

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to last month’s “It Matters to Molina” question! Our winner is Debbie Cook from Diligent Healthcare Services, LLC.

The “It Matters to Molina” October question was: What are the billing requirements for a diagnosis that is exempt from the “Present on Admission” indicator requirement?

- “1” for One
- Leave Blank for Unreported
- “N” for No

Answer: Although the Centers for Medicare and Medicaid Services (CMS) recommends a: “1” for One, the Molina requirement is answer b: Leave Blank for Unreported.

The following POA indicators are accepted on claims:

- Y – Diagnosis was present at time of inpatient admission.
- N – Diagnosis was not present at time of inpatient admission.
- U – Documentation is insufficient to determine if condition was present at admission.
- W – Clinically undetermined.
- (Blank) – Exempt from POA reporting. Only applies if the diagnosis is on the approved exemption list.

November Question: In order to comply with the rule Code of Federal Regulations (CFR) § 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with the Ohio Department of Medicaid (ODM) at both the group practice and individual levels. What **two options** below could a provider utilize to obtain a Medicaid ID number?

- Submit an application through the Medicaid Information Technology System (MITS) portal.
- Nothing, ODM will send each provider a Medicaid ID number in 2020.
- Visit <https://medicaid.ohio.gov> to start the process under “Providers” and “Enrollment and Support.”
- Request a Medicaid ID number from the Molina Provider Portal under “Account Tools.”

Email your answer to OHProviderBulletin@MolinaHealthcare.com by November 16 to enter the November drawing. The correct answer and drawing winner will be announced in the December Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

2020/2021 Flu Season Recommendations

Information for all network providers

Molina has adopted the Advisory Committee on Immunization Practices’ (ACIP) Influenza Vaccination Recommendations that stipulate all people six months of age and older who do not have contraindications should receive licensed, recommended and age-appropriate flu vaccinations.

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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

Visit our Provider Website at MolinaHealthcare.com/OhioProviders

How to Join WebEx

To join WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions. Meetings passwords are case sensitive. For trouble connecting to a Molina training, email Molina at OHProviderRelations@MolinaHealthcare.com and we’ll assist you with getting connected immediately.

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Provider Training Sessions

Monthly It Matters to Molina
Provider Forum Topic: Updates for Telehealth, Prior Authorization and Provider Manual

Note: You can review the entire set of recommendations, including information about persons at risk for medical complications due to severe flu, on the Centers for Disease Control (CDC) website at www.cdc.gov/flu.

As a reminder, the flu vaccine is a covered benefit for Molina members. Members can receive the vaccine at a contracted pharmacy and/or Primary Care Provider (PCP) office. For more information about the flu vaccine benefit, members can contact Member Services using the number on the back of their member ID cards. Thank you for helping keep your patients healthy during this flu season!

Your patients may receive one or more of the following communications from Molina:

- a verbal flu shot reminder when members contact Molina
- a newsletter with an article about the importance of getting a flu shot
- preventive tips available on the Molina website
- calls from Molina Care Managers and Pharmacists encouraging members to receive a flu shot
- social media messages encouraging members to get a flu shot
- a planner to keep track of recommended preventive care services, including the flu shot

Provider Satisfaction Survey

Information for all network providers

Molina recently mailed 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 practice 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 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 suggestions with us.

Annual Mandatory Medicare Model of Care Training

Information for providers in the MyCare Ohio and Medicare networks

CMS requires contracted medical primary care providers and specialists complete a basic, Molina-specific Model of Care (MoC) training for the Dual Eligible Special Needs Plan (D-SNP) and MyCare Ohio Medicare Plan by Dec. 31, 2020. MoC should be completed by providers in the MyCare Ohio and Medicare lines of business (LOB). Providers who only participate in the Medicaid and Marketplace LOB do not need to complete this training.

What providers need to do – Deadline: Dec. 31, 2020

- Complete training and fill out the MoC Attestation Form and send to OHAttestationForm@MolinaHealthcare.com

WebEx Training: Molina will be hosting monthly MoC provider training sessions to help train you and your staff, and address questions.

- Thurs., Nov. 12, 11 a.m. to 12 p.m. meeting number 285 419 434, password yNGn7EwMw84

To join WebEx, follow the instructions under "[How to Join WebEx](#)."

- Mon., Nov. 30, 1 to 1:30 p.m., meeting number 133 354 9717, password KedqKH4q5G3

Monthly Provider Portal Training:

- Tues., Nov. 10, 9 to 10 a.m. meeting number 133 780 7408, password NMv3e6mqmY6
- Thurs., Dec. 17, 11 a.m. to 12 p.m. meeting number 133 785 2217, password WFWP5xPPq72

Monthly Claim Submission Training:

- Tues., Nov. 17, 2 to 3 p.m. meeting number 133 207 0625, password c5nN5iNhq6p
- Tues., Dec. 15, 1 to 2 p.m. meeting number 133 950 4538, password gkYsHm49A6M

Quarterly Provider Orientation:

- Tues., Nov. 24, 2 to 3 p.m. meeting number 133 091 0716, password vgDvDpZV426

To join WebEx, follow the instructions under "[How to Join WebEx](#)."

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.

Provider Portal Moving to Availity *Information for all network providers*

Molina has chosen Availity as its exclusive Provider Portal provider. Coming in 2021, Molina's Provider Portal including all features, functionality and resources will transition to Availity. This will be a

Online Training: Our online training is available on the MyCare Ohio Provider website, under the “Communications” tab, on the “Resources & Training” page. Select the [“2020 Model of Care Provider Training.”](#)

After reviewing the training, open and sign the [“2020 Model of Care Provider Training Attestation.”](#) If one provider is willing to sign off for a group or clinic, he or she must attach an Excel spreadsheet of all the providers in the clinic/group and include:

- Name of the provider giving the training
- Clinic/Practice name
- Clinic/Practice address
- Tax Identification Number (TIN)
- The method used to train office staff and providers
- Date the office staff and providers were trained
- Date the office staff and providers sign the attestation

Find additional information at www.cms.gov under “Regulations & Guidance” then “Manuals” and “Internet-Only Manuals (IOMs)” in the CMS [100-16 Medicare Managed Care Manual](#) Chapter 5 – Quality Assessment, under “Section 20.2.1 – Model of Care Elements” then “3. SNP Provider Network” and “C. MOC Training for the Provider Network.” or read the Model of Care Provider Bulletin on our website, under the “Communications” tab.

Update: Prior Authorization Lookup Tool Information for all network providers

Update: Starting on Nov. 2, 2020, providers will have a new supplemental lookup tool on the Molina Provider Portal and the public Provider Website.

This new feature allows providers to enter a Current Procedural Terminology (CPT) code for outpatient services into a search engine to help determine if a code requires Prior Authorization (PA), if there are limitations to the code and if the PA request should be sent to Molina or eviCore.

Providers can access this tool:

- On the Provider Portal under the “Quick Member Eligibly Search” and under the “Service Request/Authorization” drop-down menu
- On the Molina homepage at www.MolinaHealthcare.com, under “Health Care Professionals”

The new lookup tool is an enhancement to the PA Code lookup process and will not replace the PA Code Lists that Molina posts to the Provider Website.

Update: LabCorp COVID-19 Information for all network providers

On Aug. 11, 2020 LabCorp began offering a no charge antibody testing program for three months. This is in response to federal health authorities’ request to increase donations of COVID-19 blood plasma, as plasma with COVID-19 antibodies is being evaluated as a possible treatment.

The test must be ordered by a physician for individuals who they think could be donors, and who are contemporaneously receiving other medically necessary blood tests. The no-charge test is the Roche Elecsys® Anti-SARS-CoV-2; it does not apply to other COVID-19 services. **Note:** No-charge means no claim will be submitted to the health plan, no bill to the ordering provider and the patient will not be responsible for any fee.

phased transition, with access to both the Molina Provider Portal and the Availity Portal being available as features and functionality are deployed on Availity’s Portal.

Providers who currently utilize Availity for other Managed Care Plans will have access to Molina on Availity on Nov. 14, 2020. For providers who do not currently utilize Availity, Molina will be sending out additional information and training opportunities in the coming months to support this transition.

Changes for Non-Contracted Behavioral Health Providers Information for Medicaid and MyCare Ohio network providers

As of Oct. 2, 2020, non-contracted (out-of-network) Community Behavioral Health Center (CBHC) providers who deliver services to Molina members are required to submit a Prior Authorization (PA) for all services per Molina’s standard policies. Failure of a non-contracted provider to obtain PA will result in claim denials for those services.

This change is based on the July 1, 2020 update by ODM to the transition of care language in Appendix C of the Managed Care Plan (MCP) Provider Agreement, under “31. Transition of Care Requirements for Managed Care Members Receiving Behavioral Health Services.”

Providers who wish to join the Molina network should reach out to MHOBHProviderTeam@molinahealthcare.com. For additional information visit <https://bh.medicaid.ohio.gov> and select “MITS BITS & Newsletters” then [“August 11, 2020 – Managed Care Changes Coming – October 2020.”](#)

EVV Phase 3 Information for impacted home and community-based service providers who bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

EVV system changes for Phase 3 started on Sept. 1, 2020 per ODM. Mandatory use of the Phase 3 services will be effective on Jan. 1, 2021.

Patients who test positive for antibodies are encouraged to donate their blood plasma. Information on the donation process and criteria can be found at <https://TheFightIsInUs.org>.

Update: LabCorp has partnered with Walgreens and CVS to provide no-cost, drive-up COVID-19 testing in certain locations in Ohio. Cities with testing locations include:

- Walgreens: Columbus, Marion and Reynoldsburg
- CVS: Akron, Athens, Boardman, Canton, Cincinnati, Columbus, Dayton, Delaware, Findlay, Gahanna, Hamilton, Hilliard, Kent, Lyndhurst, Mansfield, Marion, Mayfield Heights, Middleburg Heights, Newark, Niles, North Canton, North Olmstead, North Ridgeville, Painesville, Parma, Piqua, Powell, Reynoldsburg, Springboro, St. Clairsville, Strongsville, Toledo, Twinsburg, University Heights, Upper Arlington, Washington Courthouse, Westlake, Worthington and Zanesville

Individuals who wish to get tested will need to visit the Walgreens or CVS website to answer a few screening questions about symptoms and possible contact with someone who is positive before having the ability to select a location and time for the COVID-19 testing appointment. Further instructions will be provided at the point of online scheduling or at the testing site. Test results will be shared with the individual via text or email.

Electronic Visit Verification Remittance N363

Information for impacted home and community-based service providers who bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

When a provider receives the Remittance Message “Alert: In the near future we are implementing new policies/procedures that would affect this determination” for N363, it means that your claim will still be paid at this time however in the future claims could be denied.

The alert is part of the Electronic Visit Verification (EVV) validation process and we were unable to find a matched, verified visit for the claim submitted. For more information, review your visits in the Sandata Aggregator. We encourage you to take action now and always view your visits in the Sandata Aggregator to ensure all visits are accurately logged, cleared of exceptions and that what is submitted on the claim matches.

VaxCare Solutions Now in Network

Information for primary care providers in all networks

On May 1, 2020, Molina added VaxCare to our provider network. This partnership represents risk-free vaccine administration for Molina members and better access for your patients. VaxCare is a workflow-optimized buy-and-bill vaccine management system that helps provide vaccines at no cost, removes extra work and pays admin fees on every administration for primary care providers.

COVID-19 adds a new complexity to immunizing patients and VaxCare has developed tools to help with primary care and prevention, including:

- Predictive and automated flu ordering – Anticipate stock demands and streamlined ordering process
- Curb-side vaccine clinic technology – Physician office curb-side toolkit with HIPAA-compliant LTE mobile access to easily identify, track and bill for appropriate vaccines
- Family Flu Protection – Integrated pediatric workflow and tools to swiftly administer and bill for parent/guardian immunization

Phase 3 includes participant-directed services and home health therapies.

For additional Phase 3 information visit the ODM EVV website at <https://medicaid.ohio.gov/> and under “Initiatives” select the “Electronic Visit Verification” page, then “Providers” on the sidebar.

Select “Training” on the right-hand side of the page for training information.

COVID-19 (Coronavirus) Updates Information for all network providers

Molina would like to thank you for the care you provide to our members. Please view the COVID-19 (Coronavirus) page on our provider website under the “Communications” tab for additional COVID-19 information.

As a reminder, billing members for Personal Protective Equipment (PPE) or additional COVID-19-related charges during the COVID-19 pandemic falls under the Balance Billing restrictions. For additional details see the “Balance Billing” section of the Provider Manual.

Use of ASAM Criteria® for SUD Treatment in Hospitals

Information for providers in the Medicaid and MyCare Ohio networks

Reminder: On Oct. 5, 2020, Molina began using American Society of Addiction Medicine (ASAM) Criteria® for members receiving Substance Use Disorder (SUD) Treatment, including inpatient hospital level of care.

Please include supportive ASAM Criteria® clinical documentation with requests for admissions for members receiving SUD Treatment/withdrawal management to ensure the review is completed as quickly as possible.

Note: Information for all network providers. Additionally, providers are requested to ensure the SUD Treatment/withdrawal management diagnosis/diagnoses are included on the PA request for these services occurring in any level of care.

For additional information read the “[Use of ASAM Criteria® for SUD Treatment in Hospitals](#)” Provider Bulletin on our provider website, under the “Communications” tab.

Existing VaxCare Partners, please allow VaxCare to bill for vaccines rendered to Molina members per your Terms of Service Agreement with VaxCare. This excludes the Vaccines for Children (VFC) program which buys vaccines at a discount and distributes them at no charge to private physicians' offices and public health clinics registered as VFC providers. If you are interested in becoming a VaxCare Partner, email VaxCare at hello@vaxcare.com.

Active Medicaid ID Number and National Provider Identifier (NPI) Information for Medicaid and MyCare Ohio providers

Reminder: Providers are required to have an active Medicaid ID Number. In order to comply with the 42 CFR Rule § 438.602, providers were 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 must 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 thereby not known to the state.

Reminder: Provider should confirm the Ordering, Referring and Prescribing (ORP) provider has an active NPI and has not been deactivated in the National Plan and Provider Enumeration System (NPES). Referring Provider NPI is required when submitting a claim. Edit 30261 "Referring Physician NPI Required" was implemented by CMS to improve data integrity by ensuring values submitted are valid NPIs. For additional information visit www.hhs.gov, select "Laws & Regulations" then "HHS Guidance Portal" and in "Keyword Search" type in "[Announcement of December 2019 Encounter Data Software Release Updates](#)."

Annual Mandatory Cultural Competency Training Information for Medicaid, MyCare Ohio and Medicare providers

Per CMS guidelines in rule 42 CRF § 438.10(h) (vii), Molina is required to validate our network providers' completion of annual Cultural Competency (CC) training. This requirement helps to ensure providers meet the unique and diverse needs of all our members.

Providers have the option to:

- Utilize Molina's CC training, located on the "Culturally and Linguistically Appropriate Resources/Disability Resources" page on our Provider Website, under the "Health Resources" tab
- Utilize their own CC training that meets the federal requirement

Please note: Molina does not review and assess providers' training programs. Providers are mandated to complete training in compliance with the federal requirement and then attest to its completion.

Once CC Training is completed, providers must:

- Fill out and sign the Cultural Competency Attestation form available on the "Provider Manual & Training" page, under the "Manual" tab
- Email the completed Cultural Competency Attestation form by Dec. 31, 2020 to OHAttestationForms@MolinaHealthcare.com

Obstetrics (OB) Update

Information for Medicaid and MyCare Ohio obstetric providers

Reminder: On Aug. 1, 2020, Molina implemented a new review process based on the [Ohio Administrative Code \(OAC\) 5160-1-10](#): Limitations on elective obstetric deliveries, which includes the following provisions:

- Payment for any cesarean section, labor induction, or any delivery following labor induction is subject to the following criteria: Gestational age of the fetus must be determined to be at least 39 weeks; or
- If a delivery occurs prior to 39 weeks gestation, maternal and/or fetal conditions must indicate medical necessity for the delivery. Cesarean sections, labor inductions, or any deliveries following labor induction that occur prior to 39 weeks gestation that are not considered medically necessary are not eligible for payment.

To meet this requirement:

1. Send/obtain a PA when delivery is to be planned prior to 39 weeks. This should be done in advance with approval/denial determination rendered prior to delivery.
2. Provide the following information upon hospital admission/delivery:
 - Clinical to support rationale for early delivery
 - Pertinent OB history, and if sterilization occurred during this OB admission

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina 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.