples from a C-section does NOT qualify for this reward.</li> </ul>
\$100	<ul style="list-style-type: none"> <li>The member must complete <b>6 well child visits</b> before the baby turns <b>15 months old</b>.</li> </ul>
Total value in gift cards = \$225	

### Provider Satisfaction Survey

#### Information for all network providers

Molina Healthcare of Ohio sent our annual Provider Satisfaction Survey to a cross-section of our provider network. If you received a survey, please take a few moments to complete it. Your opinion and feedback matter to us. The survey will give your office the opportunity to share your opinions about the care and service we provide at Molina Healthcare.

The survey will be conducted by SPH Analytics, a National Committee for Quality Assurance (NCQA) certified survey vendor. SPH Analytics will mail the survey in two waves and conduct follow-up phone calls.

Each completed survey is reviewed and analyzed. The information is then used by Molina Healthcare 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.

### Corrected Claims

#### Information for all network providers

**Submission of Corrected Claims:** Effective April 1, 2018, corrected claims must be submitted with the Molina Healthcare claim ID number from the original claim being corrected, and with the appropriate corrected claim indicator based on claim form type.

Corrected claims received without this information will not be accepted and will receive the following denial information on the Molina Healthcare remittance:

- Category Code A3
- Status Code 748
- Entity Code 41

2018 effective date. Always use the list on our website do not print the list.

### Provider Training Sessions

#### Information for all network providers

Molina Healthcare is now offering monthly training sessions!

#### Provider Portal Training:

- Thurs., May 24, 2 to 3 p.m. meeting number 800 794 830
- Thurs., June 28, 2 to 3 p.m. meeting number 806 580 057

#### Claim Submission Training:

- Tues., May 22, 1 to 2 p.m. meeting number 806 663 386
- Tues., June 26, 1 to 2 p.m. meeting number 809 217 821

Click "Join" at WebEx.com or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

### Cures Act Prescriber MAT Training

#### Information for all network providers

Medication Assisted Treatment (MAT) training is available from the Ohio Department of Mental Health and Addiction Services. Register at <http://workforce.mha.ohio.gov/Workforce-Development/> under "Health Professionals" then "Cures Act - Prescriber MAT Training."

### Online Claim Reconsiderations

#### Information for all network providers

Providers can access submission of online claim reconsiderations in the Provider Portal by doing a claim search. Attachments totaling up to 20MB can be included with the reconsideration request. When completing the reconsideration request **include your fax number to receive a timely response**. Sign in using the same email address **you utilize for the Provider Portal** to receive an electronic acknowledgment letter in your portal inbox.

### National Drug Code (NDC) Billing Guidelines

#### Information for all network providers

All professional and outpatient claims with CPT/HCP CS/Rev drug code details **must** have the corresponding valid NDC code submitted with the CPT/HCP/PCS drug code or the claims will be **denied**.

- Error Description: “Missing incomplete/invalid payer claim control number”

**Submission of Final Claims after Interim Billing:** Also effective April 1, 2018, inpatient facility claims billed on a UB claim form, bill type 0117 will no longer be accepted as the final original claim. Facilities which have submitted interim claims should submit a final claim upon patient discharge using the 0111 bill type.

**Please Remember:** Corrected claims are used to change or add information to a previously submitted claim. Corrected claims should be sent through the original claim submission process with a corrected claim indicator and Molina Healthcare claim ID number as outlined in the “Corrected Claim Billing Guide,” located on our website under the “Forms” tab. Corrected claims are not adjustments.

- Submit electronically with payer ID 20149 or on the Provider Portal at <http://Provider.MolinaHealthcare.com>
- Include all elements that need correction and all originally submitted elements
- Do not submit only codes edited by Molina Healthcare
- Do not submit via the claims reconsideration process
- Do not submit paper corrected claims

When submitting attachments through the Provider Portal:

- Supported file formats are PDF, TIFF, JPG, BMP and GIF
- Only 1 file is allowed per claim
- If a file exceeds 128 MB an alert will be sent and the claim will not process. For files that exceed 128MB contact your Provider Representative for submission alternatives.

Corrected claims must be received by Molina Healthcare no later than the filing limitation stated in the provider contract or within 120 days of the original remittance advice.

## ODM Behavioral Health (BH) Redesign

**Information for all network providers who are certified by the Ohio Department of Mental Health and Addiction services to provide community Medicaid behavioral health services**

MyCare Ohio’s BH Redesign went into effect on Jan. 1, 2018. To prevent a delay in service, continue to submit your prior authorization (PA) requests. For questions, contact [BHProviderServices@MolinaHealthcare.com](mailto:BHProviderServices@MolinaHealthcare.com). Visit <http://bh.medicaid.ohio.gov/manuals> for updates and resources.

### Question and Answer Sessions:

- Thurs., May 10, 8 to 9 a.m. meeting number 808 276 842
- Mon., May 21, 12 to 1 p.m. meeting number 801 598 161
- Tues., June 5, 1 to 2 p.m. meeting number 805 003 479
- Wed., June 20, 2 to 3 p.m. meeting number 803 439 317

### Provider Portal Claims Training sessions:

- Tues., May 1, 8 to 9 a.m. meeting number 800 243 130
- Wed., May 16, 12 to 1 p.m. meeting number 800 331 389
- Thurs., June 14, 1 to 2 p.m. meeting number 808 331 894
- Mon., June 25, 11 a.m. to 12 p.m. meeting number 808 624 834

Click “Join” at [WebEx.com](http://WebEx.com) or call (855) 655-4629 and follow the instructions. Meetings do not require a password.

Drugs acquired through the 340B drug pricing program **must** be billed with an SE modifier so they can be properly excluded from federal drug rebates. For more information, see the Provider Manual on our website.

Per the final Medicare 2018 Outpatient Prospective Payment System rule, modifiers JG and TB will be used to signify use of a 340B drug. For claims that crossover directly to ODM from Medicare, ODM will request rebates for eligible drugs, as appropriate. If a provider submits a claim for a dually eligible individual directly to ODM, ODM will expect proper reporting of the SE modifier in accordance with ODM guidelines. **This is important for providers who serve both Medicaid and MyCare Ohio members.**

More information is available at <http://www.healthlawpolicymatters.com> by searching “Medicare 340B Reimbursement.”

## Physician Office Laboratory Tests Information for all network providers

Effective Feb. 1, 2018, office-based providers **must** submit specific laboratory specimens to in-network clinical laboratories. On our website:

- “In-Office Laboratory Test List” under the “Forms” tab.
- “Laboratory Testing Payment Policy” under the “Policies” tab.
- Locate an in-network laboratory under “Find a Provider.” Select location and line of business (LOB). Under “Provider Type” select “Laboratory.”

## Non-Par Laboratory Testing PA Information for all network providers

Effective Feb. 1, 2018, non-par providers **are required** to submit a PA for laboratory services.

Marketplace non-par providers will be required to submit specific laboratory specimens to in-network independent clinical laboratories.

## 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.