# MOLINA HEALTHCARE

# PROVIDER BULLETIN
**A bulletin for the Molina Healthcare of Ohio provider networks**

## Reminder: Behavioral Health Limits, Audits and Edits
### Information for all network providers

As a reminder, when a patient is in a residential treatment and counselling program, sending the patient off-site for therapy services would not be considered a covered service.

Please refer to the Ohio Department of Medicaid's "BH Workgroup Limits, Audits and Edits" document on the ODM BH website, under "Provider" then "Manuals, Rates & Resources" and "Billing and IT Resources" Mental Health (MH) and Substance Use Disorder (SUD) billing guidance.

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

Effective Oct. 1, 2020, non-contracted (out-of-network) Community Behavioral Health Center (CBHC) providers who deliver services to Molina members will be required to submit a Prior Authorization (PA) for all services per Molina's standard policies. Failure of a non-contracted provider to obtain prior authorization will result in claim denials for those services.

This change is based on the July 1, 2020 update by the Ohio Department of Medicaid (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."

## Top Denials
### Information for all network providers

Molina has identified the top denial reasons that are responsible for the highest volume of denials on Behavioral Health (BH) claims.

1. Coordination of Benefits (COB) when provider did not submit primary Explanation of Benefits (EOB)
2. Lacking appropriate modifier
3. Ordering provider not present on claim
4. Billing SUD PT 95 services under Mental Health PT 84 National Provider Identifier (NPI) or vice versa
5. Failure to submit corrected claims
6. Failure to submit original claim within 365 days timely filing limit
7. Claims Denial Rollup for Same Day Services when the same service(s) are provided to the same patient on the same day; claims need to be "rolled up" and submitted as one detail line even if the services are not provided continuously on the same day
8. Invalid diagnosis
9. National Correct Coding Initiative (NCCI) edits applied to the claim

### 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 BHProviderServices@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

Visit the ODM BH website at https://bh.medicaid.ohio.gov/ manuals

### 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.

### Connect with Us
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www.twitter.com/MolinaHealth

### Join Our Email Distribution List
Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

### Behavioral Health Provider Manual
On July 17, 2020, the Behavioral Health (BH) Provider Manual was updated by ODM and OhioMHAS. Visit the ODM BH website to view the updated manual.

### Claim Reconsideration
### Information for all network providers

BH providers are required to follow the claim reconsideration process for disputing how a claim was processed. Submit a claim

For additional details on each of the denials, read the full "Top Denials" article in the [August Special Addition Behavioral Health Provider Bulletin](#) on our website, under the "Communications" tab.

## Provider Training Sessions
***Information for all network providers***

**Monthly It Matters to Molina Provider Forum Topic:** Overview of Pega and Availity (Session Includes a Presentation and Question and Answer Time):
- Thurs., Oct. 29, 1 to 2 p.m. meeting number 133 340 5738, password xH2Cwmd6358

**Monthly Provider Portal Training:**
- Thurs., Oct. 8, 10:30 to 11:30 a.m. meeting number 133 793 6084, password URuMpbcH356
- Tues., Nov. 10, 9 to 10 a.m. meeting number 133 780 7408, password NMv3e6mqmY6

**Monthly Claim Submission Training:**
- Mon., Oct. 12, 9 to 10 a.m. meeting number 133 791 3758, password fPggMBte342
- Tues., Nov. 17, 2 to 3 p.m. meeting number 133 207 0625, password c5nN5iNhq6p

**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](#)."

## Changing a Service Location Address
***Information for all network providers***

Service locations are key to claim processing, so it is important that any changes to a service location address are submitted timely to Molina to avoid claim denials.

When updating a service location address the provider should complete the [Provider Information Update Form](#) available on the Molina website, under the "Forms" tab. Submission should include any appropriate attachments for specialists or primary care providers. The completed form can be emailed, mailed or faxed to Molina for processing.

## Changing a Remittance Address
***Information for all network providers***

It is important for providers to update any changes to their remittance (Explanation of Payment [EOP]) address in order to avoid delays or misrouted payments. The remittance address is where all payments, letters and important notifications are sent.

When updating a remittance address the provider should complete the [Provider Information Update Form](#) available on the Molina website, under the "Forms" tab. Submission should include an updated W-9. The completed form can be emailed, mailed or faxed to Molina for processing.

## COVID-19 Updates
***Information for all network providers***

For COVID-19 information, visit our provider website and review the COVID-19 (Coronavirus) page located under the "Communications" tab.

reconsideration form only when disputing a payment denial, payment amount or code edit.

A Claim Reconsideration Request Form must be submitted for any dispute that is related to a claim denial that is not due to an authorization. An Authorization Reconsideration Form must be attached to any request involving an authorization denial or update.

The appropriate form is required to process the reconsideration. The forms are available on our website under the "Forms" tab. Confirm you are accessing the current version of the form on our website or your request will be returned unworked.

## Provider Enrollment in MITS
***Information for all CBHC providers***

As a reminder, ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) have discontinued the Universal Roster and moved forward with using one system, Medicaid Information Technology System (MITS), as the primary source of provider enrollment and affiliation information.

CBHC providers must update MITS with accurate information to be shared with all MCPs via the daily Provider Master File (PMF). In order to achieve the single system goal, providers should:
- View the ODM training presentation and webinar recordings for instructions on how rendering practitioners can enroll in MITS, become affiliated with their employing agency and make changes to licenses, provider specialties and names.
- Review the online CBHC Practitioner Enrollment File for correct provider type, specialty and affiliation, and make any updates in MITS.

## BH Cash Advance Repayments
***Information for community BH providers in the Medicaid network***

As a reminder, providers who suspended their payments should have resumed their agreed-upon repayment schedules and monthly payment amounts as of July 1, 2020.