

# Structured Family Caregivers: The Contracting to Care Journey

2025 | Molina Healthcare of Ohio, Inc.

# Agenda

Provider  
Resources

Background  
&  
Terminology

Contracting

Onboarding

Care to  
Payment

Contact  
Molina

# Provider Resources

# Provider Relations

## Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- The You Matter to Molina Program that includes Monthly Forums, surveys and an Information Page on the Provider Website

## Communication

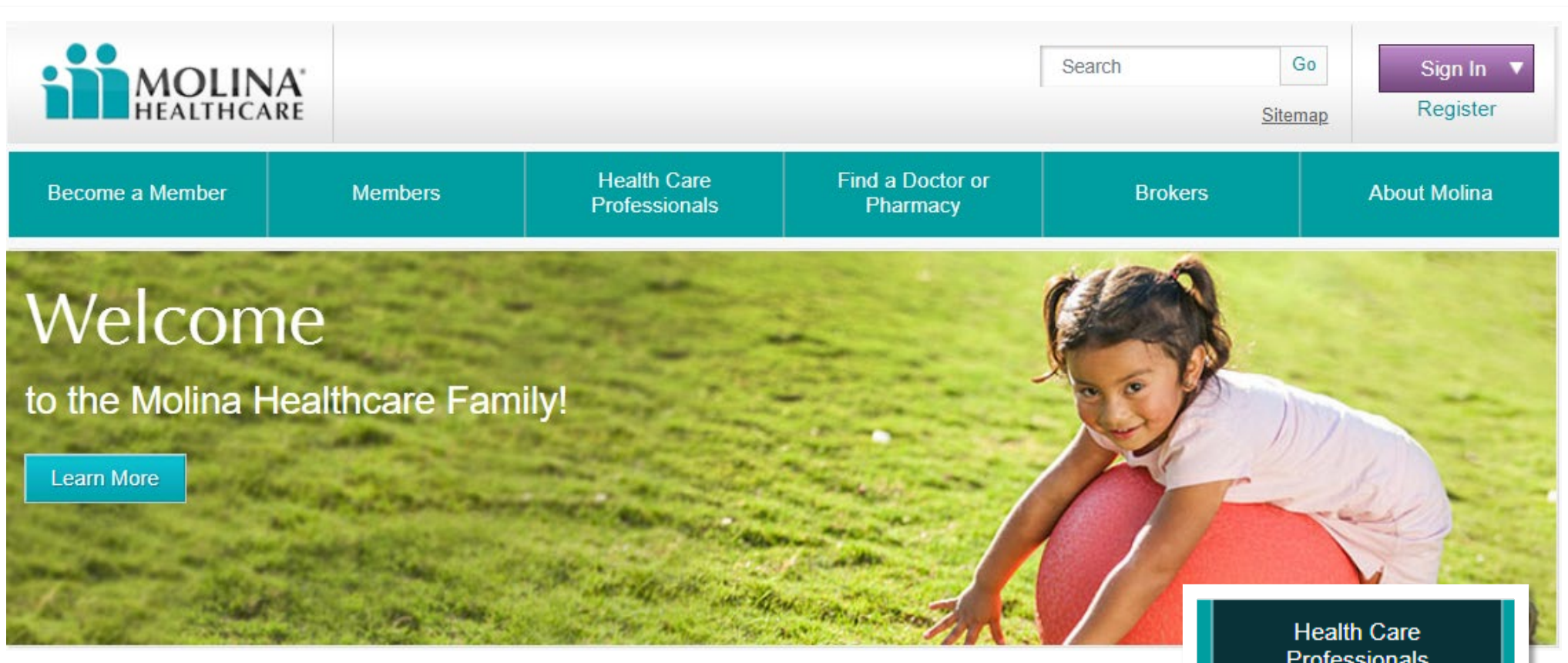
- Provider Bulletin and Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources and Provider Resource Guides
- Secure Messaging on the Availity Essentials Portal

## Technology

- 24-hour Provider Portal
- Online Prior Authorization (PA) and Claim Dispute Submission
- PA Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Essentials Overpayments



# Provider Website



Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.



Find the Provider Website at [MolinaHealthcare.com](https://MolinaHealthcare.com).



# Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider  
Manual

Dental  
Manual

Claims  
Information

You Matter to Molina Page and a  
Claims Payment Systemic Errors  
(CPSE) Page

Contact  
Information

Provider Online  
Directory



Availity Essentials Portal

Member Rights and  
Responsibilities

Preventive and Clinical  
Care Guidelines

Prior Authorization  
Information

Claim Dispute

Provider Communications: Provider Bulletins and  
Provider Newsletters

Fraud, Waste and Abuse Information

Advanced Directives

Molina Payment Policies  
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and  
Accountability Act (HIPAA)

Frequently Used Forms

# Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

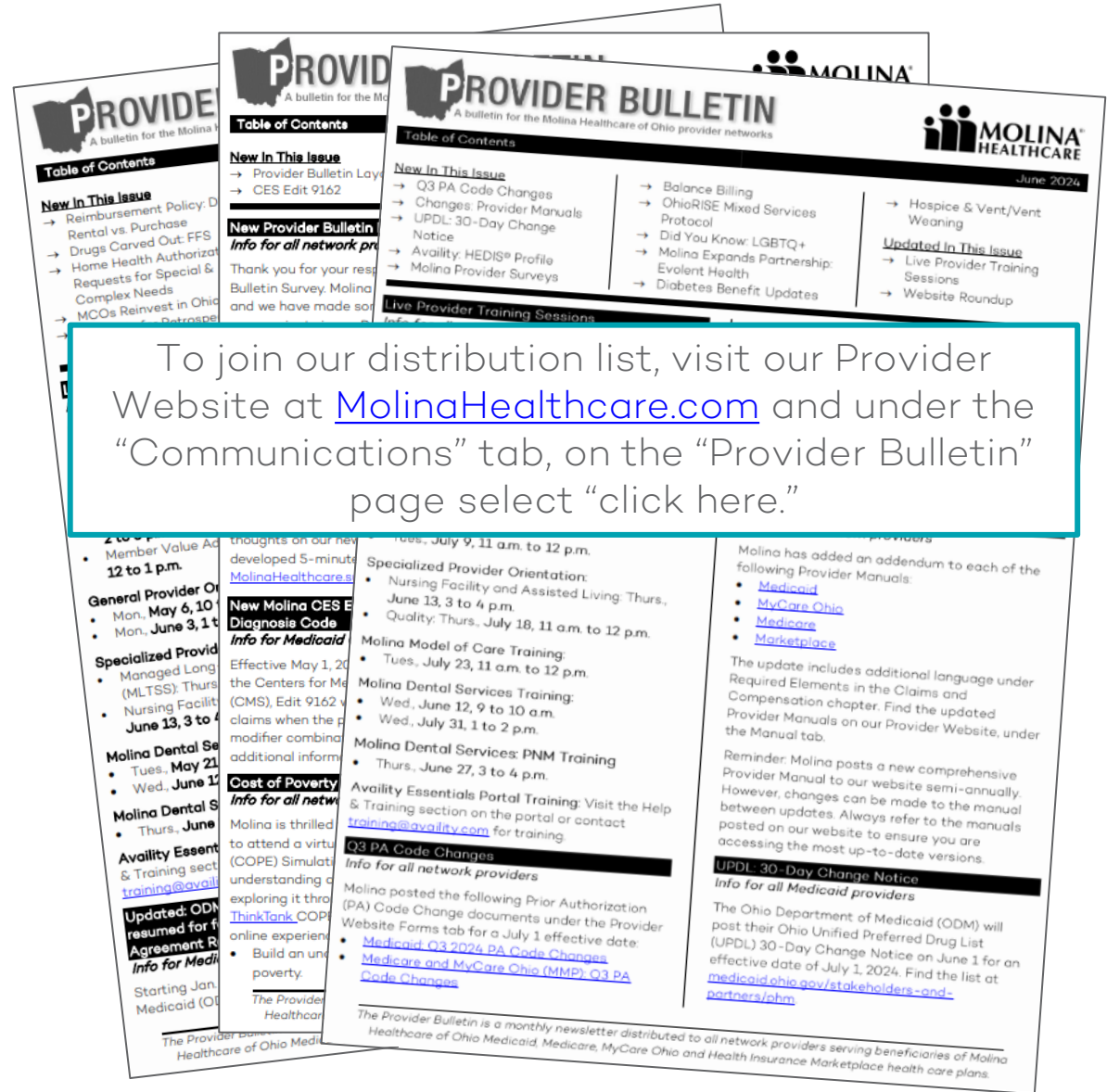
Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

# Provider Bulletin

A monthly Provider Bulletin is sent to Molina's provider network to share news and updates.

The Provider Bulletin includes:

- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials Portal
- You Matter to Molina Corner
- Changes in policies that could affect:
  - Claim submissions
  - Billing procedures
  - Payment
  - Disputes & Appeals (Reconsiderations)





At Molina of Ohio, our providers matter! Our “You Matter to Molina” program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.
- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.
- Availity Essentials Portal access and training resources.
- Learn more now at [MolinaHealthcare.com/OH/YouMatterToMolina](https://MolinaHealthcare.com/OH/YouMatterToMolina).

Thank you for being part of the Molina family.



# Background & Terminology

# Background

Effective Oct. 1, 2024, the Ohio Department of Medicaid (ODM) began to offer a service called Structured Family Caregiving.

The service permits agency providers to employ a caregiver who resides with the individual to provide daily care and support to the individual based on the individual's daily care needs.



This service is offered to individuals at least 18 years of age who are enrolled on the MyCare Ohio, Ohio Home Care or Pre-admission screening system providing options and resources today (PASSPORT) waiver programs.



# Terminology



**Contracting:** Entering into a legally binding agreement to provide services to Molina Medicaid members.

**Medicaid Identification (ID) Number:** Unique identifier specific to the state's Medicaid program; obtained from ODM.

**Provider Application:** Your submission to Molina to initiate the contracting process.

**Provider Contract:** Your signed contract with Molina, outlining agreement details.

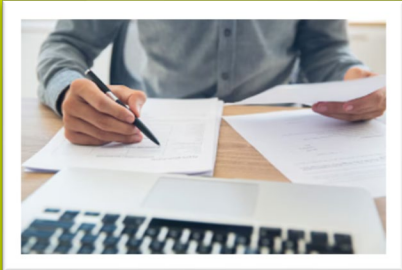
**Appeal:** A formal request to review a denied payment or prior authorization for reconsideration.

**Claim:** A bill from a provider for health care services assigned a unique identifier; providers must submit claims to Molina for payment consideration.

**NPI (National Provider Identifier):** A 10-digit unique identification number for covered healthcare providers.

**TIN (Tax Identification Number):** A 9-digit number that identifies the provider, physician, practice or supplier to whom payment is made for the service.

**LTSS (Long-Term Services and Supports):** Care provided in the home, in community-based settings or in facilities (such as nursing homes) for older adults and people with disabilities who need support because of age, health conditions (physical, cognitive, developmental or chronic) or other functional limitations that restrict their abilities to care for themselves.



# Terminology, Continued

**Corrected Claim:** A resubmitted claim which corrects missing or inaccurate information which initially prevented payment of services.

**Eligibility:** Any Medicaid recipient who is a legal resident of the managed care service area and is in one of the categories eligible for managed care enrollment.

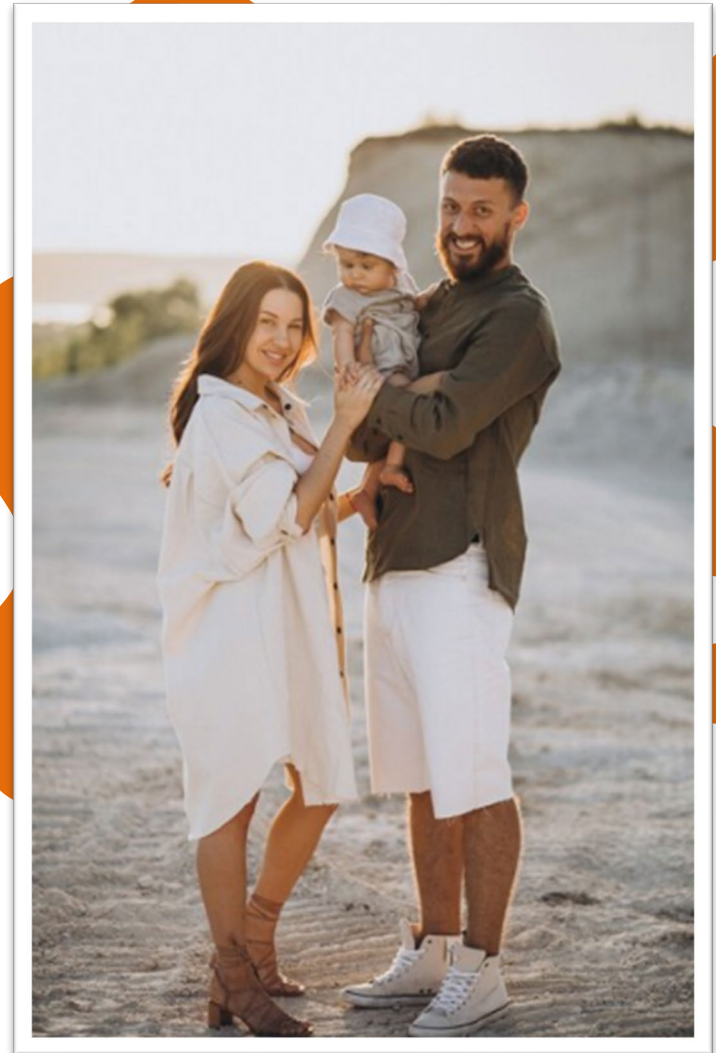
**Prior Authorization:** A request to Molina for approval of services prior to rendering.

**Availity Essentials (Availity) Provider Portal:** Molina's designated portal used for verifying member eligibility, requesting and checking status of prior authorizations, submitting and checking status of claims and payments, filing claim disputes and providing educational resources.

**EDI (Electronic Data Interchange):** Clearinghouses used by some providers, generally larger provider groups.

**ODM (Ohio Department of Medicaid):** The entity who will provide you with your Medicaid ID for contracting.

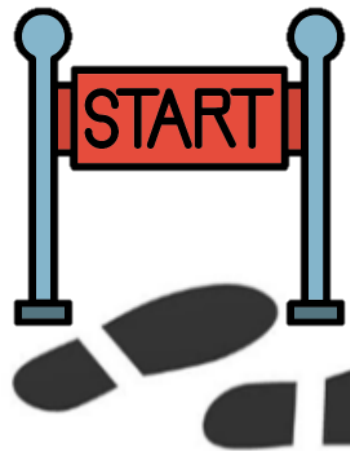
**PNM (Provider Network Management):** Module of the Ohio Medicaid Enterprise System (OMES) that allows providers access to submit and adjust fee-for-service claims, prior authorization requests, hospice applications and verify recipient eligibility.





# Contracting

# Contracting Process



1. Provider creates an [OhioID](#) prior to registering on the Provider Network Management Portal (PNM). [Quick guide to create OH ID.](#)
2. Provider registers on the PNM portal.
3. Provider submits new provider contract request to Molina.
4. Molina confirms provider is active with Ohio Medicaid.
5. Molina sends provider contract to the provider via secure email.
6. Provider reviews and signs the provider contract.
7. Provider returns provider contract to Molina.
8. Molina countersigns provider contract.
9. Molina sends final contract and welcome information to the provider.

# Contracting: Questions and Answers



Q. When can a provider initiate the contracting process?

A. Molina can begin the contracting process once the provider is actively enrolled with ODM.

Q. How long is the contracting process?

A. Molina Provider Contracting responds to contract requests within 30 days of receipt. The time needed to complete a contract depends upon the provider's timely provision of information needed to build the contract, as well as a timely return of a partially-executed contract and all required contract documents.

Q. How can a provider request to contract with Molina?

A. Providers can initiate the contracting process by submitting an [Ohio Provider Contract Request Form](#).

Q. Are there resources available regarding the contracting process?


A. The Provider Contract Request Form contains essential information about the contracting process, and any additional questions can be sent to [OHContractRequests@MolinaHealthcare.com](mailto:OHContractRequests@MolinaHealthcare.com).

Q. Following the executed agreement, how long until a provider can begin services?


A. The provider may begin services immediately following the effective date of the contract.

# Provider Requirements

The waiver service provider will be an agency provider as defined in rule [5160-45-01](#) of the Administrative Code meeting the following criteria:



Providers will be a Medicare-certified home health agency or otherwise accredited agency and operate in accordance with Chapter [5160-45](#) of the Ohio Administrative Code.



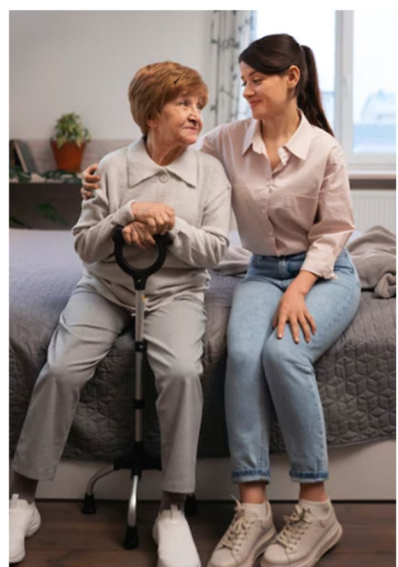
Providers will be an Ohio Department of Aging (ODA) certified provider and operate in accordance with Chapter [173-39](#) of the Ohio Administrative Code.

# Provider Requirements, Continued



The waiver service provider will ensure that the caregiver employed by or contracted with the agency provider is able to meet the individual's needs for assistance with daily care.

The individual's assistance needs will be assessed by the waiver program case management entity for the relevant waiver program.

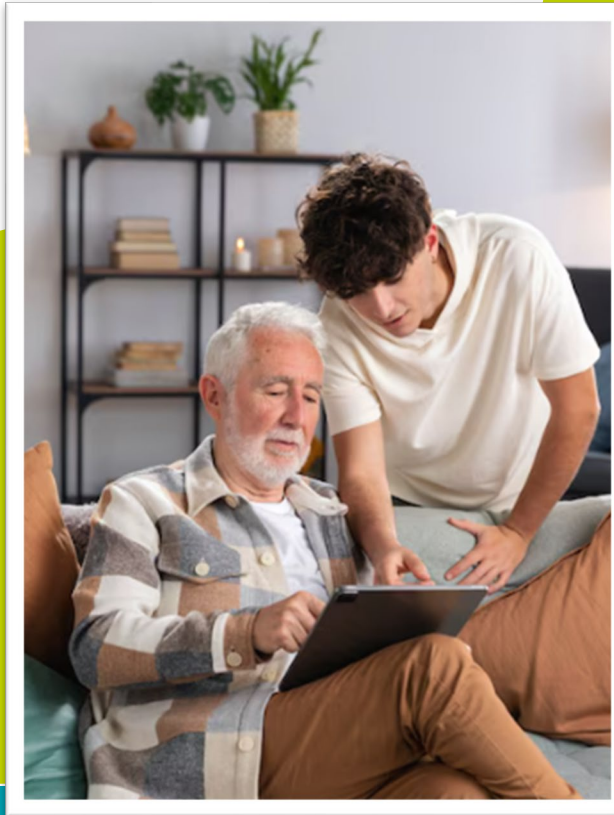




# Onboarding

# Onboarding with Provider Relations

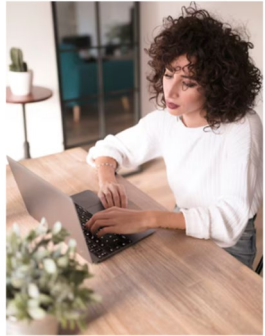
- Following an executed contract, Provider Relations will connect with your organization to assist with onboarding.
- Provider Relations will provide you with your Provider ID which is needed to perform Availity Essentials transactions with Molina.



- Quick links to onboarding efficiently:
  - [Managed Long-Term Services and Supports \(MLTSS\) Provider Resources](#)
  - [MyCare Ohio Provider Manual](#)
  - [You Matter to Molina](#) for upcoming live trainings, training decks and recorded trainings
  - [Provider Bulletin](#) to stay informed on changes that may impact payment and prior authorization processes
    - Visit [Provider Email](#) to enroll to receive our Provider Bulletin.

# Care to Payment

# Care to Payment Flow



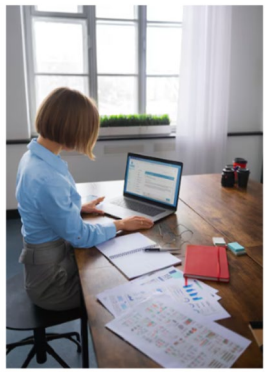
**Check Member Eligibility:** Verify a member's eligibility prior to rendering services.

**Waiver Service Review:** Confirm if the service needs to be added to the waiver services plan or if there is an existing authorization on file, and coordinate care with Area Agency on Aging (AAA)/Molina Care Management.



**Render Services to Member:** Provide authorized services.

**Submit Claim to Molina:** Submit claim to Molina to request payment for services rendered.

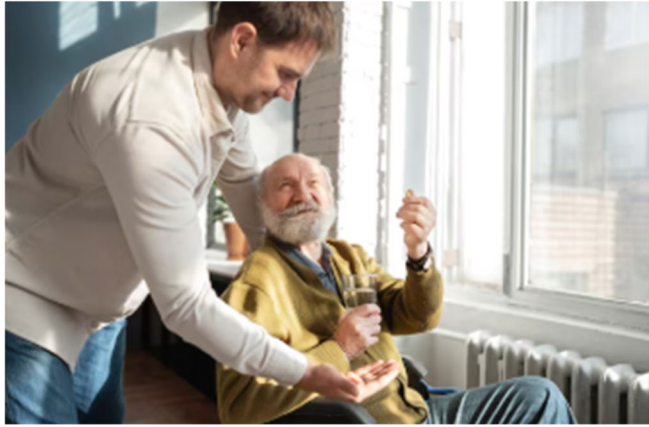


**Check Claim Status:** View status of claims and payments at any time via Availability Essentials.

**Corrected Claims and Appeals:** If necessary, resubmit claims with corrected information and/or submit appeals for reconsideration.

# Authorization Eligibility

Provider and member eligibility is met in alignment with OAC [5160-44-33](#).



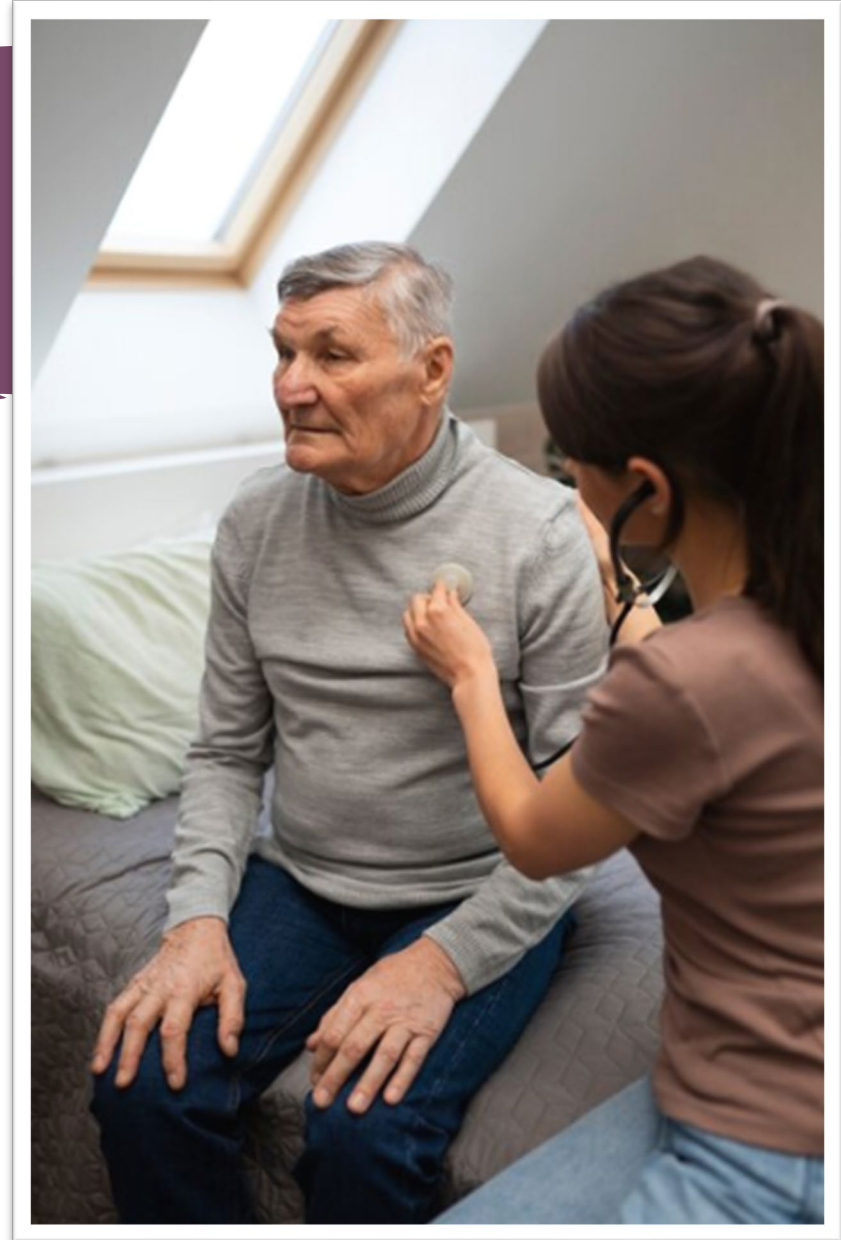
- Individual is active and enrolled in MyCare Ohio Waiver.
- The caregiver resides with the individual in the individual's private home or resides with the individual in the caregiver's private home.
- The individual needs assistance with daily personal care and household support, and assistance with activities needed to promote independence and integration into the community.
- The individual chooses to receive Structured Family Caregiving services.



# Obtaining Authorization

The member or member's appointed representative shall make the request for services.

- The member should discuss service options with their Waiver Service Coordinator (WSC) or Molina Care Manager (CM). Together, they will assess whether Structured Family Caregiving is a viable option for the member.
- The WSC or CM will contact the provider to confirm the provider's ability to provide the service and to determine a start date.
- The provider will receive an authorization via email or fax based on information given by provider at time of contracting with Molina.



# Care Coordination



The provider's primary contact should be the member's waiver service coordinator.

However, the Molina Care Manager (CM) is always available to provide support. The CM's point of contact is listed on the WSP.



# Claim: Question and Answer

Q. How does a provider access the provider portal?

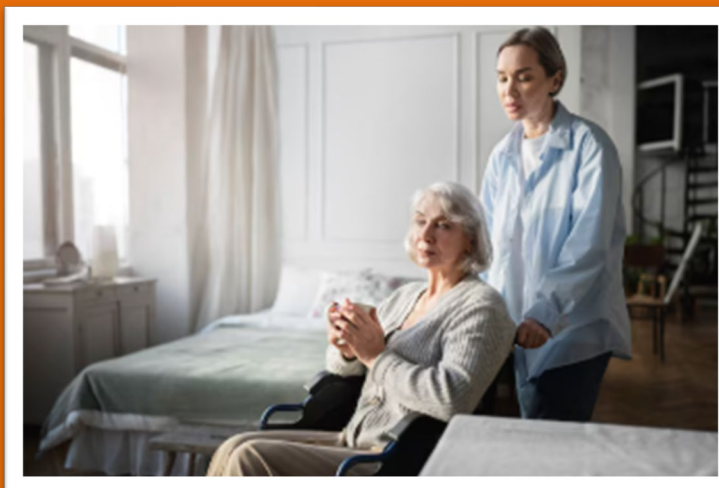
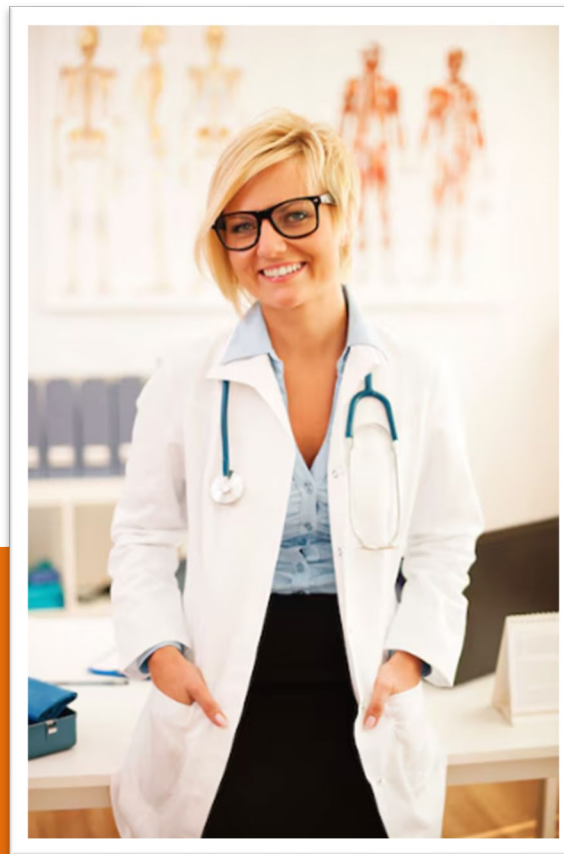
- A. Molina's provider portal is through [Availity Essentials](#). Register on the [Availity Molina Website](#). Please note that to register with Availity Essentials to perform Molina transactions, a provider must be loaded into the Molina system and have a valid Provider ID. Find additional information in the [Molina Provider Manual](#).

Q. How does a provider verify member eligibility?

- A. Member eligibility may be verified through the Availity Essentials portal under Eligibility and Benefits Inquiry or by calling Provider Services at (855) 322-4079 (Mon-Fri 8 a.m. - 6 p.m.).

Q. What methods can providers use to submit claims?

- A. Claims may be submitted electronically through EDI using payer ID 20149 or via direct data entry to Molina via the Availity Essentials portal. Please visit 'Submission of Claims' in the [Molina Provider Manual](#) for additional details.





# Claim: Question and Answer, Continued

Q. How does a provider check claim/payment status?

1. The Availity Essentials portal through Claim Status Inquiry.
2. Electronic Data Interchange (EDI) transaction for claim status.
3. Calling Molina at (855) 322-4079 (Mon.-Fri. 8 a.m. - 6 p.m.).

Q. How does a provider submit corrected claims or appeals?

- A. Corrected claims may be submitted through the regular claim submissions process. For more information review [Corrected Claims Billing Guide](#).
- A. Appeals may be submitted online via the Availity Essentials portal or via fax using the [Claim Reconsideration Request Form](#). To learn more about Appeals review the [MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide](#).



# CMS-1500 Claim Form

The National Uniform Billing Committee (NUBC) CMS-1500 claim form includes 33 fields and is used by non-institutional providers, up to and including:

The image shows the CMS-1500 Health Insurance Claim Form, which is a standardized form used by non-institutional providers. The form is divided into several sections, including Patient and Insured Information, Physician or Supplier Information, and Billing Information. Key fields include Patient Name, Address, Date of Birth, Insurance Policy Number, and Provider Signature. The form is approved by the National Uniform Billing Committee (NUBC) and is used for submitting claims to health insurance carriers.



Molina strongly encourages providers to submit claims electronically, including secondary claims.



# Claim Detail Requirements

Primary detail needed to submit your claim:

## Member Information:

- Name
- Date of birth
- Managed Care Organization (MCO) ID number

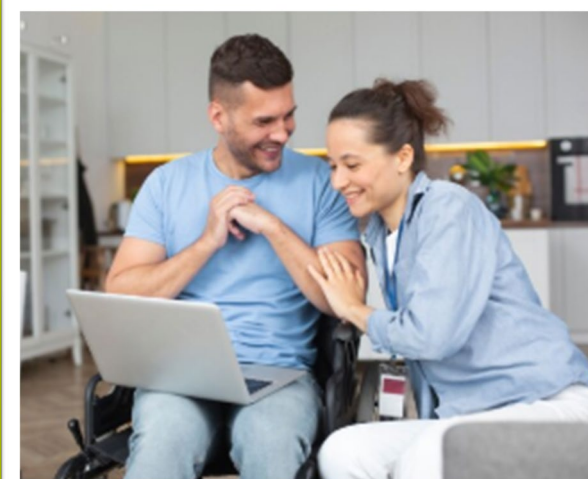
## Provider Information:

- Rendering provider name and National Provider Identifier (NPI)
- Billing provider name, NPI and Tax Identification Number (TIN)

## Service Information:

- Date(s) of service
- Diagnosis code(s)
- Current Procedural Terminology (CPT) Code(s), number of units, charge amount

***Note: This list is not all-encompassing.***



# Reimbursement



In accordance with [OAC 5160-46-06](#), Molina will reimbursement for Structured Family Caregivers at the below rates:

S5136	Structured family caregiving	Per day	\$102.68
S5136	Structured family caregiving	Per half day	\$51.34



Required modifiers can be found in rule 5160-46-06 (D)(4): The "UD" modifier will be used when a provider submits a claim for billing code S5136 for a half day of structured family caregiving.

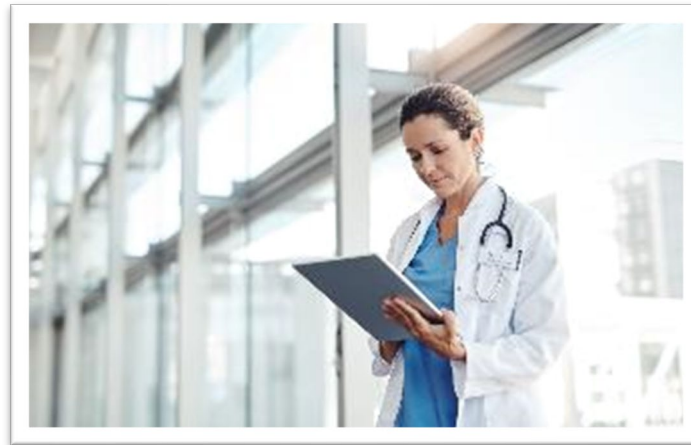
# Contact Molina

# Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.



Please share your feedback with us so we can continue to provide you with excellent customer service!



Please take a few minutes to complete the [Molina Provider Training](#) survey to provide feedback on this session. The survey is located on the [You Matter to Molina Page](#) of our Provider Website, under the “Communications” tab.



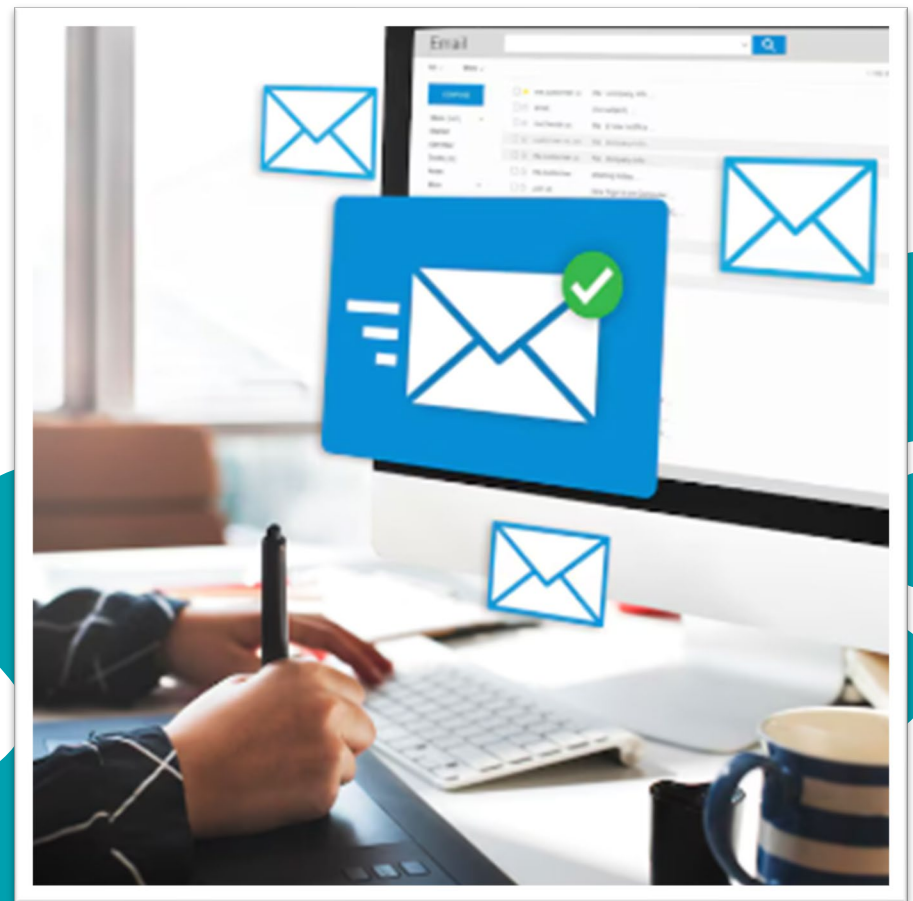
Molina wants to hear about what other topics you'd like training on in the future.

# Contact Molina

Contracting: [OH\\_Contract\\_Requests@MolinaHealthcare.com](mailto:OH_Contract_Requests@MolinaHealthcare.com)

Healthcare Services:  
[Caroline.Hennessy@MolinaHealthcare.com](mailto:Caroline.Hennessy@MolinaHealthcare.com)

Provider Relations: [OHMyCareLTSS@MolinaHealthcare.com](mailto:OHMyCareLTSS@MolinaHealthcare.com)





# Thank You



Questions?



Open  
Discussion