

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” March question! Our monthly winner is Jody Calame from Anazao Community Partners.

The “It Matters to Molina” March question was: In order to comply with federal rule 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”

The correct answer was: a and c

April Question: Where can you find information on how to submit electronic claims to Molina? Select any that apply.

- Molina Provider Portal
- Molina Provider Manual
- EDI/ERA/EFT tab on the Molina Provider Website
- Molina Provider Orientation

Email your answer to OHProviderBulletin@MolinaHealthcare.com by April 15 to be entered into the April drawing. The correct answer and drawing winner will be announced in the May Provider Bulletin.

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 session can be utilized for billing and claims questions.

- Thurs., April 30, 12 to 1 p.m. meeting number 804 152 460

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.

Coronavirus: Provider Authorization Extension

Information for providers in all networks

Due to the current situation concerning the coronavirus disease 2019 (COVID-19) virus, we would like to assure providers that Molina Healthcare is monitoring coronavirus developments daily. Our corporate chief medical officer (CMO) is working closely with our health plan CMOs across the country to ensure that we are prepared to assist our members and providers.

Molina updates for Prior Authorization (PA) extensions include:

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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

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

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 session can be utilized for billing and claims questions.

- Thurs., April 30, 12 to 1 p.m. meeting number 804 152 460

Monthly Provider Portal Training:

- Fri., April 24, 1 to 2 p.m. meeting number 804 780 866

- If you have a patient with a PA that is time limited for a procedure that was found to be medically necessary and approved, they may reschedule up to May 31, 2020.
- If you have patients who are not able to get to their physical therapy (PT), occupational therapy (OT) or speech therapy (ST) appointments they may reschedule up to May 31, 2020.
NOTE: No additional PT, OT, or ST visits may be approved but the same number of visits may be extended with the authorization not to expire before May 31, 2020.

Additional information for PA:

- New procedures that were not previously approved and new physical therapy requests must go through the normal approval process at this time but once approved will not expire before May 31, 2020.
- Medical necessity review for inpatient stay and concurrent review will follow normal processes at this time.
- This includes eviCore authorizations.

Please note: Visits for our members to primary care and specialist provider offices, urgent care or the emergency room do not require PA.

No action is required on your part for the PA extensions. For more information contact Molina Provider Services at (855) 322-4079 or email your Provider Services Representative.

Changes are occurring rapidly in response to the impact of coronavirus on our healthcare system; which may include additional updates to the PA process. Molina continues to monitor this situation and will send out communications to our provider network with updates as they evolve.

Telehealth During a State of Emergency

Information for Medicaid and MyCare Ohio providers

The Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are expanding access to medical and behavioral health services using telehealth in order to give healthcare providers maximum flexibility to shift as many services as possible away from in-person visits. Changes include the following items:

ODM Emergency Rule 5160-1-21 Telehealth during a state of emergency:

- A new telehealth rule that is in effect during any time period in which the Governor of the State of Ohio declares a state of emergency and when authorized by the Medicaid director. During this time period, 5160-1-21 supersedes Medicaid's other telehealth rule, 5160-1-18.
- Allows individuals with Medicaid to receive telehealth services – regardless of the last time they had a face-to-face visit with their health care provider and regardless of their status as a new or existing patient.
- Defines telehealth as activities that occur at the same time involving real-time, interactive audio and visual communications, as well as activities that do not occur at the same time and do not have both audio and video elements. Some examples of telehealth services include videoconferences, telephone calls, images transmitted via facsimile machine and electronic mail.
- Allows Medicaid billing regardless of patient and practitioner locations, with the exception of patients residing in penal facilities or a public institution, as defined in rule 5160:1-1-03 of the Administrative Code.

- Tues., May 19, 3 to 4 p.m. meeting number 804 335 992

Monthly Claim Submission Training:

- Mon., April 13, 10 to 11 a.m. meeting number 800 719 190
- Thurs., May 14, 1 to 2 p.m. meeting number 802 879 754

Quarterly Provider Orientation:

- Tues., May 26, 2 to 3 p.m. meeting number 802 334 861

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.

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.

Did You Know?

Did you know a Molina member is able to seek treatment from any Primary Care Provider (PCP), even if the PCP is not the one listed on the back of their membership card? Providers should verify PCP assignment on the member card but may still render services to a member even if a different provider is listed as the PCP. A member can choose or change their doctor on www.MyMolina.com or by calling Member Services.

- Offers a wide range of medical and behavioral health services that can be billed to Medicaid when delivered through telehealth.

OhioMHAS Emergency Rule 5122-29-31 Interactive videoconferencing:

- Allows the definition of "interactive videoconferencing" to include activities not occurring at the same time and that do not have both audio and video elements. Some examples of these activities include telephone calls, images transmitted via facsimile machine and electronic mail.
- Allows both new and established patients to receive services through interactive videoconferencing, and explicitly overrides the initial face-to-face visit requirement previously needed to initiate telehealth services.
- Adds new behavioral health services that can be delivered via interactive videoconferencing, including peer recovery, substance use disorder (SUD) case management, crisis intervention, assertive community treatment (ACT) and intensive home-based treatment (IHBT) services.
- For additional information visit the ODM Behavioral Health (BH) website at <https://bh.medicaid.ohio.gov/manuals> and under "MITS BITS & Newsletters" select "[03/20/2020 – Emergency Rules Expand Access to BH Services Using Telehealth.](#)"

Electronic Visit Verification Ticketing System

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

On March 9, the Electronic Visit Verification (EVV) Provider Hotline moved to a new ticketing system to track phone calls, system issues and escalations. Sandata switched from eTRAC to Zendesk. Providers will notice the following changes:

- After a call into the EVV Provider Hotline, providers will receive an email with a ticket number from the call utilizing a 5-digit number versus the numbers currently starting with "T2020."
- Within 24 hours of a resolved ticket, providers will receive an email with an optional survey. Results from this optional survey will provide enhancements to agent training and troubleshooting.
- The other notable change is a new e-mail address ODMCustomerCareEmail@sandata.com, the old email address EVVProviderHelpDesk@etraconline.net will send a bounce back message with the new email address. This email address is to troubleshoot **technical** issues providers may have with EVV, Sandata Mobile Connect (SMC) or Telephony Visit Verification (TVV).
- Providers no longer need to log into eTRAC to retrieve messages. The only times a provider will use eTRAC is to retrieve a Welcome Kit, request a device, return a device or check the status of a device

It is important to note that the EVV Provider Hotline phone number will remain the same at (855) 805-3505. In addition, the EVV inbox will remain the same for program questions at EVV@medicaid.ohio.gov.

Electronic Visit Verification Training Opportunities

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

Sandata is hosting webinar Question and Answer (Q&A) sessions through April. Each webinar will be an open Q&A session for one hour to allow

Coming Soon: Molina CPSEs on the Provider Website

Information for all network providers

Coming soon. Molina of Ohio is in the process of adding a Claims Payment Systemic Errors (CPSE) page to the Molina Website, under the "Communications" tab.

As a reminder, effective for dates of service on and after July 1, 2018, Ohio Managed Care Plans are required by the Medicaid Managed Care Provider Agreement to communicate to providers when claims adjustments are processed for incorrectly underpaying, overpaying or denying claims when certain criteria is met. Cases that meet these criteria are defined as CPSEs.

CVS Pharmaceutical Delivery Service and Refills

Information for all network providers

CVS Health is working to ensure individuals have access to needed medications during the coronavirus (COVID-19) outbreak. Changes include:

- Relaxing Refill Restrictions
- Encouraging Members to Refill Maintenance Medications
- Free Home Delivery from CVS Pharmacy

For additional information visit www.cvs.com/content/coronavirus for updates on COVID-19 as well as details on free delivery of prescriptions and other essentials from CVS.

Access Standards

Information for all network providers

Find Molina's appointment availability standards in our Provider Manual, available on our website.

Based on industry and National Committee for Quality Assurance (NCQA) guidelines, our standards are approved by our Quality Improvement Committee. We conduct an annual survey to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

Molina of Ohio Check Runs

Information for all network providers

providers time to ask questions in the Q&A feature. The EVV team will answer as many questions as possible in the available time. If questions remain at the end of the webinar, the questions can be directed to the EVV inbox at EVV@medicaid.ohio.gov. Please click on the below links to register for the webinars you wish to attend.

- Mon., March 30, 2 to 3 p.m. Register at https://sandata.zoom.us/webinar/register/WN_qOPrnQ14QLyxrMxGIpLUNw
- Mon., April 13, 2 to 3 p.m. Register at https://sandata.zoom.us/webinar/register/WN_gVqNvoEPS3Olqi9ZveXmiw
- Mon., April 27, 2 to 3 p.m. Register at https://sandata.zoom.us/webinar/register/WN_45z_GubvQGyEMxp8GD01Fw

Medication Reconciliation

Information for all network providers

Ensuring patients take medications as prescribed (e.g., correct medication, dose and frequency) can be an ongoing challenge when it comes to quality of care and patient safety. The challenge can become more complicated when adding in a recent inpatient admission.

Medication reconciliation within 30 days of an inpatient discharge can help ensure medications started during an inpatient admission, and any home medications that were temporarily stopped during an admission, are continued as indicated when a patient is discharged home. It can also help avoid duplicating medication orders.

To help keep track of the most current medications, documentation in the outpatient medical record should include evidence of current and discharge medication reconciliation and the date performed.

MAT Videos on Molina Provider Website

Information for all network providers

Medicated-Assisted Treatment (MAT) is the use of Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders (SUD).

Molina Healthcare of Ohio added MAT videos on the homepage of our website to assist providers with the following topics:

- Addiction: Addiction is Not a Choice
- Basics: The Basics of MAT
- Safety: MAT Safety and Compliance

Molina Quality Living Program Awardees

Information for all network providers

Molina is proud to announce the most recent quarter’s performance for nursing facilities in the Molina Quality Living Program.

Platinum Level	Gold Level	Silver Level
Bethany Village	Crowne Pointe Care Center	Garden Manor Extended Care Facility
		Logan Elm Health Care Center
	Friends Care Community	Pinnacle Point Nursing Rehab
		Terrace View Gardens
		Venetian Gardens

Molina makes regular check runs during the week. These include the following:

- Ohio Medicaid: Mon. through Fri.
- MyCare Ohio: Mon., Tues., Thurs.
- Ohio Marketplace: Mon., Wed., Thurs.
- Ohio Medicare Advantage Prescription Drug Plan (MAPD): Mon. through Fri.

Cultural Competency Training Videos

Information for all network providers

Molina is excited to now offer five online training videos that can be utilized by providers for Cultural Competency training purposes. To view the videos, visit the Molina website and under the “Health Resources” tab, select “Culturally and Linguistically Appropriate Resources.”

2020 HEDIS® Data Collection

Information for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is used to report performance on quality of care and service. As a reminder, Molina started collecting this data in February. We appreciate your prompt response to requests.

Molina is required to collect medical record documentation from providers to fulfill state and federal regulatory and accreditation requirements. Health Insurance Portability and Accountability (HIPAA) regulations permit a covered entity (physician practice) to disclose protected health information (PHI) to another covered entity (health plan) without enrollees’ consent for the purpose of facilitating health care operations.

Molina will reach out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:

- Fax, mail or secure email
- An onsite visit by Molina; based on the volume of records
- Providers may allow Molina access to their Electronic Health Records (EHR) for quick access to records pertaining to the HEDIS® project.

About the Molina Quality Living Program: This program recognizes and awards nursing facility partners that meet or exceed select Centers for Medicare and Medicaid Services (CMS) quality measures when providing care to Molina MyCare Ohio members in custodial care.

Update: Prior Authorization Requirements through eviCore Information for all network providers

Molina has updated the eviCore Prior Authorization (PA) fax number on our website. The correct eviCore fax number is (800) 540-2406.

As a reminder, if you are submitting an authorization request for a service that will be reviewed by eviCore, please remember to **request via the eviCore portal, phone or fax**, as appropriate. Connecting directly with eviCore will support a faster response time to your request and minimize any delays caused by re-routing.

eviCore manages PA requests for the following specialized clinical services, effective for dates of service (DOS) on or after Jan. 1, 2020:

- Imaging and Special Tests: Advanced Imaging (MRI, CT, PET, non-OB Ultrasounds) and Cardiac Imaging
- Radiation Therapy
- Sleep Covered Services and Related Equipment
- Molecular and Genomic Testing

Molina has created an eviCore Frequently Asked Questions (FAQ), available on the Molina website under the “Manual” tab, to assist providers with questions concerning the eviCore process. For additional information, visit the Provider Bulletin archive on our website, located under the “Communication” tab and “Provider Bulletin.”

CAHPS® Survey

Information for all network providers

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey will be sent to a random sample of Molina members between February and June 2020. CAHPS® surveys are used to gather feedback from members to better understand their overall health care experience. Member participation in the survey is voluntary.

Molina reviews the survey results closely, and the results are used to find ways to better serve our members and help them live healthier lives. The information is also applied to our work with providers and other health care partners. Together, our goal is to help drive quality improvements while enhancing the member experience.

Survey results are used by external agencies and members to judge the quality of Molina services. State partners may use the survey when selecting health plans, rating health plans for consumers and awarding bonus incentives.

CAHPS® questions specifically tied to a member’s experience with their primary care provider, included those related to:

- Annual Flu Vaccine
- Care Coordination
- Getting Needed Care
- Overall Ratings
- Getting Appointments and Care Quickly

For more information about the CAHPS® survey or useful ideas to help make the most out of every member’s visit, please contact your Molina Provider Services Representative.

For EHR setup, email RegionB_EMRSupport@MolinaHealthCare.com.

Case Review via Livanta Information for MyCare Ohio and Medicare providers

Ohio’s designated Quality Improvement Organization, Livanta, was recently required to transition to a new Centers for Medicare and Medicaid Services (CMS) case review system known as Quality Management and Review Systems (QMARS). This implementation has led to an increase in the time required to complete case reviews. For additional information visit www.livantaqio.com and select “Click here” on the red header bar.

Molina Nurse Advice Line

Molina’s Nurse Advice Line (NAL) is available to members and providers 24-hours a day, 365-days a year. Members may call the Nurse Advice Line directly to be connected to a qualified nurse who can give health care advice and help direct the member to where they can get the care that is needed. Primary Care Physicians (PCPs) are notified via fax of all Nurse Advice Line encounters.

Medicaid, Medicare and Marketplace
English: (888) 275-8750
Spanish: (866) 648-3537
TTY: 711

MyCare Ohio
English and Spanish: (855) 895-9986
TTY: 711

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.