

January 2022 Provider Manual Annual Update Cycle

Significant Updates by Section/Chapter – Combined Provider Manual

The items listed in this document outline content section-by-section where significant updates have been made to the Molina Healthcare of Ohio Medicaid and MyCare Ohio Combined Provider Manual. Format changes, removal of redundant information and/or streamlining of language have been made throughout the document. Additionally, content has been added to the Provider Manual that has been previously communicated in Provider Bulletins and posted to the Molina Provider Website.

Table of Contents

- Refreshed section to align to change in the Provider Manual.
- Replaced “Health Care Services” chapter with new name “Medicaid: Health Care Services” chapter.
- New “MyCare Ohio: Health Care Services” chapter.
- New “Behavioral Health” chapter listed.

Eligibility, Enrollment, Disenrollment (Medicaid)

- Added language under “Inpatient at Time of Enrollment” to include actions if a Medicaid member loses coverage during inpatient status.

Benefits and Covered Services

- New “Supplemental Services” section to explain referral requirements for supplemental benefits.
- New “Provider Education on Covered Benefits and Member Access to Care” section to help providers with tools they can use to identify, and access, member covered benefits.

Behavioral Health

- Added a new “Behavioral Health” overview chapter.

Claims and Compensation

- Chapter has been re-organized.
- Updated “Provider Portal” section to include Electronic Remittance Advice (ERA) and Explanation of Payment (EOP).
- New “EDI Claims Submissions Issues” section to provide additional details on how a provider can resolve EDI submission issues.
- Updated “Timely Claim Filing” section to note change in original claim timely filing from 120 calendar day to 365 calendar days for Medicaid line of business effective July 1, 2022.
- New “Ordering, Referring, and Prescribing (ORP) Providers NPI” section to include ORP NPI requirements.
- New content added to the “Corrected Claim Process” section. This section captures information on the corrected claim process; including submission requirements.
- Updated “Provider Takes Reasonable Measures to Obtain Third Party Payment” section to include information on third party liability and coordination of benefits, as well as the claim reclamation process.
- New “Molina Coding Policies and Payment Policies” section providing information on where to locate information on Molina’s coding policies and payment policies on the website.
- Updated “Guidance for Medicare as Primary Payer” section under “Telehealth Claim and Billing” to include modifier updates.
- Updated “Overpayments and Incorrect Payments Refund Requests” section to include information on third party liability and coordination of benefits.

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- Updated “Balance Billing” section to include additional information on specific circumstances where a provider may balance bill a Molina member.
- Updated “Encounter Data” section with updated state and CMS encounter submission threshold and quality measures.

Medicaid Health Care Services

- Removed MyCare Ohio language from chapter and moved to separate chapter.
- Chapter has been re-organized.
- Updated table in the “Key Functions of the UM Program” section to clarify language.
- Updated “UM Decisions” section bullet points to clarify language.
- New “MCG Cite for Care Guideline Transparency” section with information on access to Cite for Care.
- Added additional provider demographic information requirements, and clarification on authorization requirements for payment eligibility in the “Prior Authorization” section.
- Updated “Peer-to-Peer Review” section to include definition of a “peer.”
- Updated “Requesting Prior Authorization” section to remove reference to eviCore Healthcare.
- New “Inpatient at Time of Termination of Coverage” section to clarify member coverage when Molina coverage terminates during a hospital stay.
- Updated “Health Management” section to include Level 1 Health Management details.
- New “Maternity Screening and High-Risk Obstetrics” section with information for prenatal health.
- Updated “Member Health Education Materials” with additional information on materials available.
- New “Out-of-Network Specialty Providers” section to include information on referrals for specialty care outside the network.

MyCare Ohio Health Care Services

- New “MyCare Ohio: Health Care Services” overview chapter separating the information from the Medicaid line of business Health Care Services chapter.

Credentialing and Recredentialing

- Updated “Criteria for Participation in the Molina Network” section, bullet points “DEA or CDS Certificate” and “Criminal Convictions.”
- Updated “Medicaid ID Requirements” information on claim denials after dates of service on or after Aug. 15, 2021.

Quality

- Changed “Women’s Health Access” name to “Member’s Obstetric and Gynecological Health Access.”
- Updated “Advance Directives (Patient Self-Determination Act)” section to include Declaration for Mental Health Treatment Advance Directive and added link to further resources.
- Updated “Clinical Practice Guidelines” section to include the current list of Clinical Practice Guidelines.
- Updated “Preventive Health Guidelines” section to include the current list of Preventive Health Guidelines.

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Compliance

- Separated Medicaid and MyCare Ohio information in the “Reporting Fraud, Waste, and Abuse” section.
- Removed the “Privacy Summary and Notice of Privacy Practices Published for Members” letter.
- Added “Business Continuity Plan (BCP)” section.
- Replaced “Cybersecurity Requirements” section with updated “Cybersecurity Requirements” section.

Provider Responsibilities

- Replaced “Nondiscrimination of Health Care Service Delivery” section with updated “Nondiscrimination of Health Care Service Delivery” section with clarifying language.
- Updated “Provider Portal” section to include ERA and EOP.
- New “MyCare Ohio: Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors for Subcontracts Over the Simplified Acquisition Threshold of \$250,000” moved into the body of the Provider Manual from the Addendum Page.

MyCare Ohio: Medicare Part D

- Updated the Molina Part D Exceptions and Appeals Contact Information phone number in the “Part D Prescription Drug Exception Policy” section.

Risk Adjustment Management Program

- Updated “Your Role as a Provider” section bullet point to include face-to-face and telehealth visits.
- Contact Information: Updated

Appendix A

- Updated “Surgical Professional Services” section to align to OAC 5160-4-22.