

You Matter to Molina: Introduction to Telehealth

2024 | Molina Healthcare of Ohio, Inc.



AGENDA



- Provider Resources
 - Availity Essentials Portal
 - Introduction to Telehealth
 - Getting Started with Telehealth
- Telehealth Provisions
- Provider Responsibilities
- Telehealth Member Eligibility & Benefits
 - Telehealth Claims & Billing
 - Telehealth Provider Billing Guidelines: Specialty Specific
 - Teladoc Health® Services
 - Contact Molina

Provider Resources

Provider Relations

Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- The You Matter to Molina Program that includes Monthly Forums, surveys and an Information Page on the Provider Website

Communication

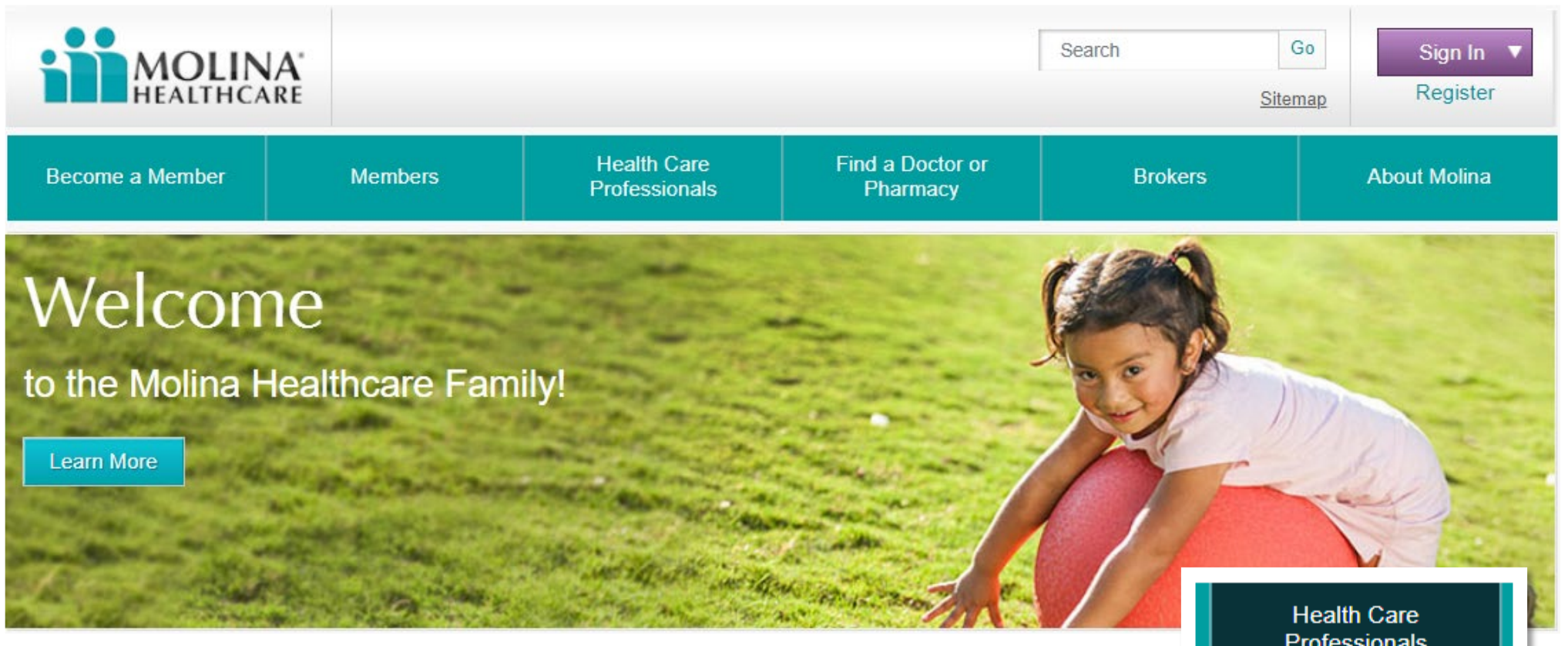
- Provider Bulletin and Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources and Provider Resource Guides
- Secure Messaging on the Availity Essentials Portal

Technology

- 24-hour Provider Portal
- Online Prior Authorization (PA) and Claim Dispute Submission
- PA Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Essentials Overpayments



Provider Website



Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.



Find the Provider Website at MolinaHealthcare.com.

Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider Manual

Dental Manual

Claims Information

You Matter to Molina Page and a Claims Payment Systemic Errors (CPSE) Page

Contact Information

Provider Online Directory



Availity Essentials Portal

Member Rights and Responsibilities

Preventive and Clinical Care Guidelines

Prior Authorization Information

Claim Dispute

Provider Communications: Provider Bulletins and Provider Newsletters

Fraud, Waste and Abuse Information

Advanced Directives

Molina Payment Policies
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and Accountability Act (HIPAA)

Frequently Used Forms

Provider Manual Highlights

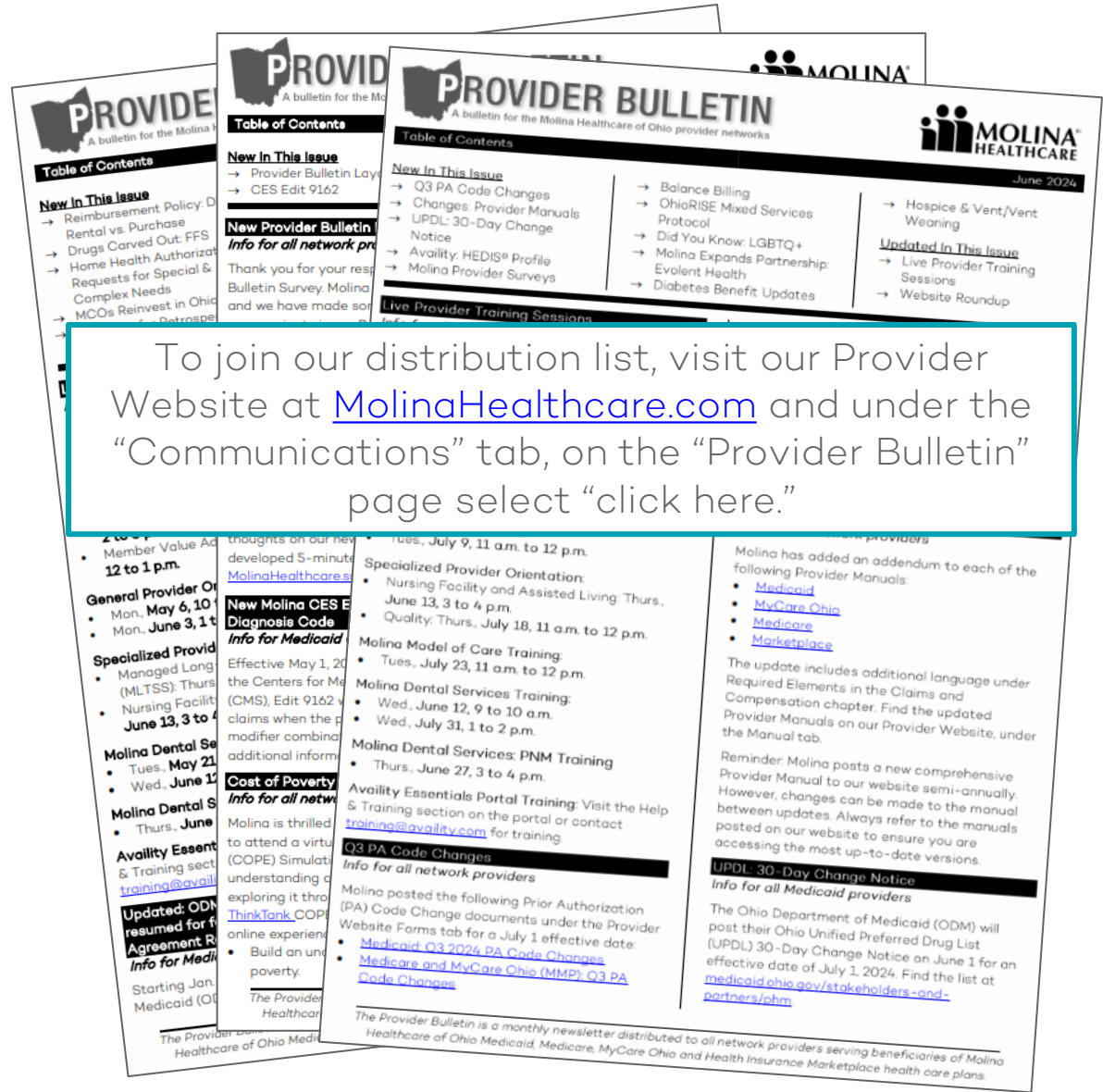
Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

Provider Bulletin

The Provider Bulletin includes:

- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials Portal
- You Matter to Molina Corner
- Changes in policies that could affect:
 - Claim submissions
 - Billing procedures
 - Payment
 - Disputes & Appeals (Reconsiderations)

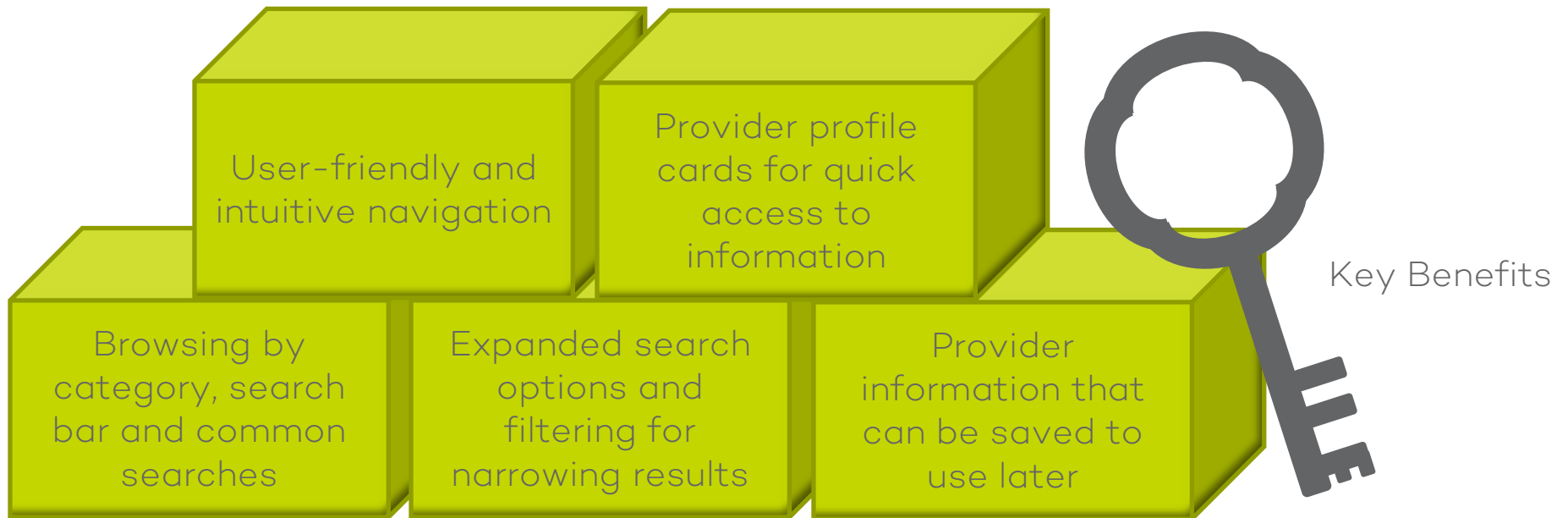
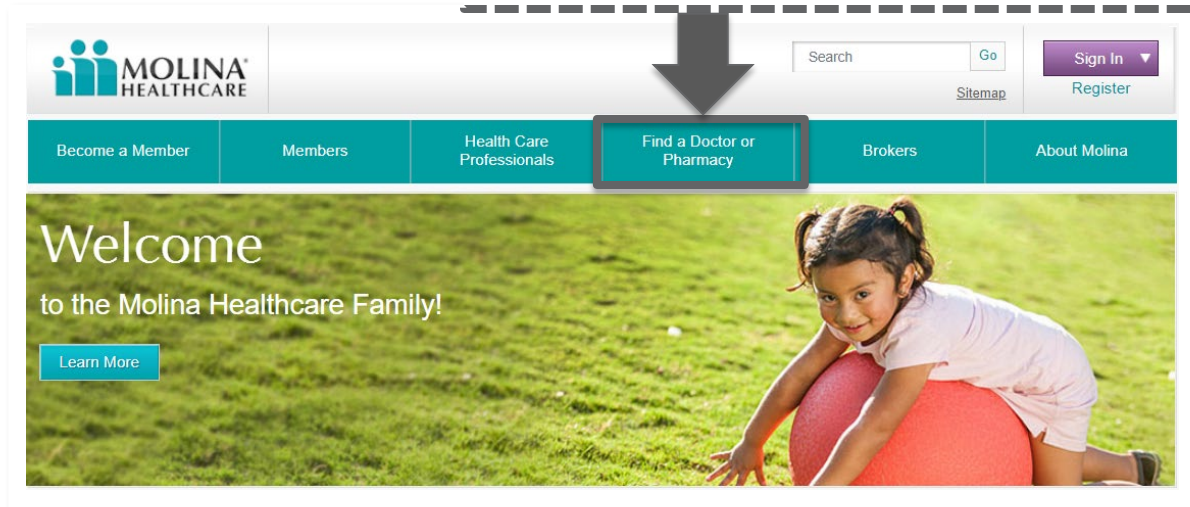


Molina Provider Online Directory

The Molina Provider Online Directory offers enhanced search functionality so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.

To find a Molina provider, click “Find a Doctor or Pharmacy”



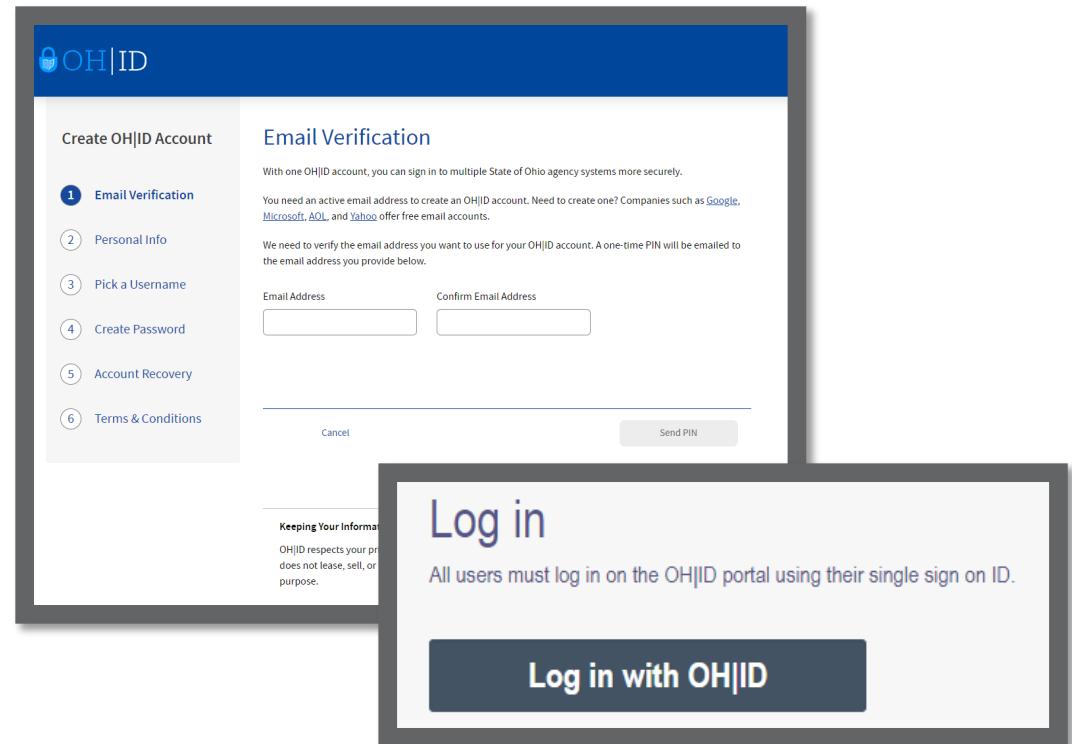
Reminder: Members should be referred to participating providers.

ODM Provider Online Directory and OH|ID

As of Oct. 1, 2022, the Ohio Department of Medicaid (ODM) launched the Provider Network Management (PNM) module to develop a comprehensive provider directory at the state level. View the [ODM Quick Reference Guides](#) to learn more.

Important! Medicaid providers are required to obtain a State of Ohio ID (OH|ID) to do business with Ohio Medicaid. Register at [Create Account | OH|ID | Ohio's State Digital Identity Standard](#).

An OH|ID is a personal online user account that provides a secure, personalized experience for providers to interact with multiple state agencies, programs and services—all with a single username and password.



Find out more in the [ODM Provider Network Management Frequently Asked Questions](#).

Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA)-required element.



Medicaid and MyCare Ohio: On Oct. 1, 2022, ODM migrated to the new PNM system for provider information and updates. View the [ODM Quick Reference Guides](#) for more information. Note: The [Provider Information Update Form](#) may still be required for some Medicaid and MyCare Ohio updates.

Medicare and Marketplace: Providers can update their information via the [Council for Affordable Quality Healthcare \(CAQH\) DirectAssure](#) application or by submitting a [Provider Information Update Form](#) to Molina.

Important Reminders:

- Providers must validate their information at least quarterly for correctness and completeness.
- Notice of changes must be made at least 30 days in advance of any of the following:
 - Change in office location, office hours, phone, fax or email
 - Addition or closure of an office location
 - Addition or termination of a provider
 - Change in Practice Name, Tax ID and/or National Provider Identifier (NPI)
 - Open or close your practice to new patients (PCP only)

Molina ID Cards

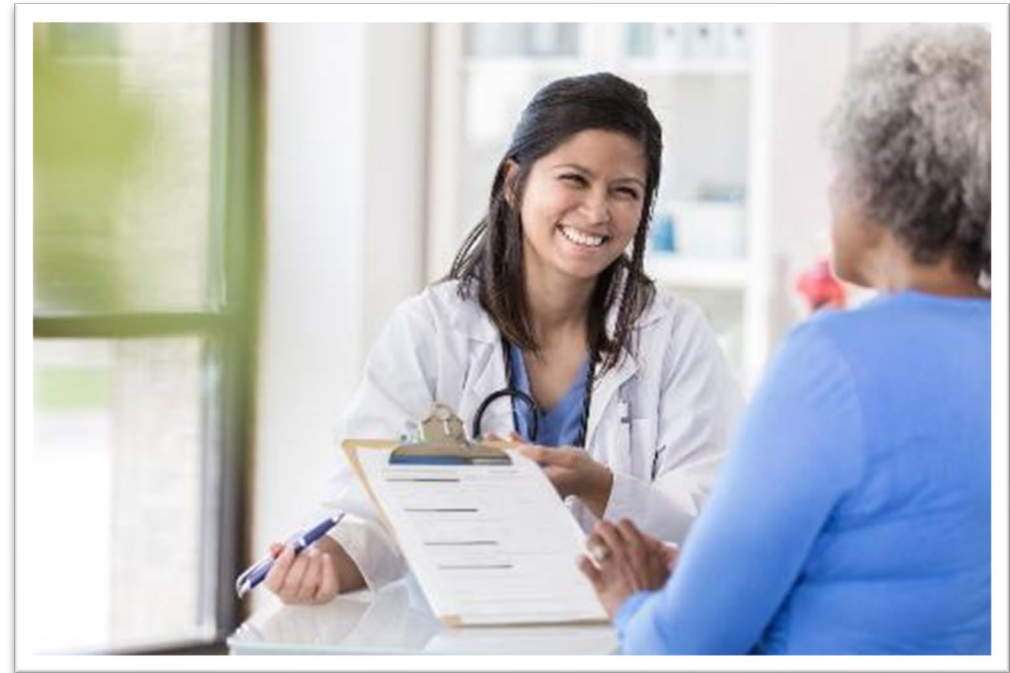
Providers are encouraged to review the most up-to-date version of the Molina Member ID Cards available in our Provider Manuals at [MolinaHealthcare.com](https://www.molinahealthcare.com) on the “Manual” page.

[Medicaid Member Cards](#)

[MyCare Ohio Member Cards](#)

[Medicare Member Card](#)

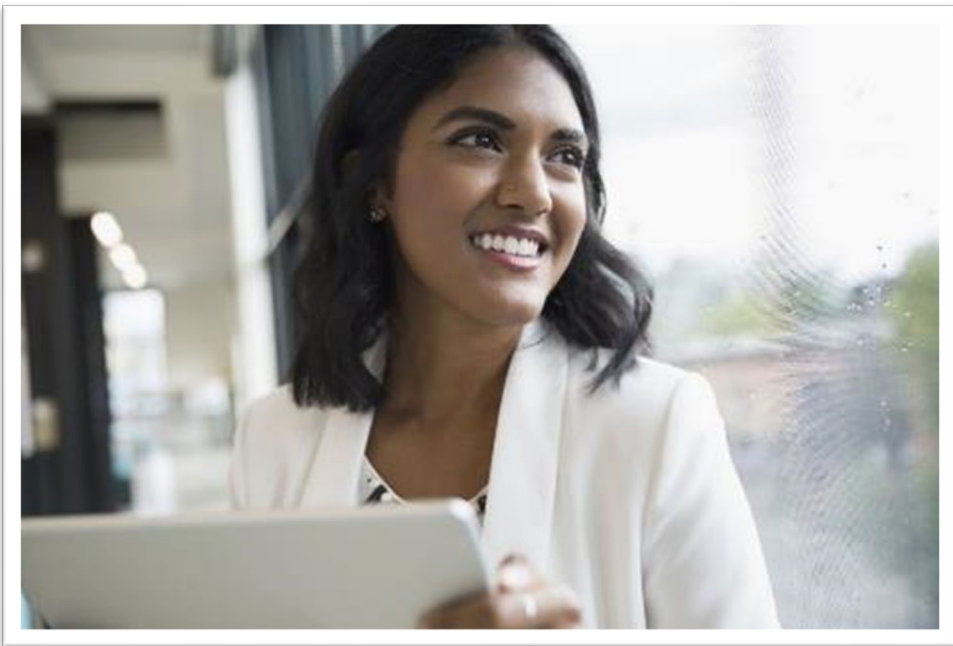
[Marketplace Member Card](#)



Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the “Provider Responsibilities” section of the Provider Manual, located at MolinaHealthcare.com under the “Manual” tab. Topics include:



Non-Discrimination of Health Care Service Delivery



Provider Data Accuracy and Validation



National Plan and Provider Enumeration System (NPES) Data Verification



Electronic Solutions/Tools Available to Providers



Primary Care Provider (PCP) Responsibilities

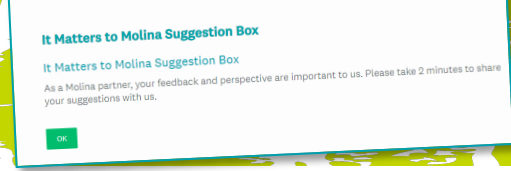
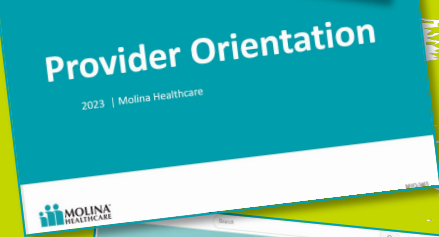
You Matter to Molina



You Matter to Molina

At Molina of Ohio, our providers matter! Our “You Matter to Molina” program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.
- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.
- Availity Essentials Portal access and training resources.
- Learn more now at MolinaHealthcare.com/OH/YouMatterToMolina.



Thank you for being part of the Molina family.



Availity Essentials Portal

Availity Essentials (Availity) Provider Portal

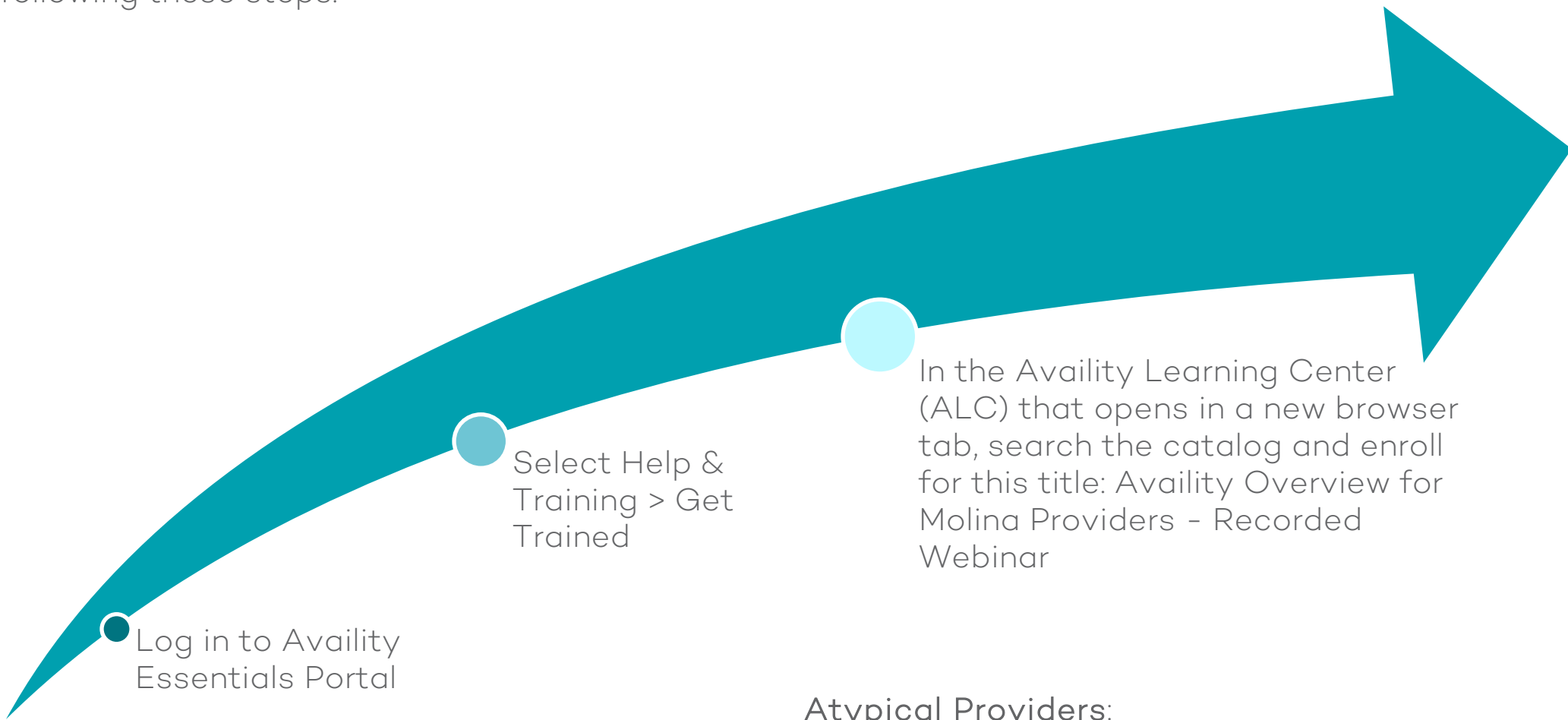
Register for the Availity Essentials Portal at availity.com/provider-portal-registration and select your organization type.

The screenshot shows the Availity Essentials Provider Portal. At the top left is the Availity logo. The main header area features a large image of hands typing on a laptop with a yellow overlay and the text "Register for access". Below this, it says "To register, select your organization type below" and "Locate your organization type below, then click the arrow to get started". There are four colored buttons for "Providers", "Health Plans", "Vendors", and "Billing Services". On the right side, there is a login overlay with the Availity logo, the text "Please enter your credentials", and input fields for "User ID:" and "Password:". It also includes a "Show password" checkbox, a "Log in" button, and links for "Forgot your password?" and "Forgot your user ID?".

Log into the Availity Essentials Portal at:
apps.availity.com/availity/web/public.elegant.login.

Availity Essentials Provider Portal

Once registered providers will have access to the Availity Essentials Portal training by following these steps:



Log in to Availity Essentials Portal

Select Help & Training > Get Trained

In the Availity Learning Center (ALC) that opens in a new browser tab, search the catalog and enroll for this title: Availity Overview for Molina Providers - Recorded Webinar

Atypical Providers:

Under “News and Announcements” select “Atypical Providers: Here’s your Ticket to Working with the Availity Essentials Portal” to view training sessions.

Availity Essentials Provider Portal

The Availity Essentials Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

Online
Claim
Submission

Claims
Status
Inquiry

Corrected
Claims

Member Eligibility
Verification and Benefits

Secure
Messaging

Check Status of Claim Dispute



Manage
Overpayment
Request

Healthcare Effectiveness Data
and Information Set (HEDIS®)

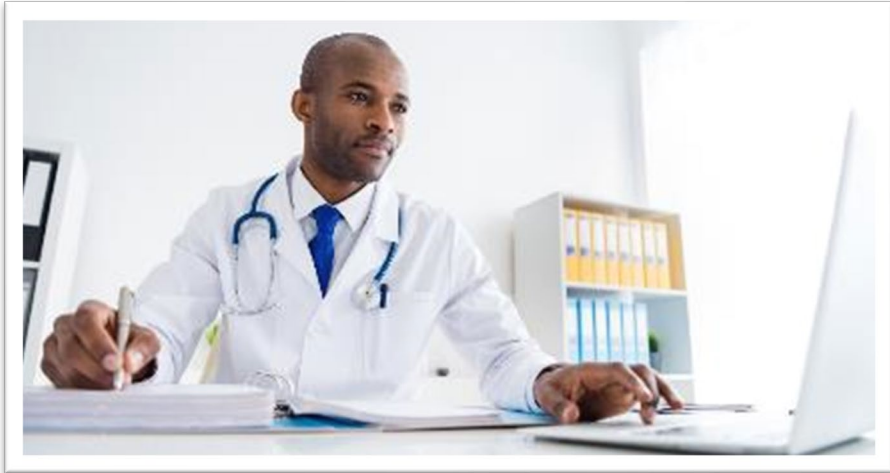
Online Non-Clinical Claim Dispute
(Claim Reconsideration) Requests

Care
Coordination
Portal

Remittance
Viewer

View PCP
Member Roster

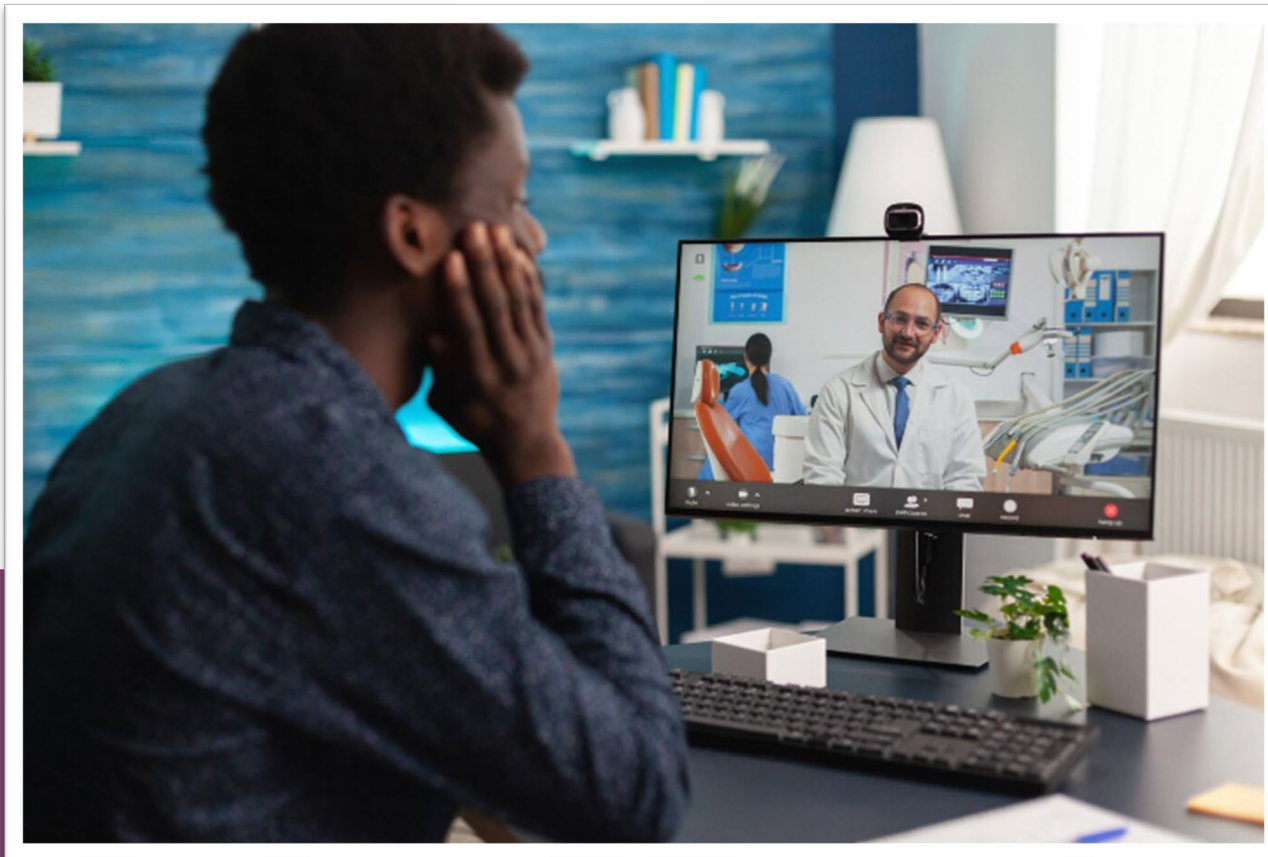
Submit and
Check Status
of PA Requests



Introduction to Telehealth

What is Telehealth?

Telehealth, or telemedicine, is the direct delivery of health care services to a patient related to the diagnosis, treatment and management of a condition. Telehealth is the interaction with a patient via interactive, real-time electronic communication that includes both audio and video elements; OR the following activities that are asynchronous (not occurring in real-time) or do not have both audio and video elements:



Telephone calls

Remote patient monitoring

Communication with a patient through secure electronic mail or a secure patient portal

The Difference Between Telehealth and Telemedicine

According to the Federal Communications Commission (FCC):

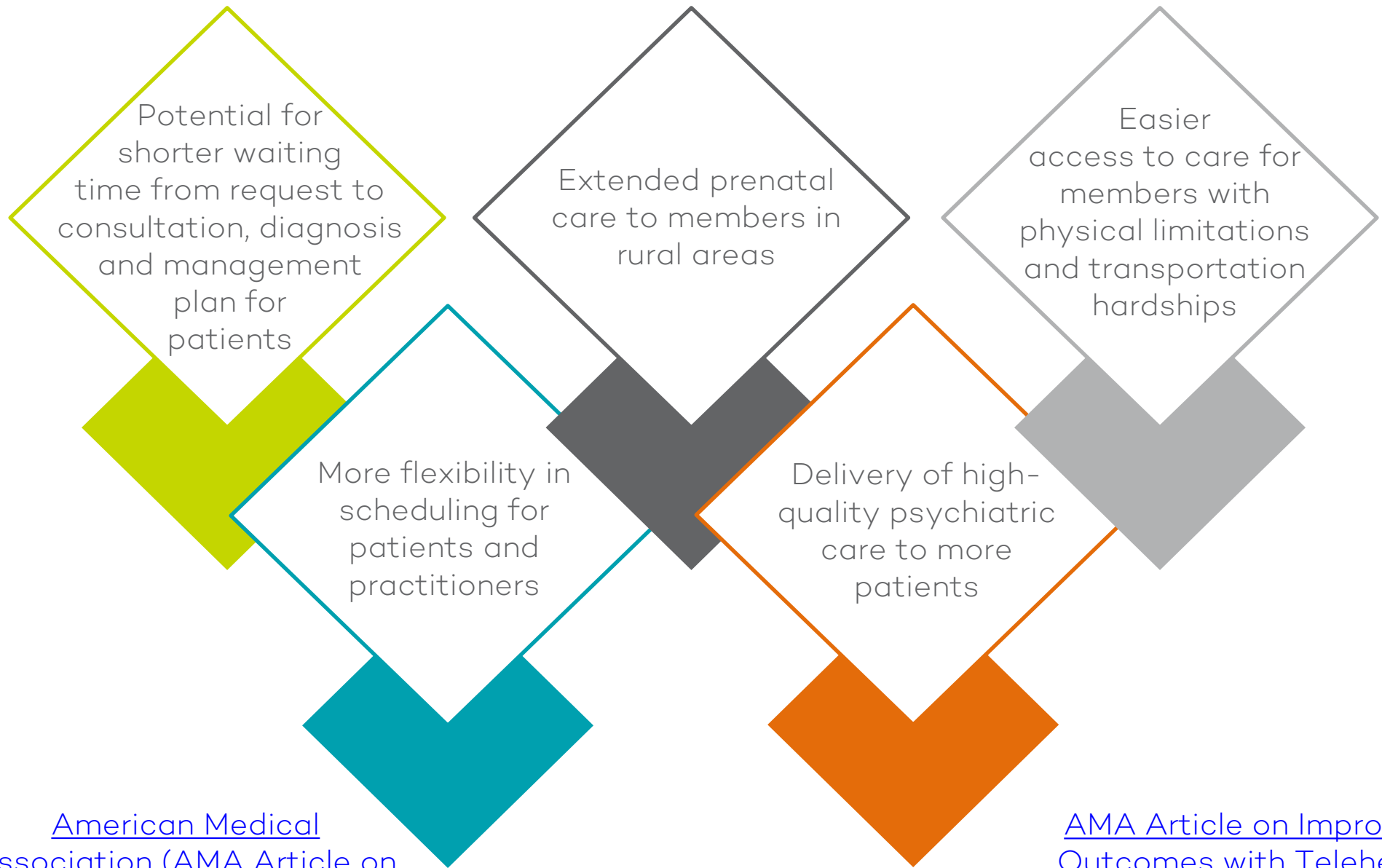
Telemedicine can be defined as using telecommunications technologies to support the delivery of all kinds of medical, diagnostic and treatment-related services usually by doctors.

Telehealth is like telemedicine but includes a wider variety of remote healthcare services beyond the doctor-patient relationship.

It often involves services provided by nurses, pharmacists or social workers, for example, who help with patient health education, social support, medication adherence and troubleshooting health issues for patients and their caregivers.



Some Benefits of Implementing Telehealth



[American Medical Association \(AMA Article on Telehealth Benefits\)](#)

[AMA Article on Improving Outcomes with Telehealth](#)

Getting Started with Telehealth

Factors to Consider When Preparing to Offer Telehealth Visits in Your Practice

- **Staffing:** Will you need a telehealth coordinator? How will staff roles change? How will you train your current health care team? Are staff members comfortable with the technology?
- **Technology:** How do you select a platform for telehealth? What are some technology barriers patients may encounter? Does the telehealth platform provide training for your staff? Will patients access through a patient portal or via text or email?
- **Scheduling:** When will you offer telehealth visits (days, hours)? Will patients schedule online or via telephone? How will you determine if telehealth is appropriate over an in-person visit?
- **Meeting Patient Needs:** Will your patients require special accommodations? Will your patients have the skills to navigate the technology? How will you send reminders? How will you support non-English speaking patients? How will you support patients with hearing loss or visual impairment? How will you support a caregiver or translator assisting with a visit?
- **Costs:** While Molina does not charge any fees to the provider for using telehealth/telemedicine services, there may be up-front vendor costs or monthly fees from the vendor for the use of their platform.

Note: Molina has prepared a useful document, [Tips for a Telehealth Visit](#), to assist members with understanding and preparing for telehealth visits.

The Health and Human Services (HHS) department has some excellent resources to assist with these factors at [HHS: Planning Your Telehealth Workflow](#).

Finding a Telehealth Vendor

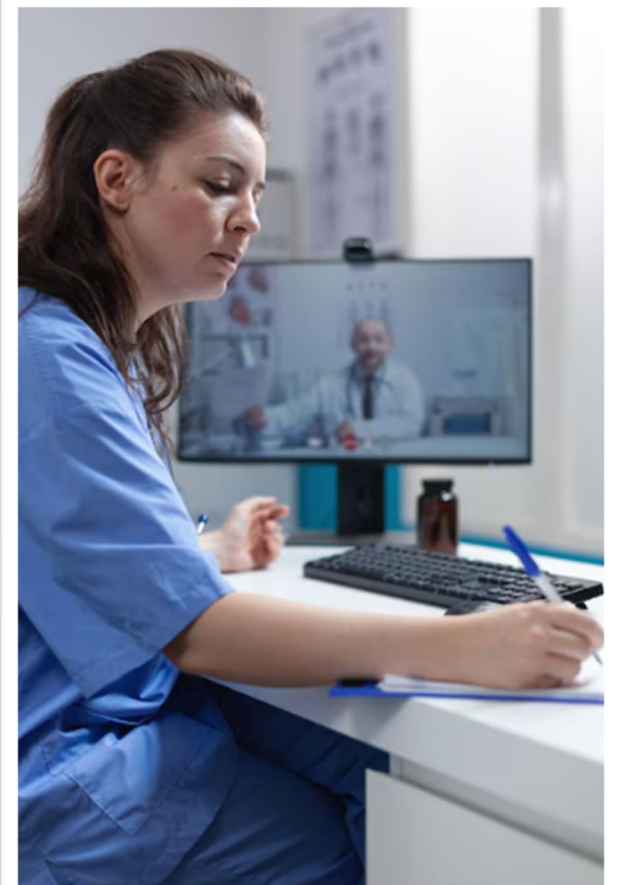
If your organization requires assistance in setting up a telehealth option for the first time, many resources are available online to help you find assistance in finding a technology vendor.

[HHS Guide to Getting Started with Telehealth](#): This guide includes best practice guides, tips on planning your telehealth workflow, legal considerations and information on finding a telehealth vendor.

[Comprehensive Vendor Telemedicine and Telehealth Directory](#): Provided by the University of Arizona, this is an extensive, interactive directory of telehealth providers. The search can be broken down by state and teleservice specialties (i.e., primary care, emergency, behavioral, etc.)

[AMA Guide to Selecting a Telehealth Vendor](#): A brief guide to factors that will need to be considered when selecting your telehealth vendor.

[National Telehealth Technology Assessment Resource Center Guide to Telehealth Video Platforms](#): This video platform toolkit is designed to help readers learn more about how video can be used to support the delivery of healthcare and improve the customer care experience.



Additional Resources to Assist Providers in Getting Started in Telehealth

Center for Connected Health Policy: Telehealth
cchpca.org/all-telehealth-policies/

The Centers for Medicare & Medicaid Services (CMS) has a website dedicated to Medicare telehealth guidelines that includes several useful links: [CMS Telehealth Guidelines and Resources](#)

The HHS department has a great resource guide located here: [HHS Telehealth Resources for Healthcare Providers](#)

The Ohio Department of Medicaid has created a [Provider Telehealth Resource Guide](#) for Medicaid Managed Care Providers. This includes an introduction to telehealth, appropriate coding, a variety of patient use scenarios and other plan contact information.



Telehealth Provisions

General Telehealth and Telemedicine Provisions



- Services must be obtained from a participating provider.
- Services can be used when care is needed now for non-emergency medical issues and for routine or non-urgent appointments as well.
- To be reimbursable, all telemedicine/telehealth services must be medically necessary and documented in the applicable medical record.
- Services are a method of accessing covered services and not a separate benefit.



- Services are **not permitted** when the member and participating provider are in the same physical location.
- Member cost sharing may apply based on the applicable schedule of benefits. Providers are prohibited from balance billing members for covered services other than the member's applicable copayment, coinsurance or deductible amounts.
- Services do not include texting, facsimile or email only.
- Services include preventive and/or other routine or consultative visits.

Molina General Telehealth Requirements

- Molina does not charge providers for offering telehealth services to Molina members. Also, there are no monthly fees.
- Services can be provided via telephone or video conference through a computer.
 - No other special equipment is required.
 - Funds are not provided for any technical equipment or costs for the provision of telemedicine services.
- Telehealth/Telemedicine services may require prior authorization, so please confirm with Molina prior to rendering services.
- Additional Ohio Medicaid Telehealth guidelines can be located at:
 - [OAC rule-5160-1-18: Telehealth General Provisions](#)
 - [OAC Rule 5122-29-31 Telehealth for Behavioral Health Services](#)



Getting Added as a Telehealth Provider in the Molina Provider Directory

Molina offers a visual icon in our Provider Online Directory (POD) that indicates whether a provider offers telehealth services.

The screenshot shows a 'Specialties & Expertise' section with the following content:

- Specialties**
 - Emergency Medicine
 - No Certification
- Family Medicine**
 - Board Certification [🔗](#)
- General Practice**
 - Board Certification [🔗](#)
- Areas of Expertise**
 - Medication Assisted Treatment (MAT)
 - Substance Abuse
- Cultural Competency**
 - Virtual Care

If your organization adds telehealth capabilities and you would like to have this added to the POD, or you already offer telehealth services, and your service location is not displaying the indicator, please notify your Molina Provider Relations Representative.

Provider Responsibilities

Provider Responsibilities

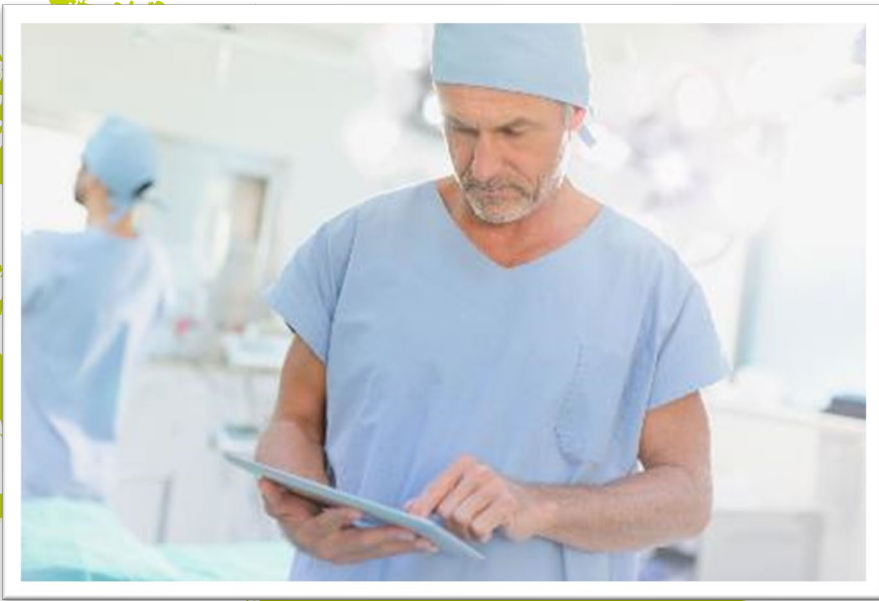
Services must be coded in accordance with applicable reimbursement policies and billing guidelines.

Rendering providers must comply with applicable federal and state guidelines for telehealth service delivery.

Covered Services provided through store-and-forward technology must include an in-person office visit to determine diagnosis or treatment.

Store-and-forward technology is collecting clinical information and sending it electronically to another site for evaluation. Information typically includes demographic data, medical history, documents such as laboratory reports, and image, video and/or sound files.

Telehealth transmissions are subject to HIPAA-related requirements outlined under state and federal law, including 42 C.F.R. Part 2 Regulations and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).

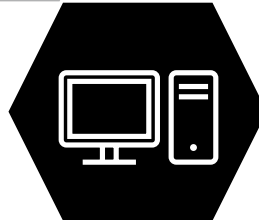


Provider Responsibilities, Continued

Molina has the right to demonstrate and test the provider's telehealth service platform and operations upon at least 10 days prior notice to the provider.

Providers are prohibited from balance billing members for covered services other than the member's applicable copayment, coinsurance or deductible amounts.

Providers agree that under no circumstance shall a Molina member be liable to the provider for any payment owed that is the legal obligation of Molina.

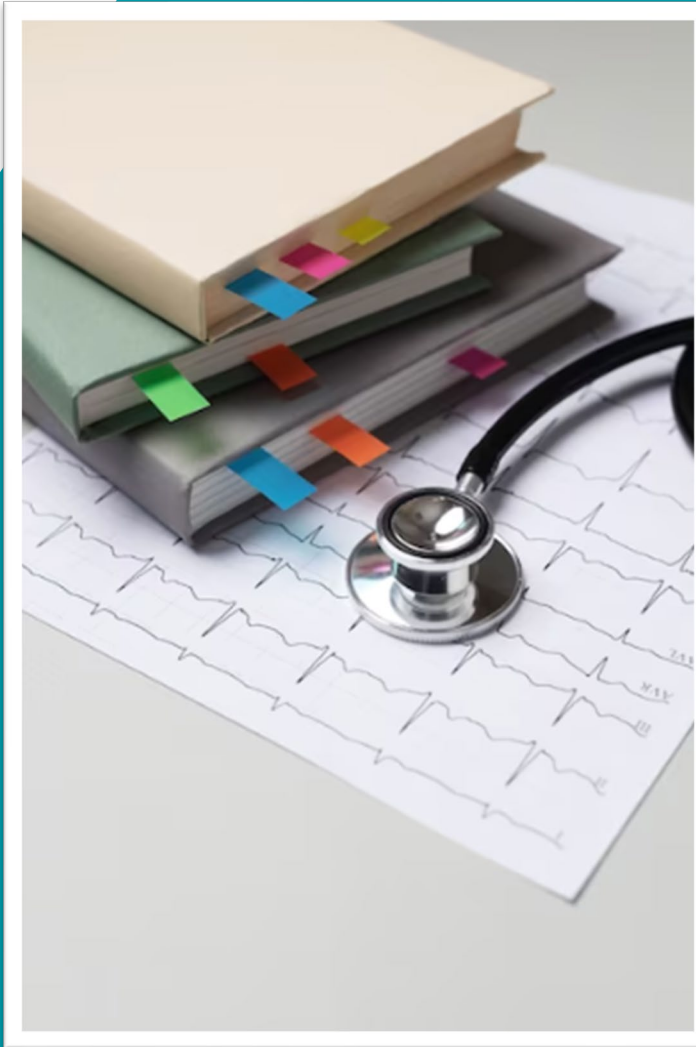


Providers are responsible for verifying member eligibility.

Obtaining Approval for Services that Require PA: Molina's Provider Website features several resources, including the PA Lookup Tool and quarterly PA Code Change documents.

- [OAC 5160-26-05 Managed Healthcare Programs: Provider Panel and Subcontracting Requirements](#)
- [OAC 5160-1-13 Medicaid Consumer Liability](#)

Available Telehealth Locations for Medicaid Members



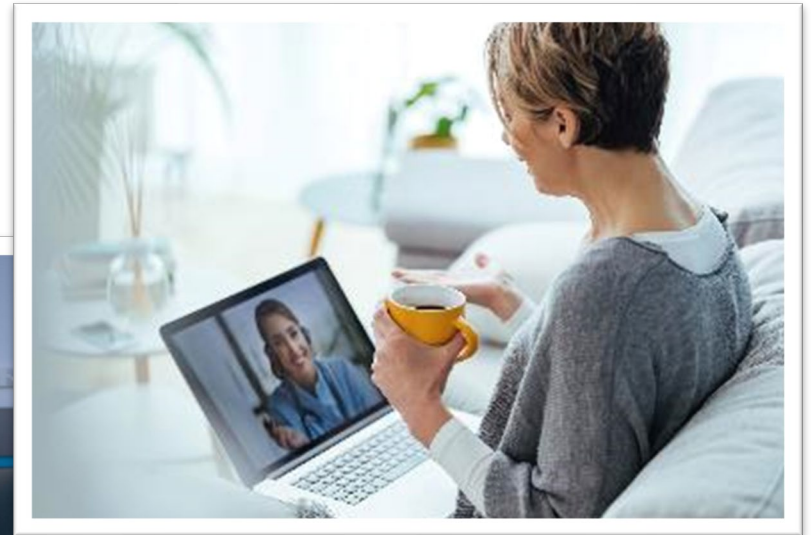
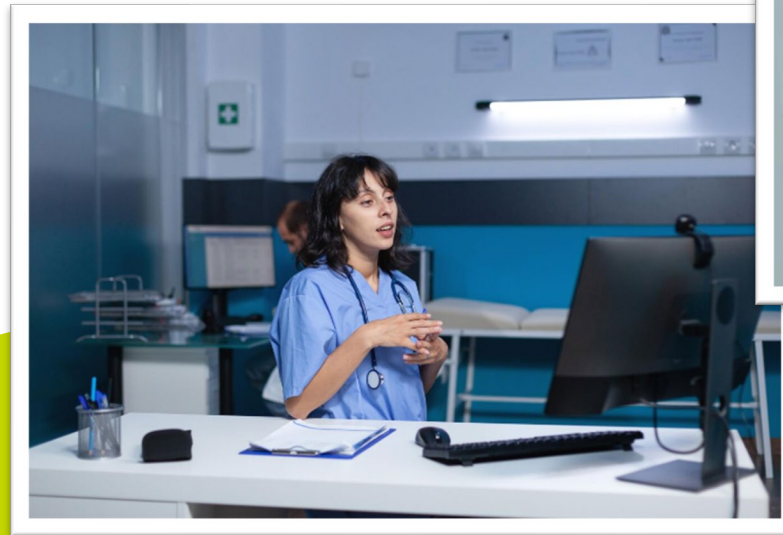
Medicaid-covered individuals can access telehealth services wherever they are located. Locations include, but are not limited to:

- Home
- School
- Temporary housing
- Homeless shelter
- Nursing Facility
- Hospital
- Group home
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)
- Federally Qualified Health Center (FQHC) or Rural Health Center (RHC)
- Ambulatory Health Care Clinics
- Pharmacy/Pharmacies

Available Telehealth Locations for Medicaid Members, Continued

Patient Site—the physical location of the patient at the time a health care service is provided through the use of telehealth.

Practitioner Site – the physical location of the treating practitioner at the time a health care service is provided through the use of telehealth.



The only limitation for both the patient and practitioner site is that telehealth cannot be rendered in jails or prisons.

The Behavioral Health Manual includes allowable places of service for behavioral health agencies certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) in the [Behavioral Health Manual](#).

Telehealth Special Populations

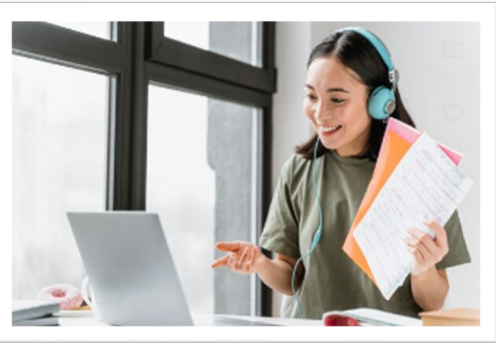
The Ohio Department of Medicaid (ODM) requires these specific telehealth rules to be followed by providers for special populations within the Medicaid population.

English as a second language: Provide and document the use of an interpreter.

Comply with the Americans with Disabilities Act of 1990 (ADA) and other legal and ethical requirements.

Pediatric: Encounters require the presence and/or active participation of a caregiver or facilitator, including the parent, guardian, nurse and/or childcare worker.

Homebound/Geriatric: Providers should have the patient affirm consent to family members, caregivers and nurses that would facilitate the visit and decision-making. The member or their guardian needs to have the option to consent to the use of telehealth for services instead of in-person delivered care.



Telehealth Member Eligibility & Benefits

Member Eligibility



Telehealth services through in-network providers are available to all active Molina Medicaid, MyCare Ohio, Medicare and Marketplace members.

Molina does not impose age limits (pediatric patients must have a caregiver present). Providers have the right to impose a general age limit for patients seen within their practice.

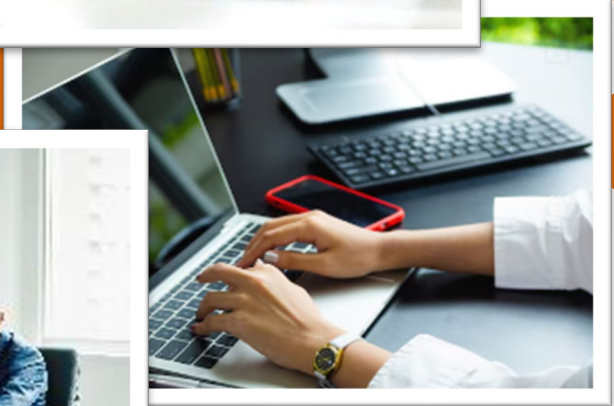
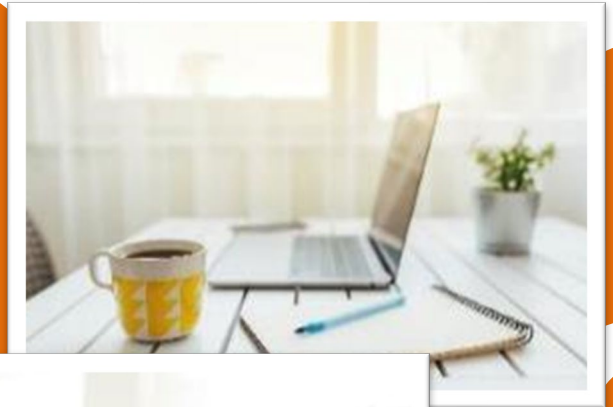
Molina members may obtain covered services from participating providers with telehealth and telemedicine services.

Molina allows any eligible member to access telehealth services. There are no criteria for member geography or physical proximity to providers.

Member Eligibility Verification

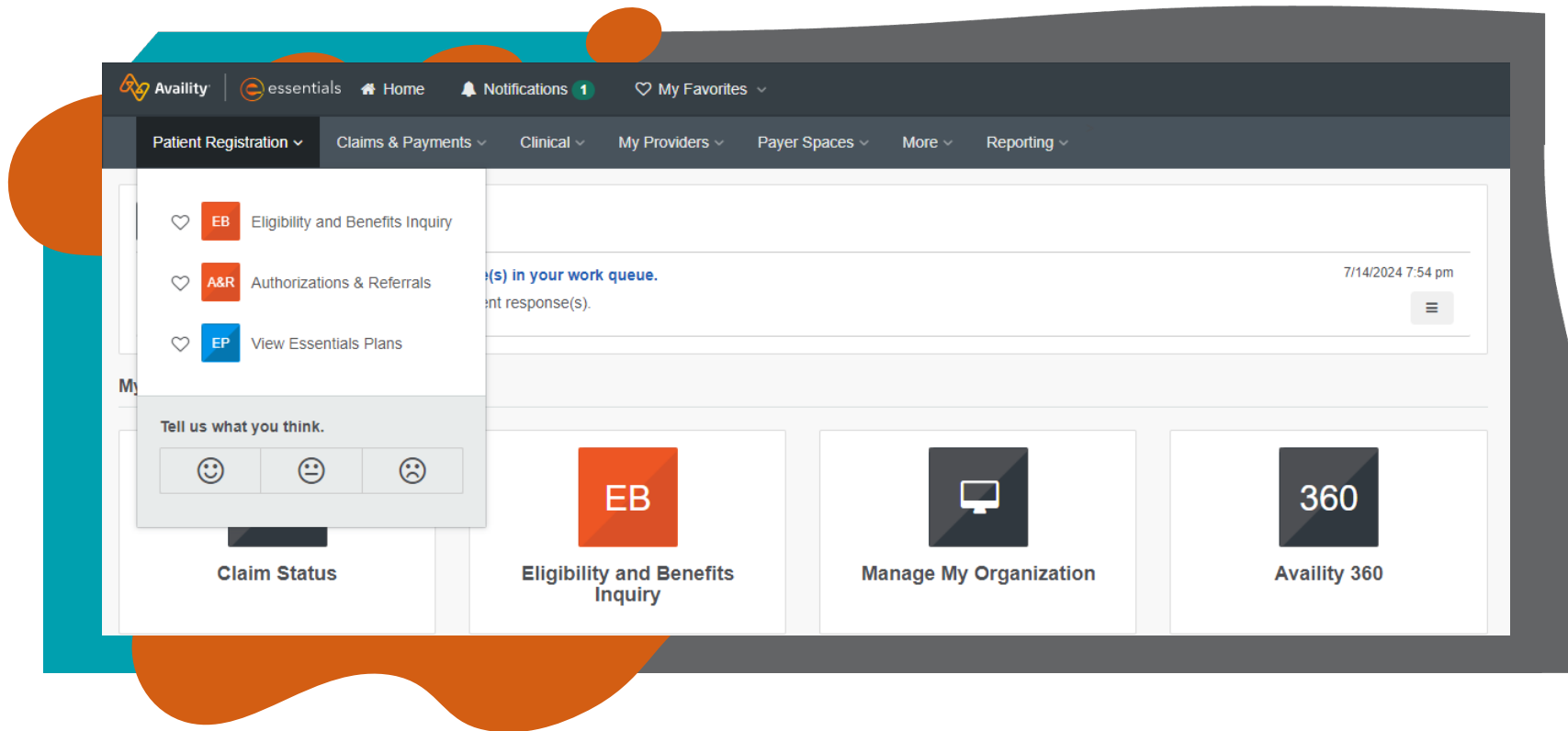
Member eligibility verification can be completed in a variety of ways, including:

- Contact the Molina Provider Services Department Monday-Friday via telephone at (855) 322-4079 during the following business hours:
 - Medicaid: 7 a.m. to 8 p.m.
 - MyCare Ohio: 8 a.m. to 6 p.m.
 - Medicare and Marketplace: 8 a.m. to 5 p.m.
- Logging into the ODM Provider Network Management (PNM) system or calling the ODM Interactive Voice Response (IVR) System at (800) 686-1516 24 hours a day/7 days a week.
 - Providers must have a Personal Identification Number (PIN) number to access this information.
 - This is only for Medicaid and MyCare Ohio members.



Member Eligibility Verification, Continued

Log into the [Molina Availty Essentials Portal](#) and go to the Eligibility and Benefits Inquiry tab.



Possession of a Molina ID card does not guarantee member eligibility or coverage. Providers should verify the eligibility of Molina members prior to rendering services.

Member Telehealth Resources

Molina shares member-facing resources with providers that they can give their patients about preparing for a telehealth visit. Molina has prepared a useful document, [Tips for a Telehealth Visit](#), to assist members with understanding and preparing for telehealth visits.



Some useful tips include:

- Directions for downloading their provider's required telehealth apps ahead of time.
- How to be prepared with a list of items that the member wants to discuss with the provider.
- Directions to bring a list of current medications, blood pressure readings and blood sugar readings.
- Guidance for what to do after the visit.



Molina Member Website Telehealth Links

If Molina members have questions about their telehealth benefits, they should be directed to the Molina member website based on their specific line of business.

Medicaid: [Molina Medicaid Member Telehealth](#)

Medicare: [Molina Medicare Member Telehealth](#)

MyCare Ohio: [Molina MyCare Ohio Member Telehealth](#)

Marketplace: [Molina Marketplace Member Telehealth](#)

Telehealth Benefits

Some services covered via telehealth/telemedicine include, but are not limited to, the following:

Long-Term Services and Supports Including Nursing Assessments

Behavioral Health Services

Inpatient and Outpatient Medical Consultations

Physical, Occupational and Speech Therapies

Preventative Medicine Services

Detailed lists of all covered telehealth services:

Medicaid and MyCare Ohio:

- [Ohio OAC Rule 5160-1-18 Telehealth](#)
- [OAC Rule 5160-1-18 Appendix A: Eligible Telehealth Services](#)

Medicare

- [Medicare Telehealth Payment Policies](#)

Recent Expansion of Telehealth Services

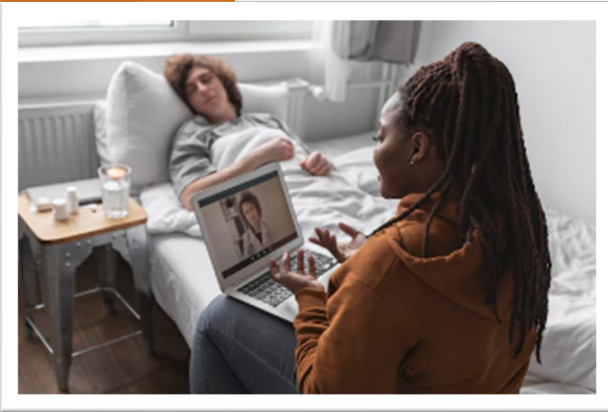
Effective July 1, 2022, OAC 5160-1-18 Telehealth was expanded to include the following services for Medicaid and MyCare Ohio members.



- Individual diabetes management training
- Group setting diabetes management training
- Childbirth prep/Lamaze classes
- Childbirth refresher classes
- Baby parenting classes
- Infant safety training
- Prenatal nutrition classes
- Smoking cessation classes
- Preventive medicine counseling
- Child and Adolescent Needs and Strengths (CANS) assessments

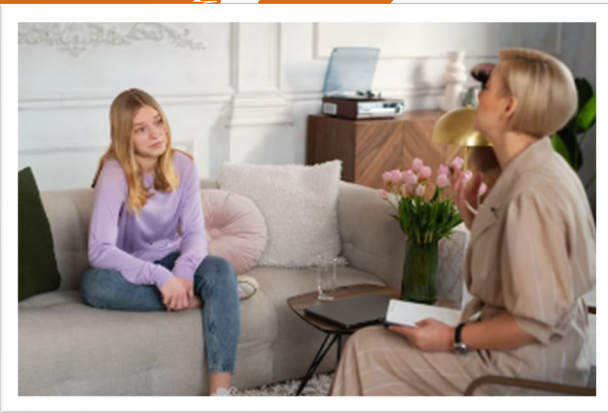
Recent Expansion of Telehealth Services, Continued

Behavioral health services that are eligible for payment when provided through telehealth by Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified providers were expanded to include the following:



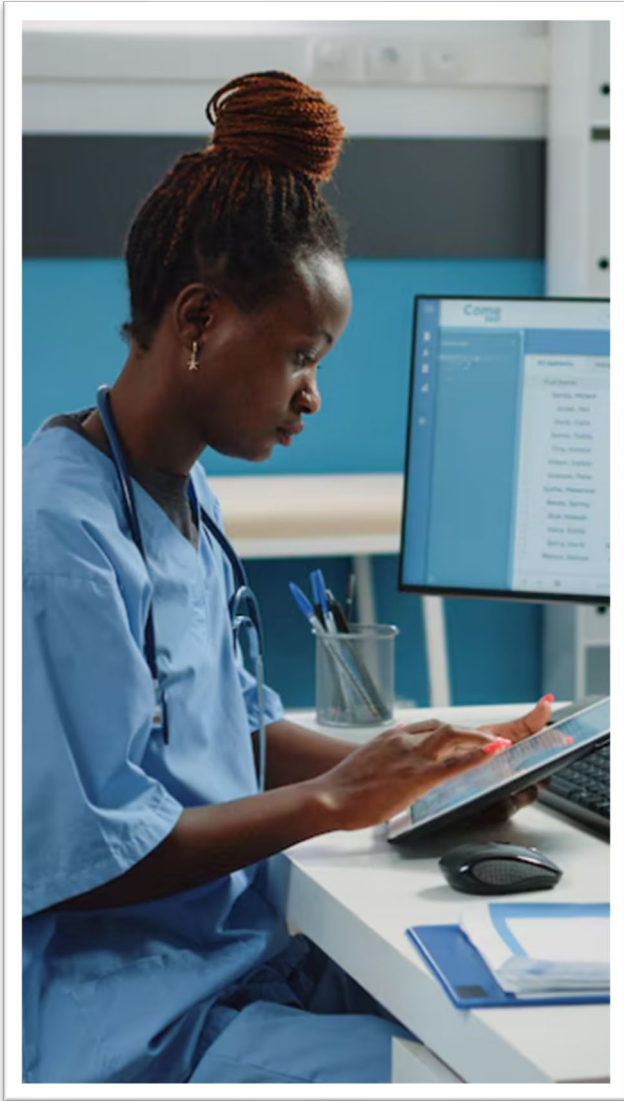
- Mobile Response Stabilization Services, initial response
- Mobile Response Stabilization Services, stabilization
- Mobile Response Stabilization Services, follow-up
- Prolonged Evaluation and Management (E&M) visits

For further information on Medicaid and MyCare Ohio behavioral health coverage and coding please see the [ODM Medicaid Behavioral Health Manual](#).



Telehealth Claims and Billing

Telehealth Billing Guidelines: Medicaid

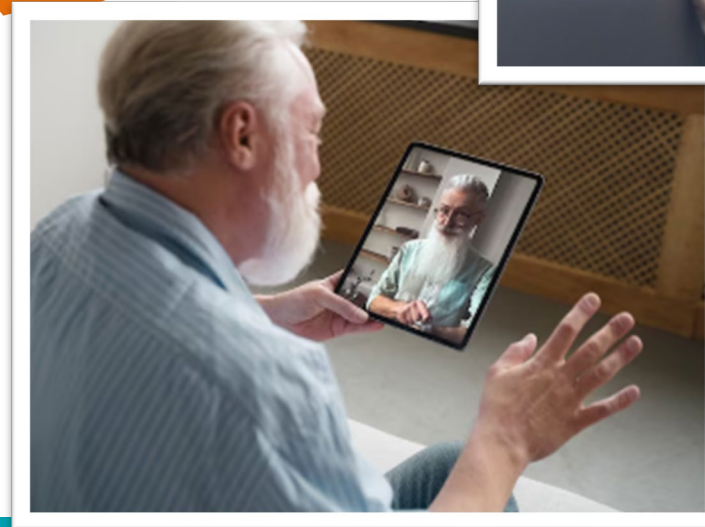
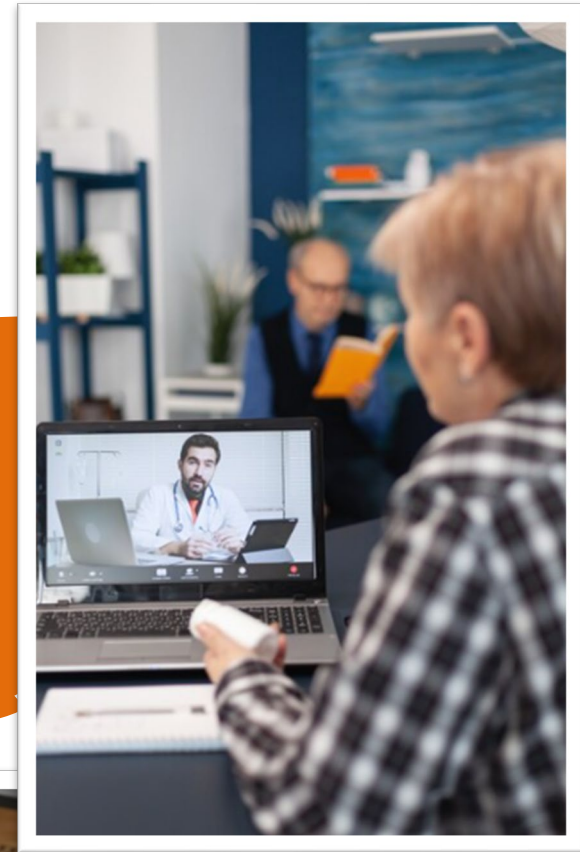


- Providers must follow CMS guidelines as well as the ODM Telehealth Billing Guidelines located here: [ODM Telehealth Billing Guidelines](#).
- All telehealth claims for Molina members must be submitted to Molina with correct codes and appropriate modifiers for the plan type and service.
- Professional claims should be submitted on an HCFA 1500 form.
- Institutional claims should be submitted on a UB-04 form (applies to Behavioral Health claims only).

- In most cases, the GT modifier is required to identify the service delivered through telehealth.
- In most cases, the place of service (POS) code reported on the claim must be the location of the practitioner.
- Telehealth POS codes 02 and 10 will not be accepted unless stated otherwise in provider-specific billing guidelines.

Telehealth Billing Guidelines: MyCare Ohio with Medicaid as Primary

- The GT modifier and any other appropriate modifiers should be included on all telehealth claims, and the POS should accurately reflect the physical location of the practitioner.
- The only exception to this guidance is for Home Health Services, Registered Nurse (RN) Assessment and RN Consultation. POS 02 should be used to indicate telehealth for the following codes: G0156, G0299, G0300, T1001, T1001 with U9 Modifier, G0151, G0152, G0153
- Community behavioral health providers should follow the guidance provided in the ODM Behavioral Health Provider Manual.



Telehealth Billing Guidelines: MyCare Ohio with Medicare Primary

- Use the telehealth POS Code 02, which certifies that the service meets the telehealth requirements. By coding and billing a POS 02 with a covered telehealth procedure code, the provider is certifying the member was present at an eligible originating site when the telehealth services were performed.
- Modifiers GQ, GT and 95 are required when applicable.
- GQ represents services provided not in real-time, such as remote patient monitoring or the store and forward of information like photographs.



- GT represents services provided in real-time (such as through video consultations).
- Modifier 95 is used for commercial insurance in place of GT for a set of specific E&M codes as Medicare limits originating sites to rural areas.
- POS 02 (telehealth) indicates that telehealth was the place of service.
- Qualifying telehealth units of service for an originating site must be billed with Q3014 to reimburse the facility fee.

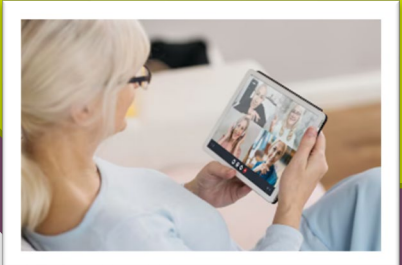
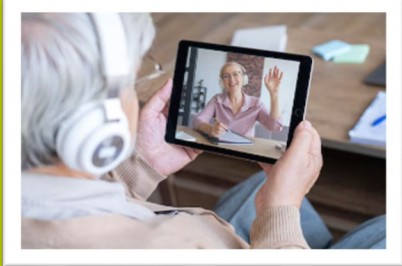
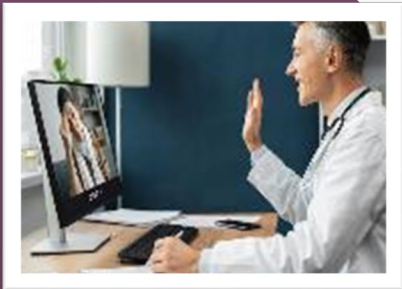
Telehealth Provider Billing Guidelines: Specialty Specific

Outpatient Hospital Behavioral Health Services (OPHBH)

- Hospitals are eligible to provide outpatient behavioral health services via telehealth to the extent they appear on the OPHBH fee schedule on the [ODM Outpatient Hospital Behavioral Health Codes and Rates](#) website.
- A list of allowable telehealth billing codes for community behavioral health providers is posted at bh.medicaid.ohio.gov/.
- A mental health/substance use disorder (SUD) diagnosis code is required to receive OPHBH reimbursement.
- To bill OPHBH services performed by telehealth, it remains necessary to append the modifier HE, along with a practitioner modifier and any additional pricing modifiers as indicated on the OPHBH fee schedule.



Outpatient Hospital Behavioral Health Services (OPHBH), Continued



- For services delivered via telehealth, providers may use either the POS code that reflects the location of the practitioner or the location of the patient.
 - The appendix to [Ohio Administrative Code Rule 5160-27-03](#) includes a list of allowable POS codes for each procedure code.
 - Please note the POS code 02 is not allowed. Providers should use the GT modifier to identify telehealth services.
- A mental health/substance abuse diagnosis code is still required.
- Include modifier GT, if possible, unless four required OPHBH modifiers are needed.
- Hospital providers are eligible to bill for telehealth services provided by licensed psychologists and independent practitioners who are not eligible to separately bill a professional claim.

Home Health Services, RN Assessment and RN Consultation

Telehealth can be used to provide home health services, RN assessment services and RN consultation services when clinically appropriate.

These services should be billed using the procedure codes below. The value 02 should be used to indicate telehealth as the POS on all claims for services provided using telehealth.

- G0156 Home Health Aide
- G0299 Home Health Nursing – RN
- G0300 Home Health Nursing – LPN
- T1001 RN Assessment
- T1001 w/U9 Modifier – RN Consultation
- G0151 Physical Therapy
- G0152 Occupational Therapy
- G0153 Speech-Language Pathology

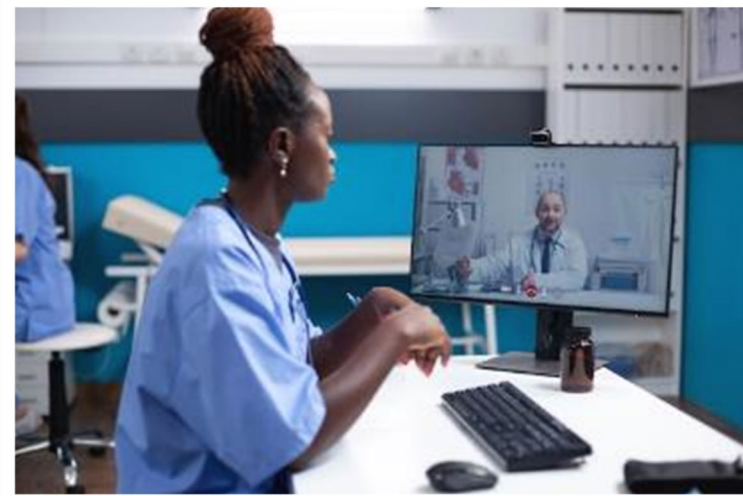


Nursing Facilities

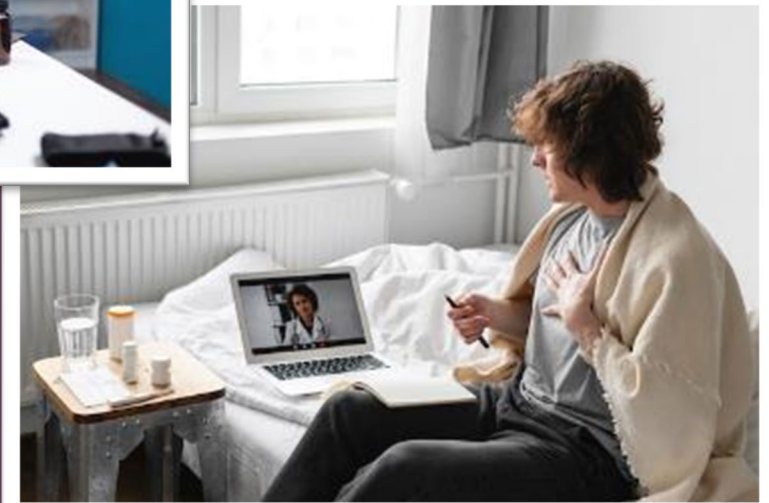


Nursing Facilities (NF) are reimbursed for all telehealth-related services through the NF per diem rate.

Nursing Facilities **do not bill for the telehealth-related services they provide.**



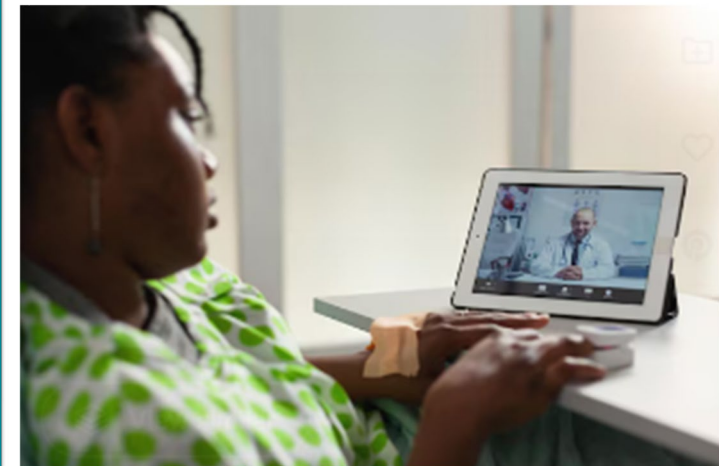
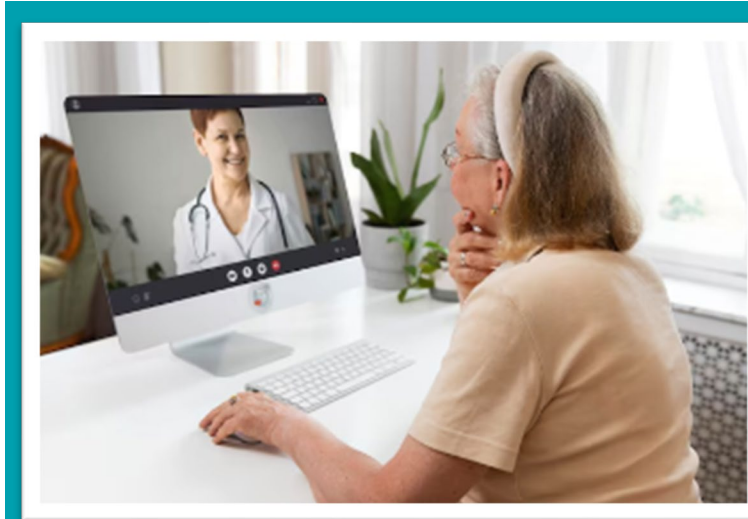
Per the telehealth OAC 5160-1-18, physicians and other eligible providers may bill for the services they provide to nursing facility residents from the practitioner's site in accordance with the rule.



FQHC Facilities

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) billing:

The face-to-face requirement is waived for a covered telehealth service that is also an FQHC or RHC service.



Payment is made in accordance with [Ohio Administrative Code Rule 5160-28](#).

Instructions for Specific Providers and Program Areas:



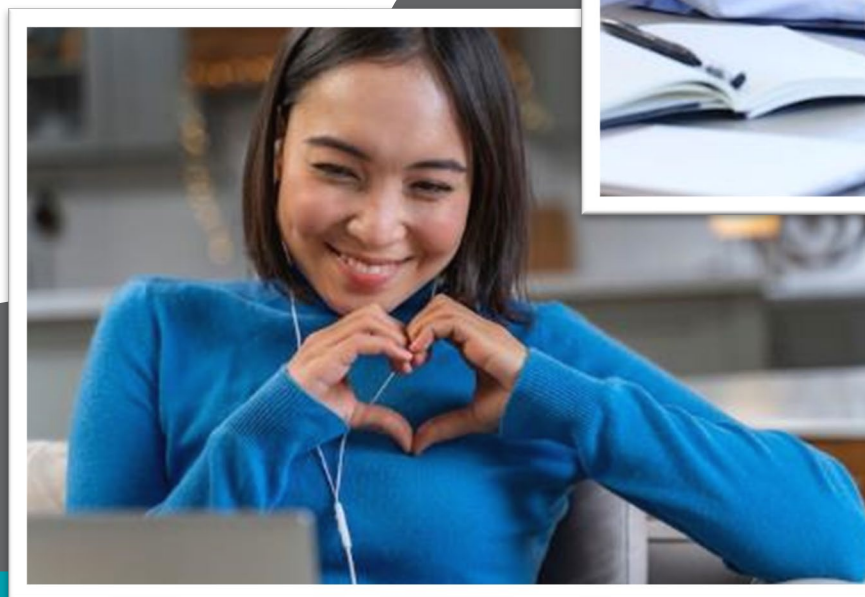
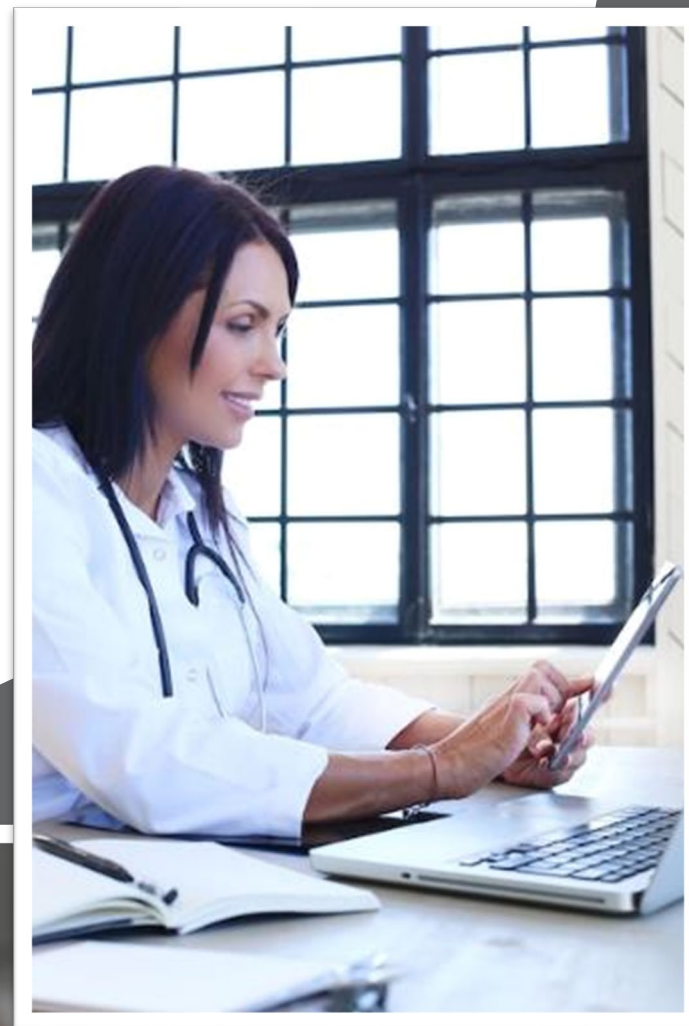
For specific information about billing for the specialty providers listed in this presentation, or programs such as Dental or Hospice please visit [ODM Telehealth Guidelines for Managed Care Entities](#).

For additional Ohio Medicaid Telehealth Provisions please visit [OAC 5160-1-18 Telehealth General Provisions](#).

Teladoc Health[®] Services

What is Teladoc Health® (Teladoc)?

- A national vendor that Molina contracts with to provide a value-added benefit available to Molina Medicaid and Marketplace members.
- Teladoc services are available for members if their primary care physician does not offer or have availability for telehealth services within their practice.
- Use is intended for urgent acute care conditions so members do not have to go to the emergency room or urgent care facility when they do not feel well.



Who is Eligible to Use Teladoc?

Medicaid:

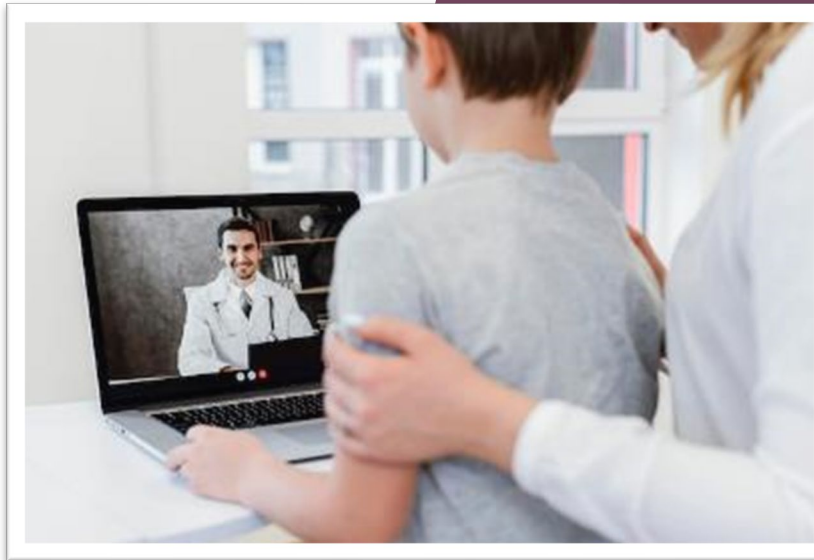
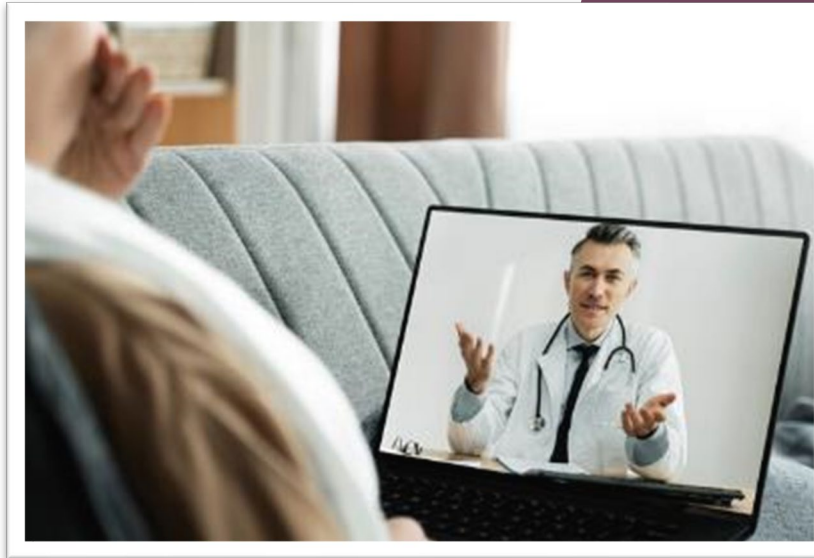
Active Molina Medicaid members 19 and older, except children with special healthcare needs who become eligible at age 21.

Marketplace:

Active Molina Marketplace members 18 and older.

General Teladoc Provisions

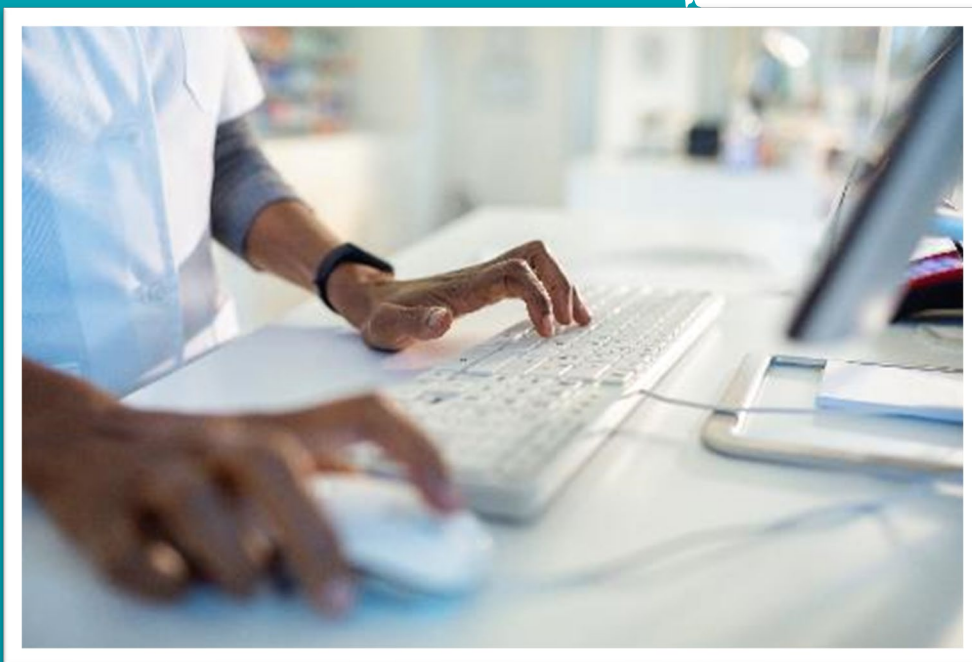
- Like telehealth visits offered by Molina network providers, members can meet with U.S. board-certified doctors specializing in Internal Medicine or Family Practice.
- Doctors can prescribe short-term medication for a wide range of conditions.
- Online visits are free to Molina Medicaid and Marketplace members.



- Free language services provided to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- Services are available 24 hours a day and 7 days a week.

What is Covered under Teladoc

- Teladoc is only for general medicine consultations and does not replace a primary care doctor. The services exclude specialist consultations.

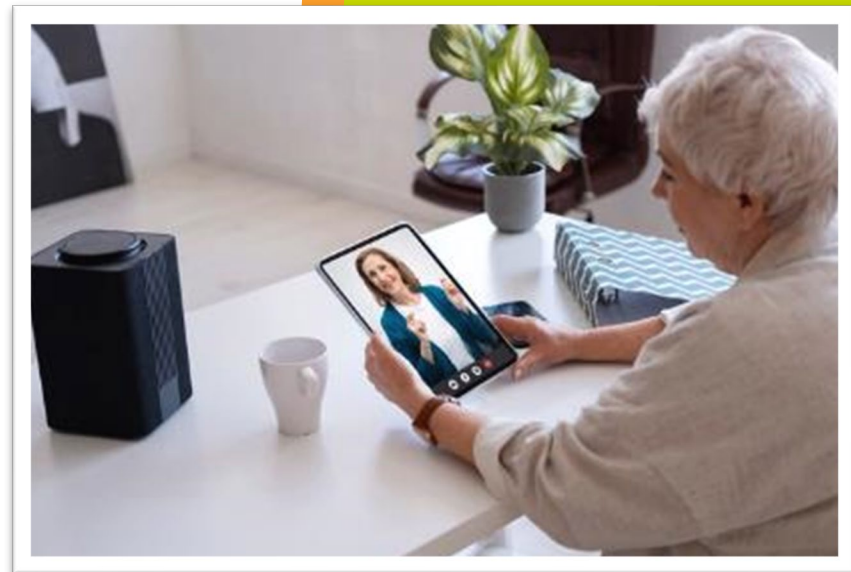


- General medical services for non-emergency healthcare needs include but are not limited to the following conditions:
 - Cold and flu
 - Sore throat
 - Sinuses
 - Allergies
 - Pink eye
 - Ear infections
 - Urinary tract infections
 - Rash
 - Skin conditions

What is Covered under Teladoc: Behavioral Health Services

Available to Medicaid members only

- Members receive care from a board-certified psychiatrist, psychologist or licensed therapist that the member chooses.
- The member chooses a therapist, selects a date and time (and can set up recurring visits), meets the therapist and receives ongoing treatment.
- Ohio members must be 19 years of age or older and children with special healthcare needs must be 21 years of age or older.
- Behavioral Health services with a therapist or prescriber for conditions such as:
 - Anxiety
 - Depression
 - Stress
 - Substance Use Disorder
 - Trauma
 - Relationship Issues



How Members Can Sign Up for Teladoc

Medicaid Members

- Online at teladoc.com/Molina-OH/
- Mobile App: Download the app at Teladoc.com/mobile and click “Set up your account.”
- Phone: Call Teladoc at 800-Teladoc (800-835-2362) for help registering your account.

Marketplace Members

- Online at member.teladoc.com/MolinaMarketplace
- Mobile App: Download the app at Teladoc.com/mobile and click “Set up your account.”
- Phone: Call Teladoc at 800-Teladoc (800-835-2362) for help registering your account.



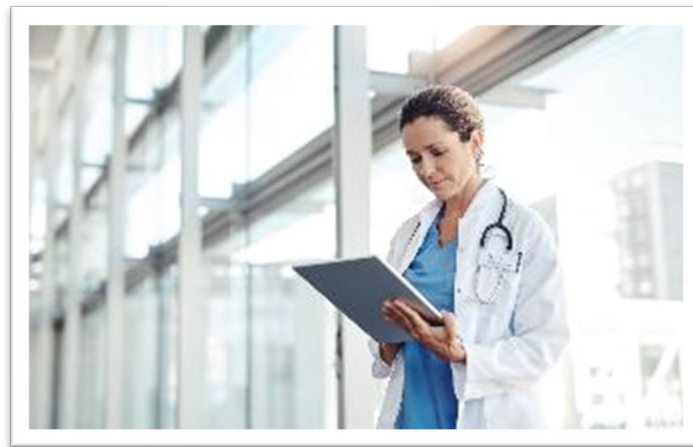
Contact Molina

Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.



Please share your feedback with us so we can continue to provide you with excellent customer service!




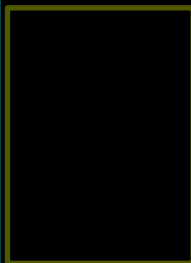



Please take a few minutes to complete the [Molina Provider Training](#) survey to provide feedback on this session. The survey is located on the [You Matter to Molina Page](#) of our Provider Website, under the “Communications” tab.



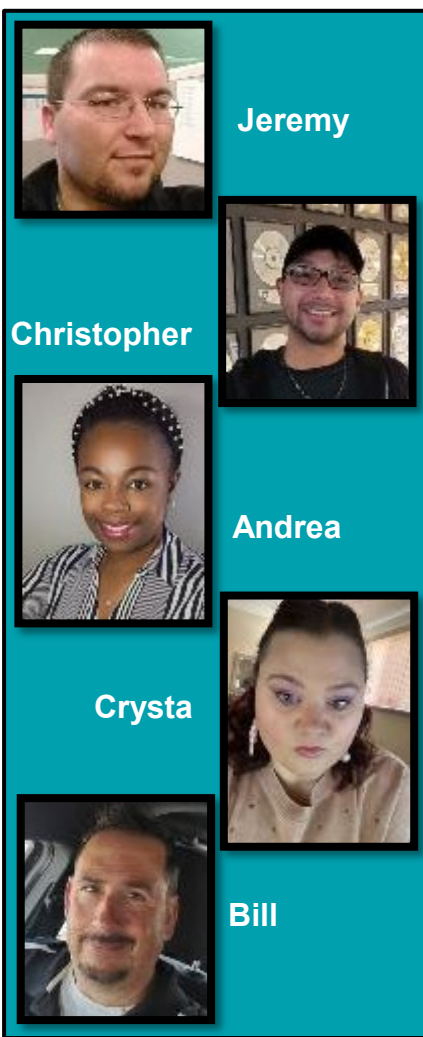
Molina wants to hear about what [other topics](#) you'd like training on in the future.

Molina of Ohio Provider Relations Contact Information

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

		Provider Type	PS Rep.	Email Address
<p data-bbox="79 414 226 446">Jeanneen</p>  <p data-bbox="241 609 388 714">Provider Relations Rep.</p>		Physician groups, Specialists, FQHC Non-BH Providers, Advanced Imaging/ Radiology, Ambulatory Surgical Centers, Anesthesiologists and Hospitalists	Jeanneen Williams	OHProviderRelationsPhysician@MolinaHealthcare.com
<p data-bbox="147 844 220 876">Alex</p>		Skilled Nursing, Long Term Acute Care, Hospice and Assisted Living Facilities	Provider Relations Rep.	OHProviderRelationsNF@MolinaHealthcare.com
	<p data-bbox="241 1071 346 1104">Mariah</p>	Home Health Agencies, Waiver (LTSS), Laboratories, Ancillary Dialysis Centers and Durable Medical Equipment	Alexandrea Grier	OHMyCareLTSS@MolinaHealthcare.com
<p data-bbox="126 1291 220 1323">Sarah</p>		BH Providers (ODMHAS, CMHC, 84/95) and FQHC BH Providers	Mariah Vinson	BHProviderRelations@MolinaHealthcare.com
		Multi-Specialty and assists with all provider types	Sarah Stevens	OHProviderRelations@MolinaHealthcare.com

Molina Provider Relations Contact Information, Continued



Contact information for hospital-affiliated providers or groups:

Hospital Region	Representative	Email Address
All State	Jeremy Swingle	OHProvider.RelationsHospital@MolinaHealthcare.com
All State	Christopher Jones	OHProvider.RelationsHospital@MolinaHealthcare.com
East Region	Andrea Williams	OHProvider.RelationsHospital@MolinaHealthcare.com
West Region	Crysta Davis	OHProvider.RelationsHospital@MolinaHealthcare.com

Contact information for our Provider Advisory Council (PAC):

Provider Region	Representative	Email Address
All State	William Caine	OHProviderRelations@MolinaHealthcare.com

For general inquiries, questions or to identify your specific representative:

Email Address
OHProviderRelations@MolinaHealthcare.com

Contact information for Provider Engagement Team providers or groups:

Provider Region	Representative	Email Address
All State	Sonya Adams	OHProviderServicesPET@MolinaHealthCare.com
All State	Shard'e Stubbs	OHProviderServicesPET@MolinaHealthCare.com

Thank
You



YOUR
VOICE
MATTERS!

Questions



Open
Discussion