Molina Healthcare of Ohio Inc.'s Processes by Line of Business

	Medicaid	Molina Complete Care for MyCare Ohio (full benefits) and Molina MyCare Ohio Medicaid Only (not aligned)
Claims Timely Filing	Molina must accept claims for 365 calendar days from the date of service, as described in Ohio Administrative Code (OAC) 5160-1-19. In addition, Molina must follow the overpaid claims and timely filing exceptions described in the rule. All providers, contracted and non-contracted.	For services that bypass Medicare and Molina processes as the primary payer (Molina MyCare Ohio Medicaid), the timely filing is 365 calendar days. When Medicare and/or Molina Complete Care for MyCare Ohio is processed as the primary payer, the timely filing limit is based on the provider's contract language (standard is 120 days). Out-of-network: 365 days from the date of service.
Peer to Peer (P2P) Review/Consultation	Providers have five calendar days from the original authorization denial to request a P2P review.	The provider appeal process must satisfy the requirements and timeframes in Ohio Revised Code (ORC) 5160-34(B)(12). Providers have five calendar days from the original authorization denial to request a P2P review.
Authorization Appeal and Clinical Dispute	Providers may request an authorization reconsideration within 60 days of the date on the authorization denial notification or up until the claim denial for inpatient/ concurrent services.	Providers may request an authorization reconsideration within 60 days of the date on the authorization denial notification or up until the claim denial for inpatient/concurrent services.
Non-Clinical Dispute	Allow providers to file a written claim dispute no later than 12 months from the date of service or 60 calendar days after the payment, denial or partial denial of a timely claim submission, whichever is later.	Allow providers to file a written claim dispute no later than 12 months from the date of service or 60 calendar days after the payment, denial or partial denial of a timely claim submission, whichever is later.
Non-Clinical Dispute Submission	Availity Essentials portal, fax, verbal dispute or live adjustment via the Provider Services Contact Center.	Availity Essentials portal, fax, verbal dispute or live adjustment via the Provider Services Contact Center.

Molina Healthcare of Ohio Inc.'s Processes by Line of Business

	Medicaid	Molina Complete Care for MyCare Ohio (full benefits) and Molina MyCare Ohio Medicaid Only (not aligned)
Extenuating Circumstances	• If Pre-Claim—Initial Medical Necessity request and the dispute follow the Authorization Appeal submission process and timeframes. • If Post-Claim—Initial Medical Necessity request and the dispute follow the Clinical Claim Dispute submission process and timeframes.	• If Pre-Claim—Initial Medical Necessity request and the dispute follow the Authorization Appeal submission process and timeframes. • If Post-Claim—Initial Medical Necessity request and the dispute follow the Clinical Claim Dispute submission process and timeframes.
Authorization Submission	Through the Availity Essentials portal or Electronic Data Interchange (EDI).	Through the Availity Essentials portal or EDI.
Claim Submission	Through EDI or Availity Essentials portal. Please note: EDI process is through the Ohio Medicaid Enterprise System (OMES) Fiscal Intermediary and direct EDI transactions to Molina will be rejected. Paper claims are not accepted.	Through EDI or Availity Essentials portal. Please note: EDI process is through the OMES Fiscal Intermediary and direct EDI transactions to Molina will be rejected. Paper claims are not accepted.
External Medical Review (EMR)	30 calendar days after the provider's receipt of Molina's appeal decision or claim dispute resolution. P2P is not required, but an internal appeal (reconsideration) is required to qualify for EMR.	30 calendar days after the provider's receipt of Molina's appeal decision or claim dispute resolution. P2P is not required; however, an internal appeal (reconsideration) is necessary to qualify for EMR.

	Medicare Only	Marketplace
Claims Timely Filing	The timely filing limit is based on the provider's contract language (standard is 120 days). Out-of-network: 365 calendar days from the date of service.	The timely filing limit is based on the provider's contract language (standard is 120 days). Out-of-network: 365 calendar days from the date of service.

Molina Healthcare of Ohio Inc.'s Processes by Line of Business

	Medicare Only	Marketplace
Peer to Peer (P2P) Review/Consultation	Inpatient Only: Providers may request a P2P within five calendar days of the date on the initial authorization non-approval notification, or within five calendar days of the date of discharge from the hospital. Outpatient Only: Providers have 5 calendar days from the original authorization denial to request a P2P. Due to regulatory requirements, for outpatient decisions, a P2P is a consultation only. A determination cannot be overturned via the P2P process.	Providers have five calendar days from the original authorization denial to request a P2P review.
Authorization Appeal and Clinical Dispute	Not applicable, please refer to the Provider Manual for Member Appeal information.	30 calendar days from date of the authorization denial for a reconsideration.
Non-Clinical Dispute	A claim reconsideration must be submitted within 365 calendar days from the claim Date of Services or 60 Days from the claim remit date, whichever is greater.	A claim reconsideration must be submitted within 120 calendar days from the disputed claim remit date.
Non-Clinical Dispute Submission	Availity Essentials portal or fax	Availity Essentials portal or fax
Extenuating Circumstances	Within 120 calendar days of the claim denial, the provider may file for an authorization reconsideration even if the authorization was not requested in advance of the service(s) being provided if it meets the criteria outlined in the Provider Manual for extenuating circumstances.	Within 120 calendar days of the claim denial, the provider may file for an authorization reconsideration even if the authorization was not requested in advance of the service(s) being provided if it meets the criteria outlined in the Provider Manual for extenuating circumstances.
Authorization Submission	Through the Availity Essentials portal or EDI.	Through the Availity Essentials portal or EDI.

Molina Healthcare of Ohio Inc.'s Processes by Line of Business

	Medicare Only	Marketplace
Claim Submission	Through EDI, Availity Essentials portal or paper.	Through EDI, Availity Essentials portal or paper.
External Medical Review	Not Applicable	Not Applicable

Payer IDs		
Line of Business	**Payer ID**	**Which Member ID do I bill with?**
Ohio ABD (Medicaid)	0007316	Molina's Medicaid Member ID
Ohio Adult Extension (Medicaid)	0007316	Molina's Medicaid Member ID
Ohio Healthy Families (Medicaid)	0007316	Molina's Medicaid Member ID
SKYGEN Dental: Medicaid	D007316	Molina's Medicaid Member ID
March Vision: Medicaid	V007316	Molina's Medicaid Member ID
Ohio Marketplace Program	20149	Molina's Marketplace Member ID
Ohio Marketplace Program Primary with Ohio Medicaid Secondary (ABD, Adult Extension, Healthy Families)	20149	Molina's Marketplace Member ID
New Plan: Molina Complete Care for MyCare Ohio (HMO D-SNP/FIDE) (Dual Benefits) for dates of service 1/1/2026 and after.	0021586	Molina's Medicaid Member ID
New Plan: Molina MyCare Ohio Medicaid (Medicaid Only) for dates of service 1/1/2026 and after.	0021586	Molina's Medicaid Member ID
Legacy Plan: Molina Dual Options MyCare Ohio (HMO D-SNP) (Opt In) for dates of service 12/31/2025 and prior.	0021586	Molina's Medicaid Member ID
Legacy Plan: Molina MyCare Ohio Medicaid (Opt Out) for dates of service 12/31/2025 and prior.	0021586	Molina's Medicaid Member ID

Molina Healthcare of Ohio Inc.'s Processes by Line of Business

Payer IDs		
Line of Business	Payer ID	Which Member ID do I bill with?
SKYGEN Dental: Molina Complete Care for MyCare Ohio (HMO D-SNP/FIDE) (Dual Benefits)	D0021586	Molina's Medicaid Member ID
SKYGEN Dental: Molina MyCare Ohio Medicaid (Medicaid Only)	D0021586	Molina's Medicaid Member ID
March Vision: Molina Complete Care for MyCare Ohio (HMO D-SNP/FIDE) (Dual Benefits)	V0021586	Molina's Medicaid Member ID
March Vision: Molina MyCare Ohio Medicaid (Medicaid Only)	V0021586	Molina's Medicaid Member ID
Molina Medicare DSNP (Medicare/MAPD)	20149	Molina's Medicare Member ID