PROVIDER BULLETIN

MOLINA HEALTHCARE®

A bulletin for the Molina Healthcare of Ohio provider networks

Authorizations for Waiver Services
Information for providers in the MyCare Ohio network

Effective March 7, 2016, providers may no longer submit prior authorization (PA) requests for waiver services. Care Managers must identify and authorize needed waiver services for members in a waiver program. If a waiver service is authorized, Care Managers will notify providers via fax or secure email.

If a provider faxes a PA request for waiver services, Molina Healthcare will return the request and indicate that the member must contact his or her Care Manager. These waiver services include but are not limited to:

- Personal care aide (T1019)
- Transportation (T2003, T2025, A0100, etc.)
- Waiver Nursing RN & LPN (T1002 & T1003)
- Bid Services (S5121, T2038, S5165, T2029, S5121)

Providers must still submit PA requests for non-waiver services on the Service Request Form. For a full list of services that require PA, view the PA Code List at www.MolinaHealthcare.com/Providers/OH under the "Forms" tab. These types of services include but are not limited to:

- Home Health Services (G0154, G0156)
- Private Duty Nursing (T1000)
- Pharmacy Services
- Durable Medical Equipment

If you have questions about waiver services, contact the member's Care Manager directly.

Patient Liability Discrepancies
Information for providers in the MyCare Ohio network

Effective immediately, providers must use the Patient/Client Liability Reconciliation Form to report patient liability (PL) errors or discrepancies for claims paid by MyCare Ohio health plans when the plan:

- Requests documentation for a specific member.
- Deducted a PL amount greater than the amount specified by the county or Area Agency on Aging (AAA) caseworker.
- Did not deduct PL from a claim, but you have documentation that the member has a PL amount.

You must submit documentation (such as 9401 form, Cost of Living Adjustment (COLA) and/or AAA reports) of the correct PL amount. If PL is still deducted incorrectly, you may need to resubmit the form, but not the supporting documentation if it has not changed.

In the coming weeks, an updated form will be posted to the Molina Healthcare website. Find the form at www.MolinaHealthcare.com/Providers/OH/Duals under the "Forms" tab.

Questions?
Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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To learn how to receive this bulletin via email or view our bulletin archives, visit www.MolinaHealthcare.com/Providers/OH and click "Provider Bulletin" in the "Communications" tab.

Website Roundup
Recently updated at www.Molina Healthcare.com/Providers/OH:
- Service Request Form
- Prior Authorization Code List
- Scion Dental Provider Orientation
- Guides to Participating Providers

Clear Coverage™ Corner   Training
Start using Clear Coverage™ for an authorization system that may provide an automatic decision. To learn more, join the next training session, also available on mobile devices.

Fri., March 18 from 9 to 10 a.m.,
Meeting Number: 800 964 155
Fri., April 15 from 9 to 10 a.m.,
Meeting Number: 808 734 469

1. Go to http://molina.webex.com.
2. Enter the meeting number.
3. If requested, enter your name and email address.
4. Give your number for a call back.
5. Follow the instructions.

You can request an on-site training from your Provider Services Representative or by emailing

Present on Admission Requirements
Information for hospitals in all networks

Hospitals are required to bill the Present on Admission (POA) indicator, except exempt diagnosis codes outlined by the Centers for Medicare and Medicaid Services. View this list at https://www.cms.gov/Medicare/Coding/ICD10 under 2016 ICD-20-CM and GEMs.

POA indicates a medical condition is present at the time of hospital admission, including those that develop during an outpatient encounter such as emergency department, observation or outpatient surgery.

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.

Federal Revalidation Requirement
Information for the Medicaid, Medicare and MyCare Ohio networks

The Affordable Care Act (ACA) requires Medicare and Medicaid provider agreements to be renewed every five years. Providers will receive a 90-day revalidation notice and a 30-day reminder notice from ODM. A list of revalidation dates is also posted to http://medicaid.ohio.gov. Providers who fail to revalidate will be terminated from the Medicaid program and cannot be reimbursed for services. Visit http://medicaid.ohio.gov or call (800) 686-1516 with questions.

Disability Discrimination Prohibited
Information for providers in all networks

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to health care access, we can improve the quality of life for people with disabilities.

To learn more, view our Americans with Disabilities Act FAQ at www.MolinaHealthcare.com/Providers/OH/Duals by clicking "Provider Training" under the "Manual" tab.

Reaching a Care Manager
Information for providers in the MyCare Ohio network

Call a member's Care Manager directly with important information, including change in status or address. If the Care Manager's name or direct number is unknown, call Provider Services and follow the prompts:
- Dial (855) 322-4079
- For MyCare Ohio members, press 4
- For Medicare-Medicaid (opt-in) members, press 1
- For Medicaid only (opt-out) members, press 2
- Press 5 for Care Management

OHProviderRelations@MolinaHealthcare.com.

Reminder About Diabetic Patients
Complete comprehensive diabetic foot exams during office visits to help prevent or identify lower extremity complications. According to the American Diabetes Association, 29.1 million people in the U.S. had diabetes in 2012. In 2010, 73,000 adults with diabetes received foot and/or leg amputations. Visit http://www.cdc.gov/diabetes to learn more.

Cultural & Linguistic Competency
Providers are required to participate in Molina Healthcare cultural competency education and training. We have resources to assist providers including translated materials and accessible formats like Braille. For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800) 750-0750 or 711.

To learn more, view our Disability Awareness & Sensitivity Training at www.MolinaHealthcare.com/Providers/OH/Duals by clicking "Provider Training" under the "Manual" tab.

Molina Healthcare Supports CD4AP
Molina Healthcare provided a $7,500 sponsorship donation to the Church and Community Development for All People (CD4AP) to support programs in the south side of Columbus in 2016. In 2015, Molina Healthcare reached more than 100 families through programs hosted by CD4AP.

Hospice Nursing Services Codes
New procedure codes G0299 and G0300 are for Medicare billing only. Continue to use G0154 for Medicaid services. To learn more, view the December Provider Bulletin under the "Communications" tab at www.MolinaHealthcare.com/Providers/OH.

Provider Spotlight
Congrats to gift basket winner in the monthly Clear Coverage™ drawing: East Surgical Group.

Fighting Fraud, Waste & Abuse
Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24/7 even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.