

## New In This Issue

- [Nursing Facility Claim Hold](#)
- [National Drug Code Source Change](#)
- [Sharing Member Information with Molina](#)
- [New Provider Type: Pediatric Recovery Centers](#)
- [Medicaid Reimbursed Home Health Services](#)
- [Real-Time Claim Adjustments: LTSS](#)
- [Therapy Visit Limits and Modifier Requirements](#)

- [Automated Authorization Tool on Provider Portal](#)
- [Marketplace Skilled Nursing Facility Per Diem](#)
- [Quality Living Program Awardees](#)
- [Dental Reminder: D2991 Covered Service](#)
- [Provider Hours Requirement](#)
- [Molina Contracting: Next Gen MyCare Ohio LTSS](#)

## Updated In This Issue

- [Ordering, Referring and Prescribing NPI Update](#)
- [Evolut Health to Include Oncology](#)
- [Availity Essentials: Prior Authorization Update](#)
- [Molina Clinical Policy Page Update](#)
- [You Matter to Molina: Get to Know Your Provider Relations Representatives](#)
- [Website Roundup](#)
- [Live Provider Training](#)

## Updated: Ordering, Referring and Prescribing Providers National Provider Identifier (NPI) Update

### Info for all network providers

Effective Oct. 1, 2025, Molina Healthcare of Ohio, Inc. will begin denying claims missing an Ordering, Referring, and Prescribing (ORP) provider based on the guidance below.

Denials are for all dates of service for claims received after Oct. 1, 2025.

As a reminder: Molina began to require the billing of ORP providers on July 1, 2021, based upon the requirements developed by the Ohio Department of Medicaid (ODM) in compliance with federal regulations [42 CFR 438.602](#) and [42 CFR 455.410](#). Claims billed with the attending field information populated will also be used to satisfy the ORP requirements.

A valid National Provider Identifier (NPI) is required on claims for select ORP provider types, including:

- Hospital
- Independent Diagnostic Testing Facility
- Psychiatric Hospital
- Waivered Services Organization
- Nursing Facility
- Medicare Certified Home Health Agency
- Professional Medical Group
- Other Accredited Home Health Agency

- Hospice
- Ohio Department of Mental Health and Addiction Services (OMHAS) Certified/ Licensed Treatment Program
- Pharmacy
- Psychiatric Residential Treatment Facility
- Federally Qualified Health Center (FQHC)
- Certified Ohio (OH) Behavioral Analyst
- Clinic
- Occupational Therapist Individual
- Independent Laboratory
- Certified Registered Nurse (RN) Anesthetist Individual
- Waivered Services Individual
- Durable Medical Equipment Supplier
- Audiologist Individual
- Speech Language Pathologist
- Anesthesia Assistant Individual
- Ohio Department of Mental Health Provider
- Physical Therapist Individual
- Non-Agency Personal Care Aide
- Wheelchair Van
- Non-Agency Nurse – RN or Licensed Practical Nurse (LPN)
- Portable X-Ray Supplier
- Non-Agency Home Care Attendant

For additional information and provider type/code specific information, visit [medicaid.ohio.gov/resources-for-providers/managed-care/methods-and-specifications/mcp-file-specifications-and-methodologies](https://medicaid.ohio.gov/resources-for-providers/managed-care/methods-and-specifications/mcp-file-specifications-and-methodologies), select the 2025 tab and view

Appendix K. Find additional information on ORP NPI in our [Provider Manual](#).

Molina started to include the following CARC/RARC (Claim Adjustment Reason Code/Remittance Advice Remark Code) remit messaging in December 2021:

Referring:

- Remit: N286
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N286
- RARC Description: Missing/incomplete/invalid referring provider primary identifier

Ordering:

- Remit: N265
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N265
- RARC Description: Missing/incomplete/invalid ordering provider primary identifier

Attending:

- Remit: N253
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N253
- RARC Description: Missing/incomplete/invalid attending provider primary identifier

#### **Nursing Facility Claim Hold: Aug. 19, 2025**

##### ***Info for Medicaid nursing facility providers***

Molina is currently updating our systems to reflect the new nursing facility rates effective July 1, 2025. To ensure accurate payment and avoid the need for reprocessing, we are requesting that providers hold submission of nursing facility claims for dates of service on or after July 1, 2025, until Aug. 19, 2025. Molina will reprocess any impacted claims submitted before this date. We appreciate your cooperation and understanding as we work to implement these changes.

#### **National Drug Code (NDC) Source Change**

##### ***Info for all network providers***

Effective Sept. 1, 2025, Molina is updating our existing adjudication process to be more accurate and complete by updating our database source for National Drug Codes (NDC).

Providers must ensure all NDCs are valid and actively marketed. All other billing criteria for NDCs will remain unchanged. Find more information on how to bill NDCs in the Molina Provider Manual, located on our Provider Website.

#### **Sharing Member Information with Molina**

##### ***Info for all network providers***

As a reminder, under the [HIPAA Privacy Rule](#), providers are allowed to share contact information for their patients with the appropriate managed care organization (MCO). Molina staff, such as a Care Manager, may reach out to you and request contact information for your patients who are Molina members. We ask that you please share that information with us.

Molina has members that our care management team has been unable to contact. We want to work with you to help support our members and ensure they are getting access to all the benefits and services they need to be as healthy as possible.

#### **New Provider Type: Pediatric Recovery Centers**

##### ***Info for Medicaid providers***

ODM has added Pediatric Recovery Centers (PRCs) as a new provider type as of July 1, 2025.

Find additional information in:

- OAC [5160-18-02](#) Pediatric Recovery Centers (PRCs)
- ODM's [Pediatric Recovery Centers Billing Guidelines](#) document, available at [medicaid.ohio.gov](https://medicaid.ohio.gov), by selecting Programs & Initiatives under the Families & Individuals header, then Maternal and Infant Support

#### **Medicaid Reimbursed Home Health Services**

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

As a reminder, in accordance with OAC [5160-12-01](#), home health services are only reimbursable to providers who are Medicare-certified home health agencies (MCHHAs), also known as Provider Type 60.

**Note:** Home health services are defined as the following codes: G0151, G0152, G0153, G0156, G0299, G0300

Providers who are not Provider Type 60 with ODM are not eligible to provide home health services. In addition, a Provider Type 16, known

as Other Accredited Home Health Agency, can only provide and receive reimbursement for the following services:

- State Plan Benefit: T1000, T1001, T1001 U9
- Ohio Home Care Waiver: T1002, T1003, T1019, S5136, S5136 UD

### **Real-Time Claim Adjustments: LTSS**

#### ***Info for all network providers***

Effective Sept. 1, 2025, Molina will enhance our real-time claim adjustments by including Long-Term Services and Support (LTSS) Healthcare Common Procedure Coding System (HCPCS) codes: T1019, T2031, S5170, T1003, T1002, S5102, S5160, S5161, S5130, A0080

Fast track: The Provider Services Support Center agents will perform live adjustments during the call. Providers should call Molina Provider Services, select #0 for Other, then #5 for MLTSS, #2 for Claims and #1 for Claim Status. Ask for a real-time adjustment.

- Each call is limited to five claims.
- Providers should have their NPI and claim number ready.

Fast track criteria include claims that were denied for:

- Inactive provider, but now active based on Molina or ODM update
- Authorization, an authorization is now on file
- Missing Explanation of Payment (EOP)/Coordination of Benefits (COB), but is on the claim and/or not required
- Enrollment, member is now active and/or waiver status updated
- Duplicate service line/claim already paid, but is not a duplicate
- Did not meet Timeliness, but is timely
- Missing/incomplete/invalid Place of Service (POS), but you feel it denied in error
- Missing/incomplete/invalid patient Date of Birth (DOB), but you feel it denied in error

Staff members will work towards First Call Resolution during this process and guide the claim through the resolution paths.

Note Corrected Claim (claim submission error): A live adjustment cannot replace the need for a corrected claim. Molina will provide information

as to the missing or mis-entered field on the claim submission.

### **Therapy Visit Limits and Modifier Requirements** ***Info for Marketplace providers***

As of July 1, 2025, Molina has updated our Marketplace therapy visit limits. Visits exceeding these thresholds will require prior authorization (PA) to be eligible for reimbursement.

- Physical Therapy (PT): Up to 12 visits allowed before PA is required.
- Occupational Therapy (OT): Up to 12 visits allowed before PA is required.
- Speech Therapy (ST): Remains at 6 visits allowed before PA is required.

Modifier Requirement for Claims Submission: To ensure accurate claims processing, all therapy claims must include the appropriate therapy modifiers. Claims submitted without the correct modifier will be denied for incorrect modifier usage.

- GP: Services delivered under a PT plan of care
- GO: Services delivered under an OT plan of care
- GN: Services delivered under an ST plan of care

### **Automated Authorization Tool on Provider Portal**

#### ***Info for Marketplace providers***

Starting on Aug. 1, 2025, Molina will launch a new automated authorization tool in the Availity Essentials Portal. This tool will allow Marketplace providers to submit authorization requests that may be automatically approved if they meet medical necessity based on MCG guidelines.

The following Marketplace Current Procedural Terminology (CPT) codes are now included in the automated process:

- Arthroscopy: 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29827, 29828, 29860, 29862, 29863, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916
- Electroencephalogram (EEG): 95700, 95708, 95709, 95710, 95711, 95712, 95713, 95714,

95715, 95716, 95721, 95722, 95723, 95724, 95725, 95726

- Gynecology: 58150, 58210, 58260, 58270, 58285, 58290, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
- Podiatry: 28060, 28062, 28080, 28090, 28092, 28108, 28110, 28111, 28112, 28113, 28118, 28119, 28120, 28122, 28124, 28200, 28270, 28285, 28286, 28288, 28289, 28291, 28292, 28295, 28297, 28298, 28299, 28304, 28306, 28307, 28308, 28310, 28312, 28313, 28315, 28750, 29893
- Sleep Studies: 95805, 95807, 95808, 95810, 95811

Note: If the request includes one of the above codes plus a code that is not in the Auto Auth program, the request will pend and be routed to Molina for review.

### **Marketplace Skilled Nursing Facility Per Diem** *Info for Marketplace providers*

Effective Aug. 9, 2025, Molina will require Marketplace Skilled Nursing Facility (SNF) authorizations to be submitted with the Level of Care (LOC) requested. Authorizations submitted without the LOC may result in determination delays. Claims submitted to Molina must match the authorization's LOC for payment to be considered.

#### SNF Level of Care Definitions:

- Level 1 – Skilled nursing up to 4 hours per day, 7 days per week, or skilled therapy 1 to 2 hours per day, at least 5 days per week
- Level 2 – Skilled nursing at least 4 hours per day, 7 days per week, or skilled therapy for at least 2 hours per day, at least 5 days per week
- Level 3 – Skilled nursing for more than 4 hours per day, 7 days per week, and skilled therapy for at least 3 hours per day, at least 5 days per week
- Level 4 – Skilled nursing for more than 4 hours per day, 7 days per week\*
- Level 5 – All other SNF services that do not hit the above categories

\*Note: Patient requires Level 4 – Intensive Care Services due to one of the following high acuity needs:

- Catastrophic multiple traumas

- Severe head injury or Cerebrovascular Accident (CVA)
- Stabilized spinal cord injury
- Weanable and non-weanable ventilator dependent patients

For SNFs with contracts containing updated Marketplace reimbursement rates, the following guidelines apply. 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 LOC 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 includes, 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
- 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)

## Quality Living Program Awardees

### *Info 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:** Country View of Sunbury, The Home at Hearthstone, Logan Elm Health Care Center, Venetian Gardens, Terrace View Gardens, Siena Gardens, Golden Years Nursing Center, Alois Alzheimer Center, Bethany Village
- **Gold Level:** Highbanks Care Center, The Residence at Salem Woods, Glen Meadows, Mt Healthy Christian Village, SEM Haven Health Care Center, Bayley Senior Care
- **Silver Level:** Forest Hills Center, Wilmington Nursing & Rehabilitation, Scioto Pointe, Adams County Manor, Otterbein Middletown, Friends Care Community, Springfield Masonic Community, Marjorie P. Lee Retirement Community, Mohun Health Care Center, The Knolls of Oxford, Mason Christian Village, Otterbein Clear Creek, Maple Knoll Village, Twin Towers

The Molina Quality Living 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.

## Updated: Molina Partnership with Evolent Health to Include Oncology

### *Info for Medicaid network providers*

Molina cares about our members' health and is continually enhancing programs to improve the quality of care. We are pleased to announce our expanding collaboration with Evolent, formerly known as New Century Health, as the administrator of the Molina Oncology Quality Management program.

Beginning Sept. 1, 2025, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatment Prior Authorization (PA) requests for services that will be administered in a physician's office, outpatient hospital or ambulatory setting.

Evolent is offering Molina Providers training sessions throughout the month of August:

#### Intro Meetings:

- [Thurs., Aug. 7 at 10 a.m.](#)
- [Thurs., Aug. 14 at 1 p.m.](#)

#### In-Service Meetings: Oncology

- [Mon., Aug. 18 at 11 a.m.](#)
- [Mon., Aug. 25 at 1 p.m.](#)

#### In-Service Meetings: Radiation

- [Wed., Aug. 20 at 1 p.m.](#)
- [Thurs., Aug. 28 at 11 a.m.](#)

View the new [Medicaid: Q3 PA Code Changes Evolent Codes](#) document on our Provider Website, on the Forms page. Treatment plans will be reviewed as a whole using nationally recognized evidence-based guidelines. The clinical policies applicable to Evolent reviews are available on the Evolent website at [evolent.com/molina-policies](#) by scrolling down to "Medication Oncology" or "Radiation Oncology."

Scope: Oncology-related professional services will now require a PA from Evolent if performed in a provider's office, outpatient hospital or ambulatory setting. This PA requirement applies to Medicaid members ages 18 and older for the following professional services:

- Oncology-related infused and injectable chemotherapeutic agents
- Supportive/symptom management medications
- Radiation treatment

Evolent will process in-scope oncology PA requests for **Providers who are in-network\*** with Molina for the Medicaid line of business for members 18 years of age and older. PA requests for members under 18 years of age should be submitted directly to Molina as you do today.

**Out-of-network providers\*** should continue to send all oncology PA requests directly to Molina. Providers should continue to send any Marketplace/Medicare/MyCare Ohio Medicare PA requests for the above-referenced services directly to Molina, regardless of the age of the member.

\*Non-participating providers may submit authorization requests as a requesting provider if the servicing provider is participating with Molina.



All PA requirements and codes are posted on Molina's Provider Website:

- Medicaid: On the Provider Forms page, under the Forms tab.

**Prior Authorization Submission Process:** The requesting provider must complete a PA request using one of the following methods:

- For providers' convenience, logging into the Evolent provider web portal is the preferred submission method:  
[my.newcenturyhealth.com](https://my.newcenturyhealth.com)
- Calling (888) 999-7713
  - Medical Oncology – Option 2
  - Radiation Oncology – Option 3
  - Available Monday through Friday 8 a.m. – 8 p.m. EST
- Fax: Medical Oncology: (877) 230-4493
- Fax: Radiation Oncology: (877) 380-7848

**Peer-to-Peer (P2P):** P2P will be conducted by Evolent via physician discussions with expanded collaboration to better discuss treatment plans.

**Retro-Authorization Requests:** All retro-authorization and Extenuating Circumstances reviews should be submitted to Molina following the process you use today.

#### **Authorization Denial Disputes/**

**Reconsiderations:** All 60-day Authorization Appeals for Evolent PA reviews should be submitted to Molina following the process you use today.

Providers are strongly encouraged to take advantage of Evolent's streamlined P2P process to hold timely conversations related to requested services.

**The benefits of Molina partnering with Evolent for oncology services include:**

- Real-time authorizations issued for approvable treatment plans submitted to Evolent's online portal  
[my.newcenturyhealth.com](https://my.newcenturyhealth.com)
  - Determine which clinical documentation is necessary for medical review
  - View real-time status of all submitted requests
  - Check member eligibility prior to entering a treatment plan
- Reduced documentation requirements

- Evolent has oncology and radiation oncology physicians on staff to answer your questions and conduct P2P discussions
- Fax and telephonic intake available for submitting treatment plans, if needed
- Dedicated Evolent Provider Network Manager to use as a direct point of contact for any issues or questions

Beginning on Aug. 1, 2025, an Evolent Provider Network Manager will contact providers in scope for this program to schedule an introductory meeting and training. Should you have any questions prior to the introductory meeting, you may contact Evolent at (888) 999-7713, Option 6 or self-register at [Evolent.com/provider-portal](https://Evolent.com/provider-portal).

#### **Update Availity Essentials: Prior Authorization Info for all network providers**

On Aug. 25, 2025, Molina will retire the legacy PA application currently located in Availity Essentials > Payer Spaces.

Providers should begin to use the multi-payer PA application in Availity Essentials today to ensure a smooth transition. Get started by:

- **Verifying access:** Confirm your authorization role assignment with your organization's Availity Essentials administrator
- **Logging In:** Go to Availity Essentials and navigate to Patient Registration > Authorizations and Referrals
- **Trying it out:** Begin using the application to submit PAs and explore its functionality

Availity Essentials PA benefits include:

- Step-by-step submission process
- Authorization inquiry to view any case linked to you
- Multi-payer dashboard to manage all authorizations
- Templates for frequently used services

To locate additional training, visit the Availity Learning Center.

#### **Dental Reminder: D2991 Covered Service**

**Info for dental providers in the Medicaid and MyCare Ohio network**

As a reminder, D2991 is a covered dental service. Diagnostic-quality radiographic images must be submitted with the claim and show evidence of incipient decay and photos of the affected

surfaces. X-rays with AI markup are not acceptable. Reimbursement will be provided for up to four teeth per date of service, and this code cannot be billed in conjunction with D1206 or D1208. Additionally, D2991 is not reimbursable when performed alongside D1351 or D1354 within a 180-day period.

### **Provider Hours Requirement**

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

As a reminder, providers must offer hours to Molina members that are comparable to commercial or Medicaid Fee-for-Services plans if the provider serves only Medicaid members.

### **Molina Contracting: Next Generation MyCare Ohio LTSS**

#### ***Info for LTSS providers who plan to serve Next Generation MyCare Ohio members***

In preparation for the 2026 launch of the Next Generation MyCare Ohio program, Molina will host training sessions throughout August to provide important information on how LTSS providers can contract with Molina for MyCare Ohio.

Training topics will include:

- **Specialties & Services:** A list of impacted specialties and services
- **Contracting Documents:** Learn what documents need to be completed for contracting with Molina
- **Completing the Required Forms:** A guide on how to fill out the required forms
- **Timeline for Participation:** Details on the 2026 phased implementation of the Next Generation MyCare Ohio program

Training dates and times include (select one):

- [Mon., Aug. 11, 12:30 to 1:30 p.m.](#)
- [Fri., Aug. 15, 10:30 to 11:30 a.m.](#)
- [Mon., Aug. 18, 3 to 4 p.m.](#)

Remember, if you receive a contract from Molina via DocuSign, email or USPS mail, please sign and return it as quickly as possible. Prompt action helps ensure uninterrupted service delivery. For any questions or concerns, our team is here to support you. Please do not hesitate to contact

[MHINewMarketsDevContracting@MolinaHealthcare.com](mailto:MHINewMarketsDevContracting@MolinaHealthcare.com).

As a reminder, ODM will roll out the Next Generation MyCare Ohio program Phase 1 on Jan. 1, 2026

### **Updated: Molina Clinical Policy Page Update *Info for Medicaid providers***

Molina has posted the September 2025: Clinical Policies Updates document on the [Clinical Coverage Policies](#) page of our Provider Website with all of the updates that will be effective on Sept. 1, 2025.

### **Updated: You Matter to Molina: Get to Know Your Provider Relations Representatives *Info for all network providers***

Our Molina Provider Relations team is here to help answer your questions and connect you with training opportunities. Throughout 2025, we will introduce you to our team members and explain how to contact us directly for assistance.

Stephanie Hardway, Provider Relations Project Coordinator:

- **My favorite thing to do:** I love to watch my grandkids play softball, football and dance. I also like to watch the NBA/NFL. My favorite teams are the Cavaliers/Cleveland Browns.
- **Interesting fact:** I travel a great deal from Columbus to Cleveland or Cincinnati on the weekends to visit family.
- **Why I serve our Molina providers:** I serve Molina's providers by educating them through different projects. I believe it is important to educate the providers prior to an issue so they can be prepared for any new processes or updates that will be coming in the future. This gives the providers time with patients instead of working on administrative issues.
- **Available by email at:** [OHAttestationForms@MolinaHealthcare.com](mailto:OHAttestationForms@MolinaHealthcare.com)

Theresa Cook, Provider Relations Communications Specialist:

- **My favorite thing to do:** I love to travel. I have been on four continents. I have a scratch-off map of the world; I hope to someday have all of it scratched off.
- **Interesting fact:** I love gardening. This year alone, I have planted 88 new trees/shrubs in my yard. Inside, I have a multi-generational Aglaonema (Chinese Evergreen) from my grandmother that is over 100 years old.

- **Why I serve our Molina providers:** Gandhi was once quoted as saying, “Be the change you wish to see in the world.” We must live the changes we want to see, and I aspire daily to help our providers and members by communicating changes, updates and helpful information to our network.
- **Available by email at:**  
[OHProviderBulletin@MolinaHealthcare.com](mailto:OHProviderBulletin@MolinaHealthcare.com)

#### Updated: Website Roundup

##### *Info for network providers*

Recently added or updated documents:

- [July CPSE Report](#)
- [September 2025: Clinical Policies Updates](#)
- [LTSS Waiver Services Billing Guide](#)
- [MyCare Ohio Dental Provider Manual](#)

#### Updated: Live Provider Training Sessions

##### *Info for all network providers*

Molina is offering the chance to enter a monthly drawing for a prize! To enter, join a provider training and share your name and email.

##### **You Matter to Molina Forums:**

- Cost Recovery: Thurs., Aug. 28, 2 to 3 p.m.
- Home Health Prior Authorization Process and Best Practices: Mon., Sept. 29, 1 to 2 p.m.

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

- Thurs., Aug. 7, 1 to 2 p.m.
- Thurs., Sept. 4, 11:30 a.m. to 12:30 p.m.

##### **Specialized Provider Orientation:**

- Nursing Facility and Assisted Living: Fri., Aug. 22, 10 to 11 a.m.
- Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC): Fri., Sept. 19, 10 to 11 a.m.

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

- Wed., Aug. 13, 11 a.m. to 12 p.m.
- Thurs., Sept. 11, 1 to 2 p.m.

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

- Tues., Aug. 26, 10 to 11 a.m.
- Tues., Sept. 30, 3 to 4 p.m.

**Availity Essentials Portal Training:** Visit the Help & Training section on the portal or contact [training@availity.com](mailto:training@availity.com) for training.

**In Case You Missed It:** View the complete articles on the Provider Bulletin page under the Communications tab of our Provider Website, under the identified month, noted in parentheses ( ).

- **EVV Claim Processing Changes:** On Aug. 1, 2025, ODM will begin Phase 4 of the EVV claims processing changes. Phase 4 impacts claims validation requirements for nurse assessments and consults. Visit the ODM EVV website for additional information on the seven phases at [medicaid.ohio.gov](https://medicaid.ohio.gov). ([July 2025](#))
- **EVV Claim Processing Denial Information:** Based on the ODM EVV claims validation implementation changes, Molina provided a crosswalk related to EVV denials. ([July 2025](#))
- **ProgenyHealth for Marketplace:** Starting on Aug. 4, 2025, Molina will expand our partnership with ProgenyHealth into the Marketplace line of business. Starting on Aug. 4, your process for notifying Molina of infants admitted into a NICU or special care nursery will change for Marketplace. ([July 2025](#))
- **Reimbursement for Residential Treatment Services:** In accordance with OAC 5160-27-09, the following services are included in the residential treatment service and will not be reimbursed separately: Ongoing assessments and diagnostic evaluations, crisis intervention, individual/group/family psychotherapy and counseling, case management, SUD peer recovery, urine drug screens and medical services. ([July 2025](#))
- **Enhanced Benefit for Medicaid Members: Free Smartphone and Phone Plan:** Adult Molina members in Ohio can now get a free Android smartphone and phone plan through Molina’s partnership with TruConnect. ([July 2025](#))
- **Opioid Treatment Program Code Reminder:** When billing OTP codes, the POS 58 must be used. If any other POS is used, the claim will be denied for an invalid POS. ([July 2025](#))
- **Partnering for Better Care: Supporting Molina Members in Appropriate Emergency Department Use:** Your role as a medical provider is essential in guiding patients towards the right care at the right time. One area where your influence is especially impactful is in helping members understand when and how to use the emergency department appropriately. ([July 2025](#))



- Annual Mandatory D-SNP Medicare Model of Care Training: CMS requires contracted Medicare medical providers to complete training on the D-SNP MOC by Dec. 31, 2025. Molina hosts training sessions for providers and their staff. ([July 2025](#))
- Availity Essentials Claim Disputes Update: Molina has developed a step-by-step guide to better assist providers with claim disputes within Availity Essentials. ([June 2025](#))
- Availity Essentials Digital Correspondence Update: Molina has added a Digital Correspondence Hub to the Availity Essentials Portal to allow providers to receive, manage and track digital communications with Molina. ([June 2025](#))
- Nursing Facility and Hospice Ventilator and Ventilator Weaning: Effective July 1, 2025, NF and Hospice Ventilator and Ventilator Weaning claims must include diagnosis code Z99.11. ([June 2025](#))
- Alzheimer's Disease and Related Dementias (ADRD) Program: Molina has announced the launch of the ADRD Program in partnership with Isaac Health, by July 1, 2025, which aims to provide specialized services and support for Molina members living with or at risk of ADRD. ([June 2025](#))
- ODM MyCare Ohio Program Launch: ODM will launch the Next Generation MyCare Ohio program in two phases starting in January 2026. Stay up to date with the ODM News at [Medicaid.ohio.gov](https://www.medicicaid.ohio.gov). ([June 2025](#))
- Explanation of Payment (EOP) Update: Effective May 1, 2025, based on feedback from our provider network, the claimID referenced on the EOP/835 for refund posting will now have the provider's patient control number on the claim. ([May 2025](#))
- Drugs Carved Out: Fee-for-Service: Based on ODM guidance, Kebilidi™ is now covered under the Ohio Medicaid FFS medical benefit, including coverage for Medicaid Managed Care enrollees. ([May 2025](#))
- ODM Update: Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM. In January 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. ([May 2024](#))
- PA Request: The preferred method of PA submission is through Availity. Availity offers a more streamlined provider experience compared to faxing. Contact [training@availity.com](mailto:training@availity.com) for training. Note: Using an older version of the PA request form may cause delays in processing. ([March 2024](#))
- Medicaid Enrollment Requirements: Any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM 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. Providers who update their records after claims begin denying will need to submit corrected claims once the records are updated. Visit [medicaid.ohio.gov](https://www.medicicaid.ohio.gov) for additional information. ([March 2024](#))

<u>Questions and Quick Links</u>	<u>Connect with Us</u>	<u>Join Our Email Distribution List</u>
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: <a href="mailto:OHProviderRelations@MolinaHealthcare.com">OHProviderRelations@MolinaHealthcare.com</a> • Provider Website: <a href="https://www.MolinaHealthcare.com/OhioProviders">MolinaHealthcare.com/OhioProviders</a>	<a href="https://facebook.com/MolinaHealth">facebook.com/MolinaHealth</a> <a href="https://x.com/MolinaHealth">x.com/MolinaHealth</a> <b><u>Fighting Fraud, Waste and Abuse</u></b> Suspect member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.	Did you receive this provider bulletin via fax? Sign up to receive the Provider Bulletin via email or to request removal from our fax distribution list by clicking the Sign up to receive Molina's Provider Bulletin via email here link on the Provider Bulletin page of our website.