MOLINA HEALTHCARE

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

Next Generation Medicaid Program
Information for Medicaid providers

As of Feb. 1, 2023, several new processes and program updates have impacted our Medicaid providers.

Find information on the following topics in our [Next Generation Medicaid Program 2/1 Go Live Provider Bulletin](#), located on the Provider Website under the "Communications" tab:

- New terminology for authorization reconsiderations/appeals and claim reconsiderations (now referred to as Authorization Appeals, Clinical Claim Disputes, and Non-Clinical Claim Disputes)
- Electronic Data Interchange (EDI), including new Medicaid Payer IDs
- Claims Timely Filing for inpatient and outpatient services
- External Medical Review process
- Molina Clinical Policies, Clinical Practice Guidelines, and Payment Integrity Policies
- Provider Demographic Updates via the Ohio Department of Medicaid (ODM) Provider Network Management (PNM) system
- Information for ODM-Designated Providers, as defined in Ohio Administrative Code (OAC) Rule [5160-18-01](#)

Important Information Regarding the Resumption of Medicaid Renewals
Information for Medicaid and MyCare Ohio providers

During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility requirements.

On Dec. 29, 2022, President Joe Biden signed the **[Consolidated Appropriations Act of 2023](#)**[1] (also known as the omnibus spending bill) into law, which included the resumption of Medicaid renewals (also referred to as "Medicaid redeterminations").

ODM restarted the renewal process on Feb. 1, 2023. The first disenrollments for non-renewal, or loss of eligibility, will occur on April 30, 2023, with a May 1, 2023, effective date.

It is imperative that we all direct Medicaid recipients to resource information about how to renew their benefits so they don't lose their health care coverage or give them time to seek other coverage if they are no longer eligible. Providers should encourage Medicaid members to ensure their contact information is updated with the County Job and Family Services office and to take timely action on any renewal information they receive in the mail.

To find member-facing, as well as stakeholder and partner information please access resource materials on ODM's website: [medicaid.ohio.gov/stakeholders-and-partners/covidunwinding/covidunwinding](#).

Thank you for your continued commitment to providing high-quality health care to our members, especially throughout the PHE.

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[1]https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF

Questions and Quick Links
Provider Services – (855) 322-4079
Monday - Friday: 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 us at [OHProviderRelations@ MolinaHealthcare.com](#)
- Visit our Provider Website at [Molina Healthcare.com/OhioProviders](#)
  - [Provider Manual](#)
  - [PA Code List](#)
  - [PA Request Form](#)
  - [Provider Bulletin Archive](#)
  - [It Matters to Molina Page](#)
  - [Provider Portal](#)

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Ordering, Referring, and Prescribing Providers NPI
Information for all network providers

Effective March 30, 2023, Molina will begin denying claims missing an Ordering, Referring, and Prescribing (ORP) provider based on the guidance below.

As a reminder, Molina announced in the July 2021 Provider Bulletin that as of July 1, 2021, Molina began to require 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.

Molina announced in the December 2021 Provider Bulletin that Molina's system started to include the following CARC/RARC remit messaging:

Scenario	Referring	Ordering	Attending
Remit	N286	N265	N253
CARC	16	16	
CARC Description	Claim/service lacks information or has submission/ billing error(s)	Claim/service lacks information or has submission/ billing error(s)	Missing/ incomplete/invalid attending provider primary identifier
RARC	N286	N265	N253
RARC Description	Missing/ incomplete/invalid referring provider primary identifier	Missing/ incomplete/invalid referring provider primary identifier	Missing/ incomplete/invalid referring provider primary identifier

Consistent with these rules, a valid National Provider Identifier (NPI) is required on claims for select ORP provider types which are eligible to order, refer or prescribe 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	OMHAS Certified/Licensed Treatment Program
Pharmacy	Psychiatric Residential Treatment Facility
FQHC	Certified OH Behavioral Analyst
Clinic	Occupational Therapist Individual
Independent Laboratory	Certified RN Anesthetist Individual
Waivered Services Individual	Durable Medical Equip 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 LPN
Portable X-Ray Supplier	Non-Agency Home Care Attendant

Updated: Notice of Changes to PA Requirements
Information for all network providers

Molina has posted the updated PA Code List on our Provider Website for an effective date of April 1, 2023. To view the list of changes, view the "PA Code Changes 4-1-2023" tab in the Prior Authorization (PA) Code List – Effective 4/1/2023 PA Code List, located on the "Forms" page of the Provider Website.

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twitter.com/MolinaHealth

Provider Training Sessions

It Matters to Molina Forums:
- Pregnancy Related Services and Billing: Tues., **Feb. 28, 12 to 1 p.m.**
- Community Engagement (Member Added Benefits): Tues., **March 28, 12 to 1 p.m.**
- PIF Process: Wed., **April 26, 2 to 3 p.m.**

General Provider Orientation:
- Thurs., **March 2, 2:30 to 3: 30 p.m.**
- Tues., **April 4, 2 to 3 p.m**.

Claims and Billing Orientation:
- Thurs., **April 13, 2:30 to 3:30 p.m.**

Managed Long-Term Services and Support (MLTSS) Orientation:
- Wed., **March 15, 1 to 2 p.m.**

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

Availity Essentials Portal – General Training:
- Thurs., March 9 at 11 a.m.
- Tues., March 21 at 3 p.m.
- Wed., March 29 at 12 p.m.
- Contact training@availity.com at any time to receive Availity Portal training

Availity Essentials Portal – Overpayments Training:
- Tues., March 21 at 2 p.m.
- Thurs., March 23 at 11 a.m.

Register for the Availity Essentials Portal General Training or Overpayments Training in the Availity Essentials Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab and choose a session.

Website Roundup
Recently added or updated documents:
- February Claims Payment Systemic Errors (CPSE) Report
- CAQH Provider Data Form
- Corrected Claims Billing Guide
- Marketplace Authorization and Claim Reconsideration Guide
- Medicaid Authorization Form – Community Behavioral Health
- ODM Designated Provider and Non-Contracted Provider Guidelines
- Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form

This tab indicates non-covered codes, new codes that require PA, and which codes no longer require PA for all lines of business. Codes that continue to require PA appear on the "PA Code List" tab and are to be submitted for review.

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.

Provider Demographic Information: Fax Number for Dispute Resolution
Information for all network providers

In order to receive timely responses to disputes submitted through the Availity Essentials Portal or via fax, providers are encouraged to complete the fax number field on the dispute form with a secure fax number that will be utilized by Molina for communicating the resolution of the request.

Note: Molina will not be able to make a timely response to the request if the fax number field is blank, inaccurate, or incomplete.

Providers are also encouraged to validate their fax, phone, and mailing address with Molina via the Provider Online Directory. Updates to demographic information for all lines of business may be submitted to Molina via the Provider Information Update Form found under the "Forms" tab of our Provider Website.

Availity: Overpayments Process
Information for all network providers

On Feb. 20, 2023, Availity and Molina rolled out a new Essentials workflow that is creating a better way for provider offices to manage overpayments. This new streamlined electronic process will help eliminate mail and fax for faster dispute resolution and keep you current with overpayment requests. Providers also have the option to file a verbal dispute (limited to Medicaid line of business) by contacting the Provider Services Contact Center.

To ensure you have access, check to see if you have the Claim Status role. If you don't have access, contact the Essentials administrator for your office to decide if you need this role. Availity will offer recorded training sessions that will be available for Providers. Please refer to the Provider Trainings Sessions section of this Provider Bulletin for details on live trainings in March.

2023 HEDIS® Data Collection
Information for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a tool used to report performance on quality of care and service. Molina started collecting this data in February. We appreciate your prompt response to requests.

Molina is required to collect and provide medical record documentation from our providers to fulfill state and federal regulatory and accreditation requirements. Health Insurance Portability and Accountability Act (HIPAA) regulations permit a covered entity (physician practice) to disclose protected health information to another covered entity (health plan) without enrollees' consent for the purpose of facilitating health care operations.

Molina will reach out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:

- Psychological Testing Request
- Postpartum Payment Policy
- Reference Guide for Supporting Documentation for Claims
- Request for Claim Reconsideration Form (Non-Clinical Claim Dispute Form)
- Request for External Wheelchair Assessment Form
- Request to Change Provider Form
- Submitting EDI Transactions

Did You Know: Weight Watchers
Information for Medicaid providers

Did you know that Molina Medicaid members, 18 years and older, enrolled in Care Management can take advantage of three months of Weight Watchers online at no cost?

Weight Watchers offers an online nutrition and activity plan to help members make healthy choices and work toward long-term, sustainable habits.

Weight Watchers gives eligible members access to tools such as guided workout videos, healthy low-point recipes, a restaurant finder, a grocery store barcode scanner, and monthly progress reports.

How to refer a member to Care Management: Referrals to the Care Management program may be made by contacting Molina at (866) 774-1510. Find referral guidelines in the Next Generation Molina Medicaid Provider Manual under "IX. Care Coordination/Care Management."

Unified Preferred Drug List: 30-Day Change Notice
Information for all Medicaid providers

ODM will post their Ohio Unified Preferred Drug List (UDL) 30-Day Change Notice on March 1 for an effective date of April 1, 2023. Find the list at pharmacy.medicaid.ohio.gov/drug-coverage.

Emailing Protected Health Information (PHI) Securely
Information for all network providers

All emails that contain Protected Health Information (PHI) must be sent to Molina via a secure email system. In order to email PHI securely:

- Follow your entity's secure messaging policies for drafting and sending messages.
- Always review the recipient's information before clicking "Send" to

- Providers allow Molina access to their Electronic Health Records (EHR) for quick access to records pertaining to the HEDIS® project
- Secure email, fax, or mail
- An onsite visit by Molina, based on the volume of records

For EHR setup, email RegionB_EMRSupport@MolinaHealthcare.com.

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.

Level	Nursing Facility
Platinum Level	The Residence at Salem Woods
Gold Level	Carlisle Manor Twin Towers
Silver Level	CHS Huntington Inc.
	Friends Care Community
	Respiratory and Nursing Center of Dayton
	Siena Gardens
	Terrace View Gardens

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.

Behavioral Health Codes: H2020, H0038, and H0048
Information for behavioral health Medicaid providers

Effective April 1, 2023, based on guidance from ODM, Molina will update the following Healthcare Common Procedure Coding System (HCPCS) codes:
- H2020: Max units on one date of service is 1: Explanation of Benefits (EOB) message: Therapeutic Behavioral Services (TBS) group per diem service cannot be billed more than once per day
- H0038 Substance Use Disorder (SUD) cannot exceed 16 units in a day: EOB message: SUD peer recovery services cannot exceed 16 units (4 hours) per day
- H0048 max unit on one date of service is 1 (ALCRX only): EOB message: Urine drug screening service cannot be billed more than once per day

View the ODM BH Workgroup Limits, Audits, and Edits document and the ODM Behavioral Health Provider Manual at bh.medicaid.ohio.gov/manuals for additional information.

Reminder: Molina Legacy Provider Portal Sunsetting
Information for all network providers

The Molina Provider Portal will sunset on March 28, 2023, and providers will no longer be able to access the Molina Provider Portal and its functions directly. Availity Essentials (Availity) is now the official, secure provider portal for Molina providers. If your organization is not yet registered for Availity Essentials, visit Availity.com/MolinaHealthcare and select the Register button. For registration issues, call Availity Client Services at (800) AVAILITY (282-4548) Monday-Friday from 8 a.m. to 8 p.m.

The Availity Essentials Portal allows you to check eligibility and benefits, submit claims, view remittances, manage PA, upload supporting documentation with your claims, and more:

ensure the email is sent to the appropriate individual(s).
- Do not use PHI in the subject line of an email. Only the body of the email can be sent via secure transmission.
- Send the minimum required PHI to assist in identifying the issue.
- Do not send PHI to multiple health plans at the same time.

Note: If you do not have a secure messaging system, please send Molina a non-secure email to request we reply with a secure email that can be used for further communication.

Americans with Disabilities Act
Information for all network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities access to services. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to healthcare access, we can improve the quality of life for people with disabilities.

Learn more in the Molina Provider Education Series Americans with Disability Act (ADA) on our website, on the "Culturally and Linguistically Appropriate Resources/ Disability Resources" page under the "Health Resources" tab, or the Americans with Disabilities Act FAQ on our MyCare Ohio website under the "Manual" tab, on the "Quick Reference Guides & FAQs" page.

Reminder: Care Coordination Portal
Information for Medicaid providers

Molina has posted the following Care Coordination Portal documents on our It Matters to Molina (IMTM) page under the "Communications" tab.
- Availity Essentials Registration for Care Coordination Portal
- Care Coordination Portal Quick Reference Guide
- Care Coordination Portal User Guide
- IMTM Molina Care Coordination Portal recorded training

Reminder: Molina of Ohio Clinical Policies
Information for Medicaid providers

- Claim Status: Expanded search options include member name, service dates, claim history, or the 276 HIPAA standard. Adjustment and Remittance Codes, along with their descriptions, at the claim and line level.
- Smart Claims: Simplified claim entry tool with the essential fields you need. Use data from prior eligibility and benefits submissions to autofill the claim.
- Eligibility and Benefits: Use data from prior eligibility and benefits submissions to search for patients and autofill the claim.
- Attachments: Upload supporting documentation with the claim using the Send Attachments feature. Transmit up to 10 attachments (128 MB total file size) with the claim submission.

Coming in 2023:
- Accumulators: Each member/plan submitted returns the Molina Plan/dollar and benefit/count accumulated toward the limit.
- Prior Authorizations: Manage your Molina PA on Availity and use the Auth/Referral Dashboard to follow up on the status of the PA.

Learn about the features and functionality offered for Molina providers by logging into the Availity Essentials portal and going to Help & Training > Get Training to:
- View the "Crosswalk from Molina Healthcare to Availity Essentials" topic
- Attend one of the Availity Essentials trainings listed in the [Provider Training Sessions](#) article

Keep an eye on the [Availity Portal](#) and [MolinaHealthcare.com](#) website for additional details about the phased sunset of the Molina Provider Portal.

Updated: Partnership with Avalon for Laboratory Benefit Management

Information for Medicare, Medicaid and Marketplace network providers

As a reminder, beginning March 1, 2023, for Medicaid and Marketplace lines of business, Molina will collaborate with Avalon Healthcare Solutions (Avalon) on a new laboratory benefit management program. Avalon will provide routine testing management services to Molina. Routine testing management provides consistent application of laboratory policies while remaining provider and member-friendly through an automated review of high-volume, low-cost lab tests. As of April 1, 2023, the Medicare line of business will also be included in the Avalon program.

Laboratory Benefit Management Program Details: The laboratory benefit management program impacts providers referring to and performing lab services. If you have questions regarding this program, please reach out to your Molina Provider Services Team.

For dates of service on and after the respective line of business launch date, post-service automated review of lab charges will be conducted for services performed in an office, hospital outpatient, and independent laboratory places of service. Molina's review will focus on consistency with our lab policies, guidelines, and standardized industry rules, including, but not limited to:
- Evaluation of services for adherence to policy criteria
- Assessment of clinical appropriateness based on diagnoses and frequencies
- Evaluating services considered experimental and/or investigational
- Review for appropriateness based on code-specific allowances under Molina policies and guidelines when multiple units are billed

Molina posted Ohio Medicaid-specific clinical policies on our Medicaid Provider Website, on the [Molina Ohio Clinical Policy](#) page, under the "Policies" tab.

The Molina Clinical Policies accessible on the page are specific to Molina Healthcare of Ohio Medicaid only and can be used as a tool to guide providers in their medical decisions.

Molina has established Molina Clinical Policies that function as one of the sets of guidelines for coverage decisions or determinations. Please know that these Molina Clinical Policies do not constitute plan authorization, nor are they an explanation of benefits.

Medicare, MyCare Ohio, and Marketplace clinical policies are available at [MolinaClinicalPolicy.com](#).

Reminder: Medicare PA Guide and PA Forms
Information for Medicare and MyCare Ohio providers

Molina has posted an updated Medicare PA Guide and PA Forms to the Medicare Provider Website. Providers should include all necessary information when submitting authorization requests to reduce delays and the need for additional information. Molina uses CMS, state, MCG, and Molina policies.

Find the PA Guide and Form on the Medicare Provider Website under Prior Authorization Forms. Molina will also post these documents to the MyCare Ohio Provider Website under the "Forms" tab. Authorization requests should be submitted via the provider portal at [provider.molinahealthcare.com/provider/login](#).

Reminder: Authorization Appeal New Century Health or ProgenyHealth
Information for Medicaid providers

Effective for dates of service, Feb. 1, 2023, and after, Molina allows an authorization appeal for authorization reviews conducted by New Century Health or ProgenyHealth. The authorization appeal should be submitted to Molina following the standard submission process in place today. Providers who want to request a Peer-to-Peer with New Century Health or

What is Not Changing: Providers will continue to submit claims for lab services to Molina, and Molina will continue to adjudicate applicable claims for payment. Any disputes will follow the standard claim dispute process. All associated lab policies are published on the Payment Integrity Policies page under the "Policies" tab of the Provider Website. Click on "Payment Policies" and refer to the policies that begin with the "Clinical Payment Policy" naming convention. Note: Posted policies may have varying effective dates included; however, the Clinical Payment Policies will not be followed for claim adjudication until March 1 and later for Medicaid and Marketplace, or April 1 and later for Medicare.

"It Matters to Molina" Corner
Information for all network providers

Thank you for the great response to the "It Matters to Molina" question! Our winner is Amy Wahl from Holzer Health System.

The February "It Matters to Molina" question answer is "6." What Provider Trainings are available from Molina Provider Services in February and March 2023?
1. Pregnancy Related Services and Billing
2. Community Engagement (Member Added Benefits)
3. General Provider Orientation
4. Claims and Billing Orientation
5. MLTSS Orientation
6. All of the above

March Question: Where can you find the Next Generation Molina Medicaid Provider Manual?
1. Molina Medicaid and MyCare Ohio Provider Websites, under the "Manual" tab
2. Molina Medicaid Provider Website, under the "Manual" tab
3. Molina MyCare Ohio Provider Website, under the Manual" tab
4. ODM Provider Website, under "Resources for Providers"
5. CMS Provider Website, under "Regulation & Guidance"

Email your answer to OHProviderBulletin@MolinaHealthcare.com by March 15 to enter the drawing. Molina will announce the winner and the correct answer to the question in the April Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take the time to share feedback with us about your experience working with Molina. Your feedback is essential, and It Matters to Molina.

You Matter to Molina: Video Series for Members
Information for all network providers

In our continuous efforts to improve the member experience, Molina is launching a series of short videos for Molina members, focusing on the benefits of the My Molina mobile app and member portal. The videos include:
- How to use the self-service feature
- How to update their contact information in real-time
- How to choose their demographic information

Find these videos and more on the Molina YouTube page at YouTube.com/@MolinaHealthcare.

ProgenyHealth will continue to directly contact the respective entity: ProgenyHealth (888) 832-2006 and New Century Health (888) 999-7713.

Reminder: PASRR Process for Nursing Facilities
Information for Medicaid and MyCare Ohio nursing facility providers

As of Feb. 1, 2023, pursuant to OAC 5160-3-14: Process and timeframes for a level of care determination for nursing facility-based level of care programs, the preadmission screening, and resident review (PASRR) process must be completed before Molina issues a level of care determination for nursing facility services.

Providers are required to include proof of PASRR determination letter(s) and/or Hospital Exemption with each Prior Authorization (PA) request and/or applicable continued stay review requests.

Notice of Changes to the Provider Manual
Information 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.