

## Updated: ODM Source of Truth for Provider Data

### *Information for Medicaid and MyCare Ohio providers*

On Oct. 20, 2023, the Ohio Department of Medicaid (ODM) issued a "News for Ohio Medicaid Providers" communication with an article entitled, [IMPORTANT: ODM will not deny claims associated with data integration to ensure readiness](#). Find it at [managedcare.medicaid.ohio.gov/news/news-for-providers](https://managedcare.medicaid.ohio.gov/news/news-for-providers).

Molina is following this ODM guidance. Please review the ODM communication and take any necessary actions to update your records in the PNM system as soon as possible.

## Respiratory Syncytial Virus Season

### *Information for Medicaid and MyCare Ohio providers*

Molina, based on guidance from ODM, now covers Beyfortus as a preventive service without requiring a prior authorization when billed as a medical claim by a participating provider. The CPT codes for Beyfortus are:

- 90380 Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
- 90381 Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use

Note: Earlier this year, the US Food and Drug Administration (FDA) approved the drug Beyfortus for the prevention of RSV in infants.

View the ODM [Beyfortus Coverage – Removing Administrative Barriers](#) guidance for details, located at [managedcare.medicaid.ohio.gov](https://managedcare.medicaid.ohio.gov) under "Resources for Providers," click on "Managed Care," select "Policy," then "Managed Care Policy Guidance."

## Electronic Visit Verification (EVV)

### *Information for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025*

Electronic Visit Verification (EVV) is a tool for electronically capturing point-of-service information for certain home and community-based services. Based on federal 21<sup>st</sup> Century Cures Act requirements, ODM implemented an EVV solution enabling Medicaid to safeguard the health and welfare of individuals choosing to receive long-term services and support while improving payment accuracy. ODM provides the Sandata EVV system at no cost to providers or individuals receiving services. The claims submission process did not change with the implementation of EVV.

- Non-agency providers must use the Sandata system.

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## Questions and Quick Links

Provider Services – (855) 322-4079  
Mon. – Fri. 7 a.m. to 8 p.m. for Medicaid, 8 a.m. to 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for Medicare and Marketplace

- Email: [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)
- Provider Website: [MolinaHealthcare.com/OhioProviders](https://MolinaHealthcare.com/OhioProviders)
  - [Provider Manual](#)
  - [PA Code List](#)
  - [PA Request Form](#)
  - [Provider Bulletin Archive](#)
  - [It Matters to Molina Page](#)
  - [Provider Portal](#)

## Join Our Email Distribution List

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[twitter.com/MolinaHealth](https://twitter.com/MolinaHealth)

- Agency providers can utilize the Sandata system or a certified alternative EVV system. Alternative EVV systems must comply with all technical specifications and business rules and complete a certification process with Sandata before going into production. Neither ODM nor Sandata are responsible for any costs related to the development, certification or use of an alternate EVV system.

Visit the [ODM EVV Website](#) at [medicaid.ohio.gov](#), under "Resources for Provider," select "Programs & Initiatives" and "Electronic Visit Verification (EVV)" for additional resources, including:

- [EVV Fact Sheet](#): EVV information, including what is required and why the program exists.
- [Tools and Help Documents](#): Assorted tools, guides and FAQs.
- [Newsletters](#): EVV news and updates.
- [Upcoming Webinars](#): Training sessions that covers a variety of EVV topics.
- [Schedule an 'Ask a Trainer' Help Session](#): Sign up to talk to a Sandata trainer.

Sign up for more ODM communications at [medicaid.ohio.gov/home/govdelivery-subscribe](#).

### Molina Quality Living Program Awardees

#### *Information for all network providers*

Molina is proud to announce the most recent quarter's performance for nursing facilities in the Molina Quality Living Program.

- Platinum Level: Golden Years Nursing Center, Terrace View Gardens, Logan Elm Health Care Center, The Residence at Salem Woods, Bethany Village
- Gold Level: Alois Alzheimer Center, Carlisle Manor, Willow Brook Christian Services, Friends Care Community, Cherith Care Center at Willow Brook
- Silver Level: Morris Nursing Home, Loveland Healthcare Center, Astoria Health and Rehab Center, Siena Gardens, Meadow Grove City, Glen Meadows, Capri Gardens, Crown Pointe Care Center, Diversicare of St. Theresa, Scioto Pointe, Scenic Pointe Nursing & Rehabilitation, Mohun Health Care Center, Springfield Masonic Community, The Knolls of Oxford, Bayley Senior Care, Trinity Community at Fairborn, Four Winds Nursing Facility

About the Molina Quality Living Program: This program recognizes and awards nursing facility partners that meet or exceed select CMS quality measures when providing care to Molina MyCare Ohio members in custodial care.

### Reminder: 2023/2024 Open Enrollment

#### *Information for all network providers*

**Medicaid and MyCare Ohio:** Open enrollment period will run Nov. 1, 2023 – Nov. 30, 2023. During this time, members are able to:

- Select their plan by calling the Ohio Consumer Hotline at (800) 324-8680 or by visiting [members.ohiomh.com/Login.aspx](#).

### Provider Training Sessions

**Molina of Ohio is offering the chance to enter a monthly drawing for a prize!** To enter, you must join one of our provider trainings and share your name and email address during the training.

#### **It Matters to Molina Forums:**

- Provider Website Navigation: Wed., Nov. 29, 1 to 2 p.m.
- Open Forum: Wed., Dec. 20, 1 to 2 p.m.

#### **General Provider Orientation:**

- Thurs., Nov. 9, 11 a.m. to 12 p.m.
- Fri., Dec. 1, 12 to 1 p.m.

#### **Quality Orientation:**

- Fri., Nov. 17, 12 to 1 p.m.

#### **Claims and Billing Orientation:**

- Thurs., Dec. 14, 3 to 4 p.m.

#### **Model of Care:**

- Fri., Nov. 3, 12 to 1 p.m.
- Tues., Dec. 5, 1 to 2 p.m.

#### **Molina Dental Services Training:**

- Wed., Nov. 29, 9 to 10 a.m.
- Thurs., Dec. 14, 1 to 2 p.m.

Provider training sessions are in Microsoft Teams. Visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

#### **Availity Essentials Portal Training:**

Register in the Availity Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab:

- Wed., Nov. 15, 2 p.m.
- Tues., Dec. 5, 1 p.m.
- Contact [training@availity.com](mailto:training@availity.com) for Availity Portal training.

### Did You Know? How to Compress Files

#### *Info for all network providers*

Providers can attach files up to 128 MB in the Provider Portal. To meet this size restriction, providers can compress a file to make it smaller or even roll multiple files into a single file for submission.

The most common way to compress a file is via a Zip file,

- If a member does not wish to change their current plan, then no action is required.

As a reminder, ODM resumed the Redetermination (renewal) process on Feb. 1, 2023, with the first round of disenrollments effective on May 1, 2023. **Redetermination and Open Enrollment are NOT the same.** Members must complete redetermination requests or risk losing coverage.

Open Enrollment vs. Redetermination:

- Open Enrollment is an annual voluntary event that provides patients the opportunity to change their managed care plan.
- Redetermination is an annual required activity that confirms your patients are still Medicaid eligible.

How can Molina help with redetermination? Molina can provide:

- Patient literature about Medicaid renewal.
- Lunch and Learn for staff with redetermination education.
- Monthly redetermination files for Molina members/patients your practice cares for.
- Onsite (and patient outreach) support on Application Assistance Days.

For more information contact your local Community Engagement Specialist. If you need assistance with identifying who your Community Engagement rep is, please reach out to [MHOCCommunityOutreach@MolinaHealthcare.com](mailto:MHOCCommunityOutreach@MolinaHealthcare.com).

**Marketplace:** Open enrollment will run Nov. 1, 2023 – Dec. 15, 2023.

**Medicare:** Open enrollment will run Oct. 15, 2023 – Dec. 7, 2023.

### Reminder: Claim Hold on Marketplace Prospective Payment System

#### *Information for Marketplace providers*

Based on scheduled Optum updates for the **Inpatient Payment System**, Molina will implement a Prospective Payment System (PPS) hold for impacted inpatient claims. These claims will remain on hold for dates of service on and after Oct. 1, 2023, until the updates are deployed on Nov. 16, 2023. Any impacted claims will be released after the Optum updates are final.

### Reminder: MCG Auto-Authorization Advanced Imaging: Cite AutoAuth

#### *Information for all network providers*

Molina continues to enhance the Advanced Imaging Prior Authorization (PA) process. Molina has partnered with MCG Health to offer Cite AutoAuth self-service for High-Cost Advanced Imaging PA requests.

Providers can receive an expedited, often immediate, response by attaching the relevant care guideline content to each PA request and sending it directly to Molina. Cite AutoAuth matches Molina

available on any computer that runs a Windows system.

To Zip a file using Windows:

1. Select the file/files to compress.
2. Right-click one of the files and choose "Send To" and then "Compressed (zipped) Folder."
3. A new zipped folder with the same name will appear in the same location. The Zip file will be the folder icon with a little zipper.
4. To add new files to a zipped folder, simply drag them to the zipped folder.
5. Double-click on the folder to view the files inside it.

To Unzip a file using Windows:

1. Select the file/files to uncompress.
2. Right-click on the file and select "Extract All."
3. A folder will appear with the data.

Note: If an encrypted file is added to a zipped folder, the file will be unencrypted when it is unzipped, which might result in the disclosure of Protected Health Information (PHI).

Mac users visit [support.apple.com](https://support.apple.com) and search "Zip and unzip files and folders on Mac."

### Reminder: Medicaid Enrollment Requirements

#### *Information for Medicaid providers*

As a reminder, any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM Provider Network Management (PNM) system will receive denials for claims submitted to Molina. Claim denials will continue until the provider's Medicaid enrollment is noted as an "active" status.

Note: Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated.

Visit [medicaid.ohio.gov](https://medicaid.ohio.gov) for additional information. Note that

criteria to the clinical information and guideline content to potentially authorize the procedure automatically.

- Self-service tools include but are not limited to, MRIs, CTs and PET scans. View the PA Code LookUp Tool on the Provider Website for a full list of imaging codes that require PA.
- Access Cite AutoAuth in the Availity Essentials Portal. Providers should utilize Availity as their primary submission route. Submission is also available via fax at (877) 731-7218 and phone at (855) 714-2415.
- View Molina's Cite AutoAuth video at [youtube.com/watch?v=Lmjvwx16Qoo](https://youtube.com/watch?v=Lmjvwx16Qoo) for more details.

PA Reminders:

- Refaxing/resubmitting requests can cause delays in processing.
- Allow 24-48 hours before calling for a status update.
- There is a high risk of denials without clinical notes.
- Expedited/Urgent requests should only involve a serious threat to the member's health.

Benefits of Availity Essentials Portal submission:

- Improve processing time from days to potentially minutes.
- Reduces disruptions to member care.
- Real-time authorization (MCG-CAA below).
- Eliminates phone wait time and manual faxes.
- Clinical documentation can be submitted electronically.
- Automated tools improve efficiency and HIPAA compliance.
- Transparency on PA status.

Clinical Notes Needed for Medical Necessity:

- Any lab test results that were not available at the time of the submission.
- Any previous imaging results such as ultrasounds, echocardiograms, X-rays, CT, MRI or PET scan reports.
- Reports of any investigative or therapeutic procedures such as endoscopy, biopsies or surgery.
- Recent (within the past six months) reports from other specialist consultants and/or physical or occupational therapists.

### Reminder: TenderHeart Health Outcomes Partnership

#### *Information for Medicaid and MyCare Ohio providers*

Effective Nov. 1, 2023, Molina is launching a new partnership with TenderHeart Health Outcomes. TenderHeart offers incontinence services and supplies. Molina members who choose to receive incontinence supplies from TenderHeart will have access to a personal incontinence coach to help ensure they have the right product(s) for their comfort and to prevent leakage. TenderHeart's program will help members to avoid negative health outcomes, such as skin breakdown and urinary tract infections.

Members will receive a letter from TenderHeart explaining the program and how to select TenderHeart as their new incontinence supplier. Members may also choose to stay with their current

Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

### Reminder: Review Your Molina Medicaid Member's Renewal Date in Availity

#### *Information for Medicaid providers*

Perform individual Eligibility verifications in Availity. Results will show a redetermination date for any member upcoming in the next 60 days in scenarios where the member needs to take action.

- Log in to Availity.
- Choose to do an Eligibility and Benefits Inquiry.
- Enter the patient's information and click submit: Enter in either Molina Member ID or state ID along with Date of Birth (DOB) and select the state of residence. If you do not have the Member ID, enter the First Name, Last Name and DOB and select the state of residence.
- If the member has a renewal date coming within 60 days and needs to take action, a message will display with their renewal date.
- If the member does not have a renewal date coming within 60 days and/or does not need to take action, a message will not appear.

**As a reminder**, ODM resumed the Medicaid renewals (also referred to as "Medicaid redeterminations") process on Feb. 1, 2023. The first disenrollments for non-renewal or loss of eligibility occurred on April 30, 2023, with a May 1, 2023, effective date.

Please visit the FAQs on Molina's website [Medicaid Renewals](#), to learn more. Primary Care Providers may also access Renewals information on their member rosters located in Availity.

### Reminder: Marketplace Skilled Nursing Facility Per Diem

#### *Info for Marketplace providers*

For Skilled Nursing Facilities with contracts containing updated

incontinence supplies provider. If a member chooses to join the TenderHeart program, they will still be able to receive other durable medical equipment items from their current provider. Or if a member receives an order for new durable medical equipment items outside the scope of TenderHeart, the member may choose any in-network provider to dispense those items. Please contact our Provider Relations Team for more information about this program.

### Reminder: Annual Mandatory Model of Care Training

#### *Information for Medicare providers*

The Centers for Medicare and Medicaid Services (CMS) requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care by Dec. 31, 2023.

- Molina will host monthly Model of Care provider training to help train you and your staff and address questions. Find an upcoming training in the Provider Training Session article.
- Find information on Model of Care requirements in the [Model of Care Provider Bulletin](#).

### Access Standards

#### *Information for all network providers*

Find Molina's appointment availability standards in our Provider Manual on our Provider Website.

Based on regulatory, industry and National Committee for Quality Assurance (NCQA) guidelines, our standards are approved by our Quality Improvement Committee. In addition to other ongoing monitoring activities, we conduct a survey at least annually to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

### Corrected Claims Process

#### *Information for all network providers*

Corrected claims are new claims for processing purposes and must be submitted electronically with the appropriate 837I or 837P fields completed.

Corrected claims can be submitted through the Provider Portal for both institutional and professional claims. They must include the correct coding to denote if the claim is a replacement of a prior claim or a corrected claim. Claims without the correct coding will be rejected. For information on how to submit a corrected claim through the Provider Portal, read the Corrected Claims section of the Provider Manual.

Corrected Claims must be received within 365 of the original remittance date or reversal date of claims that have been recovered. Please note the best practices for submitting corrected claims below:

- Submit electronically or on the Provider Portal.

Marketplace reimbursement rates, the following guidelines apply.

Billing with Revenue Code 0120 is no longer appropriate for per diem reimbursement. Only the following Revenue Codes should be used for per diem reimbursement:

- SNF Level 1 (Rev Code 0191): \$230 per diem.
- SNF Level 2 (Rev Code 0192): \$300 per diem.
- SNF Level 3 (Rev Code 0193): \$400 per diem.
- SNF Level 4 (Rev Code 0194): \$480 per diem.
- SNF Level 5 (Rev Code 0199): \$590 per diem.

SNF Level of Care Guidelines:

Per Diem Inclusions: Per diems include but are not limited to:

- Skilled nursing care.
- Room and board (including enteral feedings).
- Laboratory services.
- All medications, including IV.
- Medical/surgical supplies.
- Oxygen and supplies.
- Durable Medical Equipment (DME) (to be used by the member while at the facility, which include, but is not limited to, overlay air mattresses, Positive Airway Pressure [PAP] therapy and bariatric equipment).
- Medical social work.
- Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST) treatments.
- Respiratory therapy.
- Basic diagnostic tests (completed at the facility).
- Portable X-ray services.

Per Diem Exclusions

- Physician coverage.
- Psychiatric evaluations, psychotherapy and psychopharmacology services.
- Continuous Ambulatory Peritoneal Dialysis (CAPD)/hemodialysis.
- Customized wheelchairs.

- Include all elements that need correction and all originally submitted elements.
- Do not submit only codes edited by Molina.
- Do not submit via the claim reconsideration process.
- Include the original Molina claim ID number.
- If there is a paid claim on file, the correction must be submitted against the paid claim ID number.
- Attachments being added to the corrected claim must have an attachment indicator in loop 2300.

Note: Providers can resubmit as an original claim if the claim was denied for needing additional information. Find additional supporting document details in the [Reference Guide for Supporting Document for Claims](#) on the Provider Website, on the "Quick Reference Guides & FAQs" page under the "Manual" tab.

### Claim Reconsideration Process

#### *Information for all network providers*

Submit claim reconsiderations (Non-Clinical Claim Dispute) only when disputing a payment denial, payment amount or a code edit. Primary insurance Explanation of Benefits (EOB), corrected claims and itemized statements are not accepted via claim reconsideration.

A claim reconsideration must be submitted within the required timely filing requirements from the disputed claim remit date. Refer to the Molina Provider Manual for the timely filing requirements by line of business. The Availity Essentials Portal is the preferred method for submission, but providers may fax the form and supporting documents to the contact information provided in the [Claim Reconsideration Request Form \(Non-Clinical Dispute\)](#) form on our Provider Website, under the "Forms" tab.

The claim reconsideration request must include the following, or it will not be processed:

- Molina-assigned Claim Number
- Line of Business
- Member Name and ID Number
- Date of Service
- Provider ID/NPI
- Provider Phone and Fax
- Detailed Explanation of the Appeal
- Pricing sheet, if disputing payment amount
- Supporting documents

- Devices and equipment needed for home placement and use only.
- Ambulance transportation.
- Total parental nutrition (TPN).
- Wound vacuum.
- Customized orthotics, prosthetics and orthopedic devices made for individual use.
- High-cost medication (considered on a case-by-case basis).

### Notice of Changes to PA Requirements

#### *Info for all network providers*

Molina posts new comprehensive PA Code Lists to our website quarterly. However, changes can be made to the lists between quarterly updates. Always use the lists posted on our website under the Forms tab instead of printing hard copies. This practice ensures you access the most up-to-date versions.

### Notice of Changes to the Provider Manual

#### *Info for all network providers*

Molina posts a new comprehensive Provider Manual to our website semi-annually. However, changes can be made to the manual between updates. Always refer to the manual posted on our website under the "Manual" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions.

### Fighting Fraud, Waste and Abuse

Do you have suspicions of member or provider fraud? The Molina 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.