

Provider Relations

Provider Relations is available to assist our providers in the following:

- Locating published resources
- Advise where to find additional information related to claims and billing
- Navigating the Availity Essentials portal
- Connecting providers with scheduled training opportunities and requested follow-up training

Please email us at OHMyCareLTSS@MolinaHealthcare.com for assistance.

Availity Essentials Portal

Molina has chosen Availity Essentials as its exclusive Provider Portal. Providers utilizing Availity for Managed Care Plans already have access to Molina on the Availity Essentials portal.

Once registered with Availity Essentials at Availity.com/providers, providers will have access to the Availity Essentials portal training by following these steps:

1. Log into the Availity Essentials portal
2. Select Help & Training, Get Trained
3. 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."

For questions about enrolling in courses, providers should email training@availity.com.

Atypical Providers: Once registered with Availity Essentials, under "News and Announcements," select "Atypical Providers: Here's Your Ticket to Working with the Availity Portal" to view training sessions.

For questions about Availity Essentials, please call Availity Client Services at (800) 282-4548 between 8 a.m. and 8 p.m. ET, Monday through Friday.

For an overview of Availity Essentials, visit [Availity Essentials Overview: Molina Healthcare Providers](#).

Electronic Visit Verification (EVV)

The Ohio Department of Medicaid (ODM) implemented EVV for Home and Community-Based Services (HCBS) in response to federal requirements outlined in section 12006 of the H.R. 34 (114th Congress) (2015-2016) of the 21st Century Cures Act.

ODM is implementing claims validation requirements in seven phases. Phases include:

- Phase 1: March 1, 2025: Home Health Services billed to ODM fee-for-service (FFS)
- Phase 2: June 1, 2025: Private Duty Nursing, Nurse Assessment and Consult Services billed to ODM FFS
- Phase 3: June 1, 2025: Home Health Services billed to Next Generation of Medicaid MCOs. Codes G0156, G0151, G0152, G0153, G0299 and G0300 are subject to claim validation
- Phase 4: Aug. 1, 2025: Nurse Assessment and Consult Services Healthcare Common Procedure Coding System (HCPCS) codes T1001 and T1001 UB, and Private Duty Nursing HCPCS code T1000, billed to Medicaid MCOs

- Phase 5: Oct. 1, 2025: Department of Developmental Disabilities (DODD) waiver services
- Phase 6: Jan. 1, 2026: Ohio Home Care, PASSPORT Wavier Services
- Phase 7: March 1, 2026: Home Health PDN, Nurse Assessment and Consult, Waiver Services. Codes G0156, G0151, G0152, G0153, G0299, G0300, T2025, T1002, T1003, T1019 and S5125

To learn more visit [ODM EVV Homepage](#). Resources include:

- EVV Claims Adjudication Phases Chart
- EVV Claims Validation Process Flowchart
- ODM EVV Newsletters

Billing Questions

- Q. Which code should I bill on the claims?
- A. You can find the code you should be billing by reviewing the approved authorization you received from Molina. Providers can also locate the approved service code by reviewing the authorization in the Availity Essentials Portal. Please contact the member's Care Manager for this information if you do not have authorization.
- Q. Which diagnosis code should I bill on the claims?
- A. You can find the diagnosis code by reviewing the approved authorization you received from Molina. Providers can also locate the diagnosis code by reviewing the authorizations in the Availity Essentials Portal. Please contact the member's Care Manager for this information if you do not have authorization.
- Q. Which waiver is the member currently on?
- A. The Molina Care Manager or Waiver Service Coordinator can provide the waiver enrollment details for the member.
- Q. What rate should I be billing?

Waiver Type	Payment Methodology	Exclusions
Ohio Home Care	Ohio Department of Medicaid Rates (ODM)	<ul style="list-style-type: none"> • T1019 & T2031— Ohio Home Care rates for these codes. See OAC 5160-46-06 for rates • Bid services (agreed payment will be in authorization)
Passport	Ohio Department of Aging Rates (ODA)	<ul style="list-style-type: none"> • T1019 & T2031— Ohio Home Care rates for these codes. See OAC 5160-46-06 for rates • Bid services (agreed payment will be in authorization)
ICDS	Ohio Department of Aging Rates (ODA)	<ul style="list-style-type: none"> • T1019 & T2031— Ohio Home Care rates for these codes. See OAC 5160-46-06 for rates • Bid services (agreed payment will be in authorization)

- *HCBS waivers: PASSPORT/Integrated Care Delivery System (ICDS)/MyCare* codes.ohio.gov/oac/5160-1-06.1
- *Ohio home care waiver program: reimbursement rates and billing procedures* codes.ohio.gov/oac/5160-46-06

Helpful Billing Tips

- Each date of service must be billed on a separate line within the claim. Submitting a single line as a date span will result in a denial.
- 1 unit equals 15 minutes. For example, 1 hour equals 4 units.
- The claim total charge for the date of service should be billed on the line level, and then the claim will calculate the full charge amount. If you bill for 4 units, calculate the rate x 4 units for the line level charge. A common error from submissions: Providers will bill the single unit amount and then the correct number of units, thinking the system will calculate on the line level but only getting paid for 1 unit.
- If you are billing a second visit on the same day, the second visit with the same date of service must be billed on a separate line with the appropriate modifier.
- Be mindful of overbilled units (not related to the dollar amount). This will result in the authorization being exhausted early. Authorizations are approved based on units and will be processed for payment until the units have been exhausted. If billing over the approved units on the authorization per day, it will cause the authorization to exhaust early, resulting in claim denials.
- Only 50 lines per claim are accepted as an industry standard requirement. If submitting several dates of service at once, the claims will need to be broken into segments to stay at 50 or less lines (dates of service).

Direct Deposit/Electronic Funds Transfer (EFT)

All Molina providers are strongly encouraged to sign up for EFT to receive payment faster than a mailed check. Direct Deposit is handled through Molina's contracted clearinghouse, SSI Group/ECHO Health. In addition to bank account information, providers will need to supply an ECHO payment draft number and payment amount as part of the enrollment authentication.

- Molina Only: Visit enrollments.echohealthinc.com/EFTERADirect/MolinaHealthcare to sign up for EFT through ECHO Health, Inc. No fees apply.
- All Payers: Visit enrollments.echohealthinc.com/EFTERAInvitation.aspx to sign up to receive EFT from all payers processing payments on the ECHO platform. A fee for this service may be required.

Note: Payment will appear on the provider bank statement from Huntington National Bank and ECHO as "HNB – ECHO."

Electronic Remittance Advice (ERA): All generated ERA will be accessible to download from the ECHO provider portal at providerpayments.com. Providers can change ERA enrollment or distribution by contacting the ECHO Health Enrollment team at (440) 835-3511.

Explanation of Payment (EOP): Providers can now log into providerpayments.com to access a detailed EOP for each transaction.

Providers should contact ECHO's Customer Services team by calling (800) 946-7758 if they have difficulty with the website or have additional questions.

Ordering, Referring and Prescribing (ORP) Providers National Provider Identifier (NPI)

As of July 1, 2021, Molina requires the billing of ORP providers based upon the requirements developed by ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410.

Claims billed with the attending field information will also be used to satisfy the ORP requirements.

View the [MyCare Ohio Provider Manual](#) and ORP Provider NPI articles in [Molina's Provider Bulletins](#) to learn more.

Medicaid Enrollment Requirements

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.

To learn more, visit the [PNM & Centralized Credentialing](#) page and the [PNM Log In](#) page.

Provider Information Updates

Please note that, in addition to all providers and groups needing to be enrolled and active with ODM to bill claims and receive payments, your provider demographic information must also be updated in ODM's PNM system. Please access the PNM at the following link to ensure ODM's systems are updated with your current information:

- ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx

Claim Reconsiderations (Non-Clinical Claim Dispute)

Providers disputing a previously adjudicated claim must request a Claim Reconsideration (Non-Clinical Claim Dispute) within the following timeframe:

- **Medicaid and MyCare Ohio:** No later than 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later.

A Claim Reconsideration (Non-Clinical Claim Dispute) should be the first action to dispute a denial, under or overpayment, code edit, etc. Providers can submit a Claim Reconsideration (Non-Clinical Claim Dispute) online via the Availity Essentials portal or verbally. If a provider cannot submit a Claim Reconsideration (Non-Clinical Claim Dispute) electronically, they can utilize the [Request for Claim Reconsideration Form \(Non-Clinical Claim Dispute Form\)](#) on our Provider Website.

For additional information, view the Authorization and Claim Reconsideration Guides:

- Medicaid: [Medicaid Authorization Appeal, Clinical and Non-Clinical Claim Dispute Guide](#)
- MyCare Ohio: [MyCare Ohio Authorization Appeal, Clinical and Non-Clinical Claim Dispute Guide](#)

Corrected Claims

Molina must receive corrected claims no later than the filing limit stated in the provider contract or within 365 days of the original remittance. Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim, as outlined below, or it may result in the claim being denied.

Submit electronically or on the Availity Essentials portal.

- Include all elements that need correction and all originally submitted elements
- Do not submit only codes or lines requiring a change
- Do not submit via the Claim Reconsideration (Non-Clinical Claim Dispute) process
- Include the original Molina claim ID number

Call Availity Client Services at (800) 282-4548 between 8 a.m. and 8 p.m. ET, Monday through Friday, for assistance filing a corrected claim on the Availity Essentials portal.

Letter of Employment

Molina cannot supply a provider with a letter of employment since they are not an employee of Molina. An Independent Provider is considered its own business and Molina will provide a 1099 at the beginning of the new year if there are claims for the previous year on file.

Provider Bulletin

Molina regularly communicates updates or changes for network providers in our monthly Provider Bulletin. Sign up to receive the Provider Bulletin at MolinaHealthcare.com/ProviderEmail.

Provider Bulletin information can include:

- Updates to Prior Authorization (PA) requirements
- Changes in policies that could impact claim submission and payment
- Billing procedures, payments or appeals
- Updates to the Availity Essentials portal

You Matter to Molina

Visit the [You Matter to Molina](#) page on our Provider Website for:

- Upcoming training opportunities
- Provider surveys
- Molina Presentations and Recorded Video Trainings
- Tools and Resources

Get Trained

- **Live Trainings:** All [You Matter to Molina](#) Forums and Provider Trainings are conducted live via [Microsoft Teams](#). To join a meeting, visit our You Matter to Molina page and click the hyperlink for the desired training under the Upcoming Trainings drop-down menu. Email Molina at

Managed Long-Term Services and Supports (MLTSS) Provider Resources

OHProviderRelations@MolinaHealthcare.com if you experience trouble connecting to a Molina training and we'll assist with getting you connected immediately.

- **Online Trainings:** For providers who are unable to join a live training, the training presentations are posted on our You Matter to Molina page under the Molina Presentations drop-down menu
- **Recorded Trainings:** Select provider trainings are available via links under our Recorded Video Trainings section.

Molina wants to hear from our providers. Please take the time to share feedback with us about your experience working with Molina. Your feedback is essential, and You Matter to Molina.