MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Prior Authorization (PA) Code List Update

Information for all network providers

Molina's Prior Authorization (PA) Modernization efforts have looked at the clinical benefit and value of all codes for which we have historically required PA. This comprehensive review has resulted in a large volume of codes being removed from the list on Jan. 1, 2024.

By Dec. 1, view the changes on the Provider Website under the "Forms" tab.

- Medicaid: Q1 2024 PA Code Changes
- Medicare/MyCare Ohio: Q1 2024 PA Code Changes
- Marketplace: Q1 2024 PA Code Changes

Information will include non-covered codes, new codes that require PA and which codes no longer require PA for each line of business.

Molina is also streamlining our resources for validating PA requirements. Providers should now use our PA Lookup Tool exclusively as their source of information on codes that require PA. Our secondary tool, the Excel PA Code List will be retired effective Jan. 1, 2024.

Molina's ultimate goal is to ensure that our members get the right care at the right place and at the right time. Additionally, this move will decrease administrative burden while still ensuring the delivery of high-quality health care.

Retirement of Episode-Based Payment Model Reports

Information for all network providers

Effective Jan. 1, 2024, ODM will retire the Episode-Based Payment Model as an Alternative Payment Model (APM).

ODM will rescind Ohio Administrative Code (OAC) 5160-19-4 and remove language detailing episodes-based payments from the Ohio Medicaid State Plan.

For additional information, read the ODM August 2023 Episodes of Care program Retirement letter by visiting medicaid.ohio.gov, and under Resources for Providers, select the > next to Program & Initiatives, then Value-Based Payment, Episode-based Payments and Episodes of Care Announcements.

New Name: Provider Relations

Information for all network providers

The Molina of Ohio Provider Services Team is now the Provider Relations Team. We believe this name change is more reflective of the work we do to foster meaningful connections between our

New In This Issue – Dec. 2023

Updated In This Issue

In Case You Missed It

Questions and Quick Links

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: OHProviderRelations@MolinaHealthcare.com
- Provider Website: Molina Healthcare.com/OhioProviders
  - Provider Manual
  - PA Code Updates
  - PA Request Form
  - Provider Bulletin Archive
  - It Matters to Molina Page
  - Provider Portal

Join Our Email Distribution List

Did you receive this provider bulletin via fax?

Sign up to receive the Provider Bulletin via email, or to request

provider partners and Molina. View our new email addresses on the Provider Relations page on the Provider Website under Contact Us.

Notice of Changes to the Provider Manuals

Information for all network providers

Molina is in the process of updating our Provider Manuals for 2024.

- Look for a Special Provider Bulletin with significant updates to the MyCare Ohio Manual on Dec. 1 and the announcement for significant updates to the Medicaid Provider Manual once final.
- Molina will post the Medicare and Marketplace Provider Manuals to the Provider Website by Jan. 1, 2024.

Reminder: 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.

New Molina CES Edit 9056 – Unspecified Code

Information for Medicaid providers

Effective Jan. 1, 2024, based on guidance from the Centers for Medicare and Medicaid Services (CMS), Edit 9056 will deny Medicaid Inpatient claims when unspecified diagnosis codes are reported as a principal or secondary diagnosis based on the Medicare Code Editor (MCE).

Find additional information in the CMS Change Request 12471 document, located at cms.gov under "Medicare," select "Regulations & guidance" then "Transmittals," and in "2021 Transmittals," look for CR# 12471 or Transmittal# R11059CP.

Molina CES Edit 9534 – Modifier GZ

Information for Medicaid providers

Effective Jan. 1, 2024, based on guidance from CMS, Edit 9534 will deny Medicaid Facility Outpatient claims when the presence of modifier GZ indicates this is not eligible for payment.

Find additional information in Chapter 1 – General Billing Requirements of the 100-04 Medicare Claims Processing Manual, located at cms.gov under "Medicare" by selecting "Regulations & guidance" then "Manuals" and "Internet-Only Manual (IOMs)."

Optum Prepayment Claim Audit

Information for all network providers

Molina, in partnership with Optum, performs prepayment medical record audits. This process utilizes billing practice guidelines to support uniform billing and coding for all payers. The prepayment review of claims and medical records ensures claims are billed accurately and coded correctly in accordance with Current Procedural Terminology (CPT), state and federal policies. The concepts utilized for the prepayment audit align with correct coding practices and incorporate a review of medical records to

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.

Connect with Us

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twitter.com/MolinaHealth

Website Roundup

Recently added or updated documents:

- HEDIS Tip Sheet
- Value Added Benefits for Members
- Marketplace PA Request Form
- Contact Us
- ODM Designated Provider and Non-Contracted Provider Guidelines

New Century is Now Evolent

Info for Medicaid and Marketplace Providers

Effective Jan. 1, 2024, New Century Health has changed their name to Evolent.

New Medicare PA Guide, Forms

Info for Medicare and MyCare Ohio Providers

By Dec. 1, 2023 Molina will post 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 Forms on the Medicare Provider Website under Prior Authorization Forms and on the MyCare Ohio Provider Website under the "Forms" tab. Authorization requests should be submitted via the provider portal at provider.molinahealthcare.com.

Provider Training Sessions

validate the submitted medical coding of services. This is not a medical necessity review.

Effective Jan. 1, 2024, Optum, on behalf of Molina, will expand this process to include auditing of the following services. Medical records may be requested prior to payment.

- On Facility outpatient claims with revenue codes for trauma response (0681 – 0689), when claims history does not indicate an ambulance service between HCPHC 'A0021' and 'A0999' exists for the same member on the same date of service.
- On professional claims billing for CPT 93229 – Mobile Outpatient Cardiac Telemetry Monitoring (MOCTM) - Technical Component to ensure the stringent documentation guidelines for reporting this code are met.
- On professional claims that are submitted with a paid drug administration but the drug or biologic, on the same claim or corresponding claim, was denied. As such, the drug administration should also be denied.
- On professional and outpatient claims billed for arterial selective catheter placement of the third order for placement above the diaphragm (36217) and below the diaphragm (36247) when claim details suggest that a first or second order arterial branch above the diaphragm (36215 and 36216 respectively) or below the diaphragm (36245 and 36246 respectively) was more likely the location of the procedure. Records will be reviewed to determine if the coding guidelines required to bill arterial selective catheter placement of the third order are met.
- On professional claims billed for distal Claviculectomy procedures. Claviculectomy is defined as the partial removal of the clavicle, also known as the collarbone. The focus of the procedure is the distal (outer part) of the clavicle. It is suspected that such instances indicate potential misuse of CPT 23120 & 29824 as those procedures are generally inclusive to the primary procedure.

HEDIS Measure: Transitions of Care

Information for all network providers

The transition from an inpatient hospital setting back to home can be a vulnerable period for a patient as well as challenging for their provider. It can often result in poor coordination of care, lapses in communication among the inpatient and outpatient providers, intentional and unintentional medication changes, incomplete diagnostic workups, and insufficient understanding of diagnoses and follow-up needs. The Transitions of Care HEDIS Measure assesses four key points for patients 18 years of age and older following a discharge from an inpatient facility. These include:

1. Notification of Inpatient Admission – Documentation of receipt of notification and inpatient admission on the day of admission through two days after the admission.
2. Receipt of Discharge Information – Documentation of receipt of discharge information on the day of discharge through two days after the admission.

Molina of Ohio is offering the chance to enter a monthly drawing for a prize! To enter, you must join one of our provider trainings and share your name and email address during the training.

It Matters to Molina Forums:

- Open Forum: Wed., **Dec. 20, 1 to 2 p.m.**
- Molina Provider Website Navigation: Fri., **Jan. 26, 10 to 11 a.m.**

General Provider Orientation:

- Fri., **Dec. 1, 12 to 1 p.m.**
- Mon. **Jan. 8, 11 a.m. to 12 p.m.**

Claims and Billing Orientation:

- Thurs., **Dec. 14, 3 to 4 p.m.**

Managed Long-Term Services and Support (MLTSS) Orientation:

- Thurs., **Jan. 18, 11 a.m. to 12 p.m.**

Model of Care:

- Tues., **Dec. 5, 1 to 2 p.m.**

Molina Dental Services Training:

- Thurs., **Dec. 14, 1 to 2 p.m.**

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

Availity Essentials Portal Training: Register in the Availity Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab:

- Tues., **Dec. 5, 1 p.m.**
- Contact training@availity.com for Availity Portal training.

Reminder: ODM Source of Truth for Provider Data

Info for Medicaid and MyCare Ohio providers

On Oct. 20, 2023, the Ohio Department of Medicaid (ODM) issued a "News for Ohio Medicaid Providers" communication with an article entitled, IMPORTANT: ODM will not deny claims associated with data integration to ensure readiness. Find it at managedcare.medicaid.ohio.gov/news/news-for-providers.

3. Patient Engagement After Inpatient Discharge – Documentation of patient engagement, such as office, telehealth, or home visits, provided within 30 days after discharge.
4. Medication Reconciliation Post-Discharge – Documentation of medication reconciliation on the date of discharge through 30 days after discharge.

Find additional information in the HEDIS Tip Sheet: Transitions of Care (TRC) document on our Provider Website, on the It Matters to Molina page, under Tools and Resources.

Real-Time Claim Adjustments

Information for all network providers

Molina has made enhancements to our claim reconsideration (non-clinical claim dispute) process based on feedback shared via our It Matters to Molina program.

Dedicated staff members will work towards First Call Resolution during this enhanced process while guiding the claim through the resolution paths below:

Corrected Claim (claim submission error): Molina will provide information as to the missing or misentered field on the claim submission.

Fast track (New): The Provider Services Contact Center agents will perform live adjustments during the call. Fast track criteria include:

- Claim denied for no authorization on file, but an approved authorization is on file for the member/provider/services with available units.
- Claim denied for no enrollment, but the member has active enrollment for the date(s) of service.
- Claim denied as duplicate in error. The claim was submitted with corrected claim indicators, or no duplicate or related claim in history.
- Claim denied for Explanation of Benefits (EOB) incorrectly, but EOB is attached with appropriate information to coordinate benefits.
- Optical Character Recognition Error occurs during the paper to paper-to-data process where units, billed charges or CPT may have been improperly scanned in the system. Reminder: Paper claims are not accepted for Medicaid.
- Dollar Limit: $25,000 or less billed charges for outpatient services. $50,000 or less billed charges for inpatient services.
- Home Health, Skilled Nursing, Durable Medical Equipment (DME) and Waiver services are excluded from fast track.

Claim Reconsideration (Non-Clinical Claim Dispute): The request will be researched, and if a processing issue is identified, the claim will be re-adjudicated, and an updated remittance will be provided. The standard turnaround time is 15 days or less for the Medicaid line of business.

Molina is following this ODM guidance. Please review the ODM communication and take any necessary actions to update your records in the PNM system as soon as possible.

Reminder: Annual Mandatory Model of Care Training

Info for Medicare providers

CMS requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care by Dec. 31, 2023.

Find information on Model of Care requirements in the Model of Care Provider Bulletin. Molina will host Model of Care provider training on Dec. 5.

Reminder: TenderHeart Health Outcomes Partnership

Info for Medicaid and MyCare Ohio providers

As of Nov. 1, 2023, Molina launched a new partnership with TenderHeart Health Outcomes. TenderHeart offers incontinence services and supplies. Molina members who choose to receive incontinence supplies from TenderHeart will have access to a personal incontinence coach to help ensure they have the right product(s) for their comfort and to prevent leakage. TenderHeart's program will help members to avoid negative health outcomes, such as skin breakdown and urinary tract infections.

Members will receive a letter from TenderHeart explaining the program and how to select TenderHeart as their new incontinence supplier. Members may also choose to stay with their current incontinence supplies provider. If a member chooses to join the TenderHeart program, they will still be able to receive other durable medical equipment items from their current provider. Or if a member receives an order for new durable medical equipment items outside the scope of TenderHeart,

- Verbal Dispute (Medicaid Only): Providers may call and submit disputes verbally.
- Other Disputes (do not meet the requirements for verbal dispute or fast track): Providers may submit via the Availity Essentials portal (Availity) or fax the Claim Reconsideration (Non-Clinical Claim Dispute) form to Molina.

Note: Providers may request live adjustments through the Secure Messaging Application in the Availity Essentials portal.

Claim Status Secure Messaging: Availity Essentials Portal

Information for all network providers

Providers can now submit secure messages directly to Molina from the claim status screen via Availity's messaging application.

- Go to claims & payment, then select claims status.
- Providers will need the claim status and messaging application to access the function.

Tips:

- Initiate a message via the "message this payer" option.
- Allow up to five business days for a response.
- Access the messaging queue from the top right corner of the Availity home page.
- Conversations are displayed as cards. The color of the card indicates the status.
- If a message is missing from your queue, clear your filter options. All users have sorting and filtering options.

Message directly with Molina on:

- Basic inquiries or questions.
- Claim Reconsiderations (Not a formal appeal).
- Enrollment denials.
- Incorrect COB denials.

Claims Secure Messaging is not ideal for timely filing denials, formal appeals/disputes, EOPs, appeals status, Eligibility and Benefit (E&B) verifications (use E&B Secure messaging), overpayments, claims corrections (including COB denials) and denied PA.

ODM Designated Provider and Non-Contracted Provider Guidelines

Information for ODM Designated and non-contracted providers in the Medicaid and MyCare Oho lines of business

As an ODM Designated Provider and/or a non-contracted provider with Molina, it is important to understand Molina's operating guidelines, including PA and claims processes, to avoid delays in claims payment. Molina knows efficient processes are important to providers, and we are committed to getting you the most current information.

Following the guidelines and references linked in the ODM Designated Provider and Non-Contracted Provider Guidelines will help ensure we receive all the information we need to process your

the member may choose any in-network provider to dispense those items. Please contact our Provider Relations Team for more information about this program.

Reminder: Respiratory Syncytial Virus Season

Info for Medicaid and MyCare Ohio providers

Molina, based on guidance from ODM, now covers Beyfortus as a preventive service without requiring PA when billed as a medical claim by a participating provider. The CPT codes for Beyfortus are:

- 90380 Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use.
- 90381 Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use.

Note: Earlier this year, the US Food and Drug Administration (FDA) approved the drug Beyfortus for the prevention of RSV in infants.

View the ODM Beyfortus Coverage – Removing Administrative Barriers guidance for details, located at medicaid.ohio.gov under "Resources for Providers," click on "Managed Care," select "Policy," then "Managed Care Policy Guidance."

Reminder: Electronic Visit Verification (EVV)

Info for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

EVV is a tool for electronically capturing point-of-service information for certain home and community-based services. Based on federal 21st Century Cures Act requirements, ODM implemented an EVV solution enabling Medicaid to safeguard the health and welfare of individuals choosing to receive LTSS while improving payment

requests as quickly as possible so you can focus on what's most important: providing excellent care to your patients.

View the complete ODM Designated Provider and Non-Contracted Provider Guidelines on the Provider Website, on the Forms page, under the Non-Contracted Practice/Group Information header.

Dental Credentialing Update

Information for Medicare dental providers

On Jan. 1, 2024, the administration of dental services for Molina of Ohio Medicare Choice Care (HMO) will transition from Delta Dental to Molina Dental Services and the SKYGEN Dental Hub.

Currently, ODM credentials providers for Medicaid and MyCare Ohio, but not for Medicare. As a Molina Medicare provider, Molina is required to credential our network of providers.

To credential with us, please complete the following steps:

1. Complete Section A and Section N of the Provider Information Form (PIF) and include your Council for Affordable Quality Healthcare (CAQH) ProView ID # to credential the provider by returning the completed form via email to MDVSPIM@MolinaHealthcare.com or fax to (844) 891-2865.
2. CAQH must be re-attested within the last 4 months by visiting proview.caqh.org.
3. Groups may attach a roster to their PIF with the provider name, NPI and CAQH #.
4. Indicate "global" authorization, which allows access to your data profile to all healthcare organizations.
5. Upload copies of your current DEA license and malpractice insurance copy directly to CAQH.

If you have questions regarding the transition, please reach out to Molina Dental Provider Services at MDVSProviderServices@MolinaHealthcare.com or by phone at (844) 862-4564.

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 Dec. 1 for an effective date of Jan. 1, 2024. Find the list at medicaid.ohio.gov/stakeholders-and-partners/phm.

Reminder: EOP Refund and Forwarding Balance Reporting Enhancement

Information for all network providers

As a reminder, Molina made enhancements to the reporting of refunds received that are displayed on the Explanation of Payment (EOP) and 835 files, as well as Forwarding Balances.

Refund amounts were previously combined as a bulk total for the payment with a reference ID of the payment check history ID (CHKHST ID) on an EOP and 835. These sections will be updated to accuracy. ODM provides the Sandata EVV system at no cost to providers or individuals receiving services. The claims submission process did not change with the implementation of EVV.

- Non-agency providers must use the Sandata system.
- Agency providers can utilize the Sandata system or a certified alternative EVV system. Alternative EVV systems must comply with all technical specifications and business rules and complete a certification process with Sandata before going into production. Neither ODM nor Sandata are responsible for any costs related to the development, certification or use of an alternate EVV system.

Visit the ODM EVV Website at medicaid.ohio.gov, under "Resources for Provider," select "Programs & Initiatives" and "Electronic Visit Verification (EVV)" for additional resources, including:

- EVV Fact Sheet: Information on what is required and why the program exists.
- Tools and Help Documents: Tools, guides and FAQs.
- Newsletters: News and updates.
- Upcoming Webinars: Training sessions that cover a variety of EVV topics.
- Schedule an 'Ask a Trainer' Help Session: Sign up to talk to a Sandata trainer.

Sign up at medicaid.ohio.gov/home/govdelivery-subscribe for more ODM communications.

Reminder: 2023/2024 Open Enrollment

Info for all network providers

Medicaid and MyCare Ohio: Open enrollment period ends on Nov. 30, 2023. During this time, members are able to:

- Select their plan by calling the Ohio Consumer Hotline at (800) 324-8680 or by visiting members.ohiomh.com/Login.aspx.

utilize a reference ID of the claim itself, allowing for more precise reporting of these transactions. Note: The setup of using WO/72 code types will remain. Updates include:

- EOP: Reference ID on the EOP adjustment section will reflect the claim ID for the transactions related to each refund posting and no longer use the check history ID.
  Provider Level Balance (PLB) segment on the 835: Items labeled as Provider Return/Refund credit will be reflected on the 835 as adjustment code type 72 with a reference ID of the claim ID for each refund. Items labeled as Overpayment Recovery will be reflected on the 835 as adjustment code type WO with a reference ID of the claim ID for each refund. This is Molina's method of recording refunds received and will result in a net total of $0.00 on your payment.

Reminder: Medicaid Enrollment Requirements

Information for Medicaid providers

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.

Visit medicaid.ohio.gov for additional information. Note that Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

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.

- If a member does not wish to change their current plan, then no action is required.

ODM resumed the Redetermination (renewal) process on Feb. 1, 2023, with the first round of disenrollments effective on May 1, 2023. **Redetermination and Open Enrollment are NOT the same**. Members must complete redetermination requests or risk losing coverage.

Open Enrollment vs. Redetermination

- Open Enrollment is an annual voluntary event that provides patients the opportunity to change their managed care plan.
- Redetermination is an annual required activity that confirms your patients are still Medicaid eligible.

Molina can help by providing:

- Patient literature about Medicaid renewal.
- Lunch and Learn for staff with redetermination education.
- Monthly redetermination files for Molina members/patients your practice cares for.
- Onsite (and patient outreach) support on Application Assistance Days.

For more information, contact your local Community Engagement Specialist. If you need assistance with identifying who your Community Engagement rep is, please reach out to MHOCommunityOutreach@MolinaHealthcare.com.

Marketplace: Open enrollment will run Nov. 1, 2023 – Dec. 15, 2023.

Medicare: Open enrollment will run Oct. 15, 2023 – Dec. 7, 2023.