



PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Prevent EPSDT Claim Denial

Information for providers in the Medicaid and MyCare Ohio networks

Don't forget to complete the referral field indicator (field 24h) on Early Periodic Screening, Diagnosis and Treatment (EPSDT) claims. Your claim may be **denied** if this field is not complete. Click [here](#) to learn more.

Immunization Status

Information for primary care providers in all networks

Providers often see an increase in well visits from June to September. Take advantage of this time to review for missing vaccinations with these tips:

- Review the immunization record before the visit.
- Recommend immunizations to parents. Parents are more likely to agree with provider-supported vaccines.
- Address concerns about vaccinations (e.g., autism).
- Have a system for patient reminders.
- Check for missed appointments on the Web Portal.

Home Health Billing Guidelines

Information for providers in the MyCare Ohio network

Registered Nurse (RN) Assessments (T1001)

In This Issue

[Prevent EPSDT Claim Denial](#)

[Immunization Status](#)

[Home Health Billing Guidelines](#)

[Corrected Claims Submission Billing Requirements](#)

[Healthchek](#)

[Easier to Read Explanation of Payment Statements](#)

[Time for Prospective Medical Records](#)

[Referring Members to Participating Providers](#)

[Website Roundup](#)

[PA Reconsideration vs. Appeal](#)

[Clear Coverage™ Corner - Training](#)

- Must be conducted prior to the initiation of service and before any changes are made to an individual's existing service package.
- Required when an individual's condition changes significantly.
- Services subject to RN assessment:
 - Home health services
 - Private duty nursing
 - Personal Care services
 - HOME Choice nursing services

Rate Modernization:

- Home Health, Private Duty Nursing (PDN), or Waiver RN Nursing (**G0154, T1000, T1002**) must include modifier **TD** to identify the nurse performing the visit as an RN.
- Home Health, PDN, or Waiver LPN Nursing (**G0154, T1000, T1002**) must include modifier **TE** to identify the nurse performing the visit as a LPN.

RN Consultations (T1001-U9)

- Required when an individual's condition changes significantly and requires modification of the care plan.
- Licensed Practical Nurses (LPN) are no longer required to make their own payment arrangements for a consulting RN.
- May be conducted face-to-face or by phone.

Refer to Ohio Administrative Code (OAC) 5160-12-05 Appendix A for rate information.

Corrected Claims Submission Billing Requirements

Information for providers in all networks

As you prepare to transition to ICD-10, remember these requirements for submitted corrected claims:

- **Always** submit through the Web Portal or electronically.

[Web Portal Service Desk](#)

[ICD-10 Implementation](#)

Questions?

Call Provider Services
(855) 322-4079
8 a.m. to 6 p.m.
Monday through Friday

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ItMatters@MolinaHealthcare.com

www.facebook.com/MolinaHealth

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Website Roundup

Recently updated on [our website](#):

- [Medicaid and MyCare Ohio Combined Provider Manual](#)
- [Liability Reconciliation Form](#)
- [Health Care Coding Tips](#)
- [Web Portal Reference Guide](#)
- [Non-Contracted Provider Guides to](#)

- **Do not** submit through the claims reconsideration process.
- **Always** include the original claim in its entirety with the corrections made. Do not submit with only codes that were edited by Molina Healthcare on the original claim.

To learn more, see our [Claims Submission Training](#) guide.

Healthchek

Information for primary care providers in the Medicaid network

Remind your patients or their parents/guardians when it's time to get important Healthchek (EPSDT) services. Remind them these benefits are covered by Molina Healthcare. Refer to OAC 5160-14-01 through 5160-14-05 for more about the Healthchek program. Providers eligible to provide Healthchek services include:

- Physicians
- Advanced practice nurses

Additional preventive care guidelines and screening forms are available on [our website](#).

Easier to Read Explanation of Payment Statements

Information for providers in the MyCare Ohio network

Molina Healthcare has improved the readability of our Explanation of Payment (EOP) statements. Effective Sept. 8, amounts previously listed under the Coordination of Benefits (COB) field for the Program: MMP Medicare will now be listed under the co-pay, co-insurance and deductible fields. To learn more, see our [EOP Training](#).

Time for Prospective Medical Records Review

Thank you for honoring our requests for medical records to assist Molina Healthcare in collecting and compiling data for the Healthcare Effectiveness Data and Information Set

[Providers](#)

PA Reconsideration vs. Appeal

A [PA Request Quick Tips](#) guide to assist providers in deciding when to file an appeal versus prior authorization (PA) reconsideration is posted to [our website](#).

Clear Coverage™ Corner Training

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

Friday, Sept. 18, 9 to 10 a.m.

Meeting Number: 803 004 149

1. Go to <http://molina.webex.com>.
2. Enter the meeting number.
3. If requested, enter your name and email address. (No password)
4. Give your number for a call back.
5. Follow the instructions.

(HEDIS®) for 2015.

Providers have advised us of the significant increase in their staff's workload each spring due to numerous requests for documentation. To reduce the number of medical records requests, Molina Healthcare will conduct a Prospective Medical Records Review (PMRR) to prepare for HEDIS 2016. PMRR starts in October and ends in late November.

For a more efficient process, we ask to have access to providers' Electronic Medical Records (EMR) systems. Remote EMR access is strictly to collect care, quality and encounter data, not for financial or coding auditing. If interested, contact the EMR Support Team at (866) 562-5442 ext. 219493. We will send you a form to sign and confirm your participation.

Referring Members to Participating Providers

As our partner in providing exemplary care, we encourage you to help members with the referral process. Remember to refer to Molina Healthcare network providers. Visit our website for the following lists of participating providers:

- [Non-Contracted Provider Guide to Molina Participating Behavioral Health Providers](#)
- [Non-Contracted Provider Guide to Molina Participating Radiology Providers](#)
- [Non-Contracted Provider Guide to Molina Pharmacy Providers](#)
- [Non-Contracted Provider Guide to Molina Lab Providers](#)

Find a complete list of participating providers on [our website](#), or call Provider Services at (855) 322-4079.

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

OHProviderRelations@MolinaHealthcare.com.

Provider Spotlight

Congrats to gift basket winners in the monthly Clear Coverage™ and Web Portal drawings: Rajendra A. Patel, Hocking Valley Medical Group, and Wilson Memorial Hospital.

Web Portal Service Desk

We have a team of Customer Service Representatives specialized to assist you complete registration, reset a password and navigate the Web Portal. Call Provider Services for help at (855) 322-4079.

ICD-10 Implementation

View the ninth [ICD-10 Transition Information for Providers and Staff \(TIPS\)](#). The TIPS focus on Child Birth Delivery & Weeks of Gestation Diagnosis Codes.

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.

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

This Provider Bulletin was faxed to participating providers on Sat., Sept 12. This email version is distributed to all participating providers who prefer an electronic copy of the Provider Bulletin.

September issue of the Provider Bulletin