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

LTSS Authorization Process Update
Information for LTSS network providers

Molina Healthcare is updating the Long-Term Services and Support (LTSS) fax process for authorization approval.

In the coming weeks providers will begin to receive a new fax approval notification that includes detailed information, such as:
- Type of Services
- Authorization Number
- Begin/End Date
- Service Coordinator Information

If there is no Authorization Number listed on the fax or fax cover sheet, providers can reach out to the Service Coordinator identified on the fax.

This new fax process will have no impact on information viewed in the Provider Portal. In addition, if an authorization is denied, the provider will continue to receive a Notice of Action letter.

ODM COVID-19 (Coronavirus) Billing Guidelines
Information for all Medicaid and MyCare Ohio network providers

The Ohio Department of Medicaid (ODM) has updated the COVID-19 (Coronavirus) vaccine administration billing guidelines to include:
- Podiatrists and dentists billing on a professional claim
- New Current Dental Terminology (CDT) codes for dentists
- An update regarding bamlanivimab administration
- National Drug Code (NDC) clarification for institutional claims

Find additional information at https://medicaid.ohio.gov in the "COVID-19 Vaccine Administration Billing Guidelines" located under the "Providers" tab, by selecting "Billing," then the "Billing Instructions" page. As a reminder, Molina is following ODM's guidance.

Overpayment and Incorrect Payments Refund Requests
Information for all network providers

In the event Molina finds an overpayment on a claim or must recoup money, a letter requesting the refund will be mailed to the Provider.

The Provider has 60 days from the date of the refund recovery letter to:
- refund Molina by check, or an accounts receivable will be established, and the amount of the overpayment will be deducted from the provider's next check(s)
- dispute the recovery by:
  Fax at (888) 396-1517
  Mail at Molina Healthcare Cost Recovery Unit of OH
  Attn: Corporate Claims Recovery
  P.O. Box 2470
  Spokane, WA 99210-2470

Sixty (60) days-post the date of the recovery letter, the claim can no longer be disputed until the recoupment has taken place. After the recoupment has taken place, either a reversed claim or an adjusted claim will be generated. Providers then have the standard dispute timeframes to dispute the reversed or adjusted claim. All recovery activity will appear on your remittance advice. Use the Return of

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

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

Overpayment Form, located on the Provider Website, under the "Forms" tab, to submit unsolicited refunds or check returns.

In the event the Provider incorrectly receives a check or finds an overpayment, please follow the steps defined in our Provider Manual, under "Overpayments and Incorrect Payments Refund Requests."

Note: Providers have 365 days from the date of recovery to submit a corrected claim.

Electronic Visit Verification: New Zendesk Ticketing Portal

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

ODM is introducing a new Zendesk Ticket Portal on May 17, 2021 for Electronic Visit Verification (EVV). With the new Zendesk Ticket Portal in place, ODM is retiring the EVV inbox (EVV@medicaid.ohio.gov). After May 17, providers should start using the new Zendesk email address.

In order to assist providers with using the new portal, ODM and Sandata are offering introductory webinars for the Zendesk portal on the following dates:
- Wed., May 26, starting at 12:30 p.m., register at https://attendee.gotowebinar.com/register/4725765162061018638
- Thur., May 27, starting at 10:30 a.m., register at https://attendee.gotowebinar.com/register/3227205580189383952
- Fri., June 4, starting at 10:30 a.m., register at https://attendee.gotowebinar.com/register/6681141038940801808
- Wed., June 9, starting at 12:30 p.m., register at https://attendee.gotowebinar.com/register/2155883231526411536
- Wed., June 23, starting at 2:30 p.m., register at https://attendee.gotowebinar.com/register/5267302126527919888

All EVV users, including Alternate EVV system vendors, will have access to the Zendesk Ticket Portal. In addition to addressing inquiries, the Zendesk Ticket Portal links to the Sandata EVV Knowledge Center where users can find valuable information, such as:
- Getting Started Tips and Training Videos
- Product User Guides and Quick Reference Guides
- Release Notes

Note: The new Zendesk email will be provided in May.

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

ODM and Sandata continue to offer providers the opportunity for more EVV system training and an EVV account review. This is a great opportunity for providers to work one-on-one with a Sandata EVV representative to review how to use EVV or how to improve on issues related to EVV claims matching.

Providers who want to work with an EVV Sandata representative in a one-on-one call should visit https://go.oncehub.com/ODMEVVHelp to sign up for an available date and time.

If there are no available sessions, please continue to check the website. ODM/Sandata are continuously opening more sessions. Note: Google Chrome is the preferred browser when accessing the calendar.

Billing Hospice Services on a CMS 1500 Form

Information for hospice providers in the Medicaid and MyCare Ohio networks

Effective June 1, 2021, providers are required to bill hospice services on a Centers for Medicare and Medicaid Services (CMS) 1500 form. Providers will need to follow all CMS 1500 rules, which include filling out Box 32 and 32a, as appropriate. As a reminder, Box 32 is used to indicate the service location name, address and National Provider Identifier (NPI) information for the location where the services were provided.

Providers **MUST** complete Boxes 32 and 32a as follows, when appropriate:
- Box 32: Must contain the Service Location information for a facility.
- Box 32a: Must contain the NPI of the Service Location. Note: There will be no service location information for services that are billed as home services; i.e., services performed in the member's home.

The Hospice Healthcare Common Procedure Coding System (HCPCS) code set includes:
- G0155 Social Worker Visit, Service Intensity Add-on (SIA)
- G0299 Registered Nurse Visit, SIA
- T2042 Routine Hospice
- T2043 Continuous Home Care Hospice
- T2044 Inpatient Respite Care
- T2045 General Inpatient Care
- T2046 Hospice Room and Board: This requirement is for standard Hospice Room and Board billing. Note: The exception to this is Hospice Room and Board for Health Care Isolation Center (HCIC) and Vent/Vent Weaning. These are required to be billed on a UB04 with the appropriate revenue code.

Molina is updating these claims guidelines to more closely align with other Managed Care Plans to help reduce administrative burden on our provider partners.

Update: Molina Hospice HCIC and Vent/Vent Weaning Billing Guidelines
Information for providers in the Medicaid and MyCare Ohio networks

Billing for Hospice HCIC and Vent/Vent Weaning will only be accepted on a Uniform Billing (UB) form. Claims submitted on a CMS 1500 form will be denied for incorrect billing.

The following guidance should be followed. If not specifically noted below, all other fields should be billed based on Uniform Billing Editor facility claim submission billing requirements.

Both Hospice HCIC and Vent/Vent Weaning Billing Requirements:
- **Update: FL 80** – The name, address, telephone number and NPI of the nursing facility (NF) where the hospice room and board services are being performed must be included. If the required information is left blank, the claim will be denied for incorrect billing. Molina will validate the service location to confirm it is a certified HCIC. If it is not a certified facility, the claim will be denied for incorrect billing.
- Type of Bill – 81X/081X: If the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.
- HCPCS Code: This field should be left blank. If information is present the claim will deny as incorrect billing. Facilities should not bill Hospice Room and Board code T2046 or any other HCPCS Code.
- Billed Charges: Please reference the table that follows for the appropriate Ohio Department of Medicaid (ODM) NF rate and bill 95% of the rate noted in the table. If applicable, Molina will deduct Patient Liability from the payment.

Hospice HCIC Specific Billing Requirement:
- Revenue Code: Please reference the "ODM HCIC Nursing Facilities Per Diem rates" table that follows for the revenue codes to bill based on the HCIC Service Level of the member. Claims billed with any other Revenue Codes will be denied as incorrect billing.

Vent/Vent Weaning Specific Billing Requirement:
- Revenue Code: Please reference the "Hospice Vent/Vent Weaning Nursing Facilities Per Diem Rates" table below for the revenue codes to bill based on the Vent/Vent Weaning Service Level of the member. Claims billed with any other Revenue Codes will be denied as incorrect billing.
- Diagnosis Z99.11 is required to be on the claim to be payable.
- To determine which Flat Fee Daily rate, please review the nursing facility in the Medicaid Information Technology System (MITS) to determine the specialty code listed below.

ODM HCIC Nursing Facilities Per Diem Rates:

HCIC Service Level	COVID-19: Related Need	Flat Fee Daily Rate	Revenue Center Code
Quarantine Level of Care	Frequent Monitoring	$250	167
COVID-19 Level 1	Minor COVID-19: Related symptoms; frequent monitoring	$300	241
COVID-19 Level 2	Requires oxygen or other respiratory treatment and careful monitoring for signs of deterioration	$448	242
COVID-19 Level 3	Requires care beyond the capacity of a traditional NF	$820	243
COVID-19 Level 3 with ventilator	Requires care beyond the capacity of a traditional NF and ventilator care to support breathing	$984	249

Hospice Vent/Vent Weaning Nursing Facilities Per Diem Rates:

Vent/Vent Weaning Service Level	NF Specialty Code	Flat Fee Daily Rate		Diagnosis Code	Revenue Center Code
		7/18/2020 – 6/30/2021	7/1/2021		
Vent-dependent - full rate for meeting Ventilator-Associated Pneumonia (VAP) threshold	862	$819.49	$972.46	Z99.11	419
Vent weaning - full rate for meeting VAP threshold	867	$983.39	$1166.95	Z99.11	410
Vent-dependent rate - 5% reduction for not meeting VAP threshold	864	$778.52	$923.84	Z99.11	419
Vent weaning - 5% reduction for not meeting VAP threshold	868	$934.22	$1108.60	Z99.11	410

Note: Hospice HCIC Room and Board Services do not require prior authorization from Molina; however, as previously communicated effective April 1, 2021 general Hospice Room and Board does require prior authorization.

Molina updated these claims guidelines to more closely align with other Managed Care Plans to help reduce administrative burden on our provider partners.

Marketplace Authorization Fax Number Updates
Information for all Marketplace providers

Effective May 1, 2021, Molina Marketplace will change the toll-free fax numbers for Marketplace:
- Physical Health Inpatient and Outpatient PA to (833) 322-1061
- Behavioral Health Inpatient and Outpatient to (855) 502-5130

As a reminder, a PA Request Form with all pertinent information and medical notes should be faxed for transplant requests to:
- Kidney transplants and Bone Marrow transplants (877) 813-1206
- All other transplants (866) 449-6843

The process for obtaining PA has not changed.