

2021 July Provider Manual Annual Update Significant Updates by Section/Chapter

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

- Updated to current chapter names and page numbers

Eligibility, Enrollment, Disenrollment

- Added additional enrollment criteria in the “Enrollment in Molina Dual Options MyCare Ohio Medicare-Medicaid Plan” section
- Added clarifying eligibility verification language in the “Eligibility Verification” section
- Added new Molina Dual Options MyCare Ohio (full benefits) Member card
- Added additional Member disenrollment circumstances in the “Molina Dual Options MyCare Ohio Disenrollment” section
- Added language in the “Involuntary Disenrollment” section to clarify how the Molina Enrollment Accounting Department is informed when a Member has relocated

Claims and Compensation

- Updated telehealth language under “Telehealth Claims and Billing”
- Added language in the “Covered and Non-Covered Days” section to clarify room and board claims
- Added clarification on encounter data submission timeframes in the “Encounter Data” section

Health Care Services

- Added Utilization Management criteria in the “UM Decisions” section
- Added information on “Organizational Determinations” in the “Extenuating Circumstances” section
- Updated eviCore information in the “Requested Prior Authorization” section
- Added “Clinical Trials” information in the “Experimental and Investigational Services are not Covered” section
- Added “Prospective/Pre-Service Review” section
- Added clarifying language in the “Post-Service Review” section
- Added “Avoiding Conflict of Interest” section
- Added language in the “Coordination of Care and Services” section
- Added “PCP Responsibilities in Care Management Referrals” section
- Added “Care Manager Responsibilities” section
- Updated and added clarification to the “Emergency Services and Post-Stabilization Services” section
- Added “Primary Care Providers” section
- Added additional language in the “Care Management (CM)” section clarifying the role of the Care Manager and referrals to the ICM program

Credentialing and Recredentialing

- Added information on Centralized Credentialing implementation
- Removed “Federally Qualified Health Centers (FQHC) and Rural Health Center (RHC)” information in the “Types of Practitioners Credentialed & Recredentialled” section

2021 July Provider Manual Annual Update Significant Updates by Section/Chapter

Delegation

- Added “Medical Management” bullet point in “Delegation” chapter

Quality

- Added new bullet point under the “Retrieval” header in the “Medical Records” section noting the medical record is available to the member upon their request

Cultural Competency and Linguistic Services

- Clarified language in the “Integrated Quality Improvement – Ensuring Access” section

Compliance

- Removed reference to the Privacy Summary and Notice of Privacy Practices as that document was removed in the January 2021 Provider Manual update
- Removed the “About ICD-10” section

Appeals and Grievances

- Added MyCare Ohio (full benefits) grievance contact address and fax number and grievance fax number for Medicaid/MyCare Ohio (Medicaid only)
- Removed reference to “Grand Analysis” in the “Reporting” section

Provider Responsibilities

- Added information for Community Behavioral Health Organizations in the “Provider Data Accuracy and Validation” section

Appendix A

- Updated March Vision codes in the “March Vision Covered Services” section
- Updated telehealth language under “Claims and Billing” and “Guidance for Medicaid as Primary Payer”
- Updated Hospice Service information with the information provided in the April Special Provider Bulletin article “[Billing Hospice Services on a CMS-1500 Form](#)”
- Updated Hospice HCIC and Vent/Vent Weaning information with the information provided in the April Special Provider Bulletin article “[Update: Molina Hospice HCIC and Vent/Vent Weaning Billing Guidelines](#)”