Managed Long-Term Services and Supports (MLTSS) Orientation

2024 | Molina Healthcare

MOLINA HEALTHCARE

MHO-PROV-0023
0124

Agenda

- Provider Resources
- Availity Essentials Portal
- MLTSS Waiver
- Electronic Visit Verification
- Billing and Claims
- Grievances
- Credentialing and Contracting
- Contact Molina

Provider Resources

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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

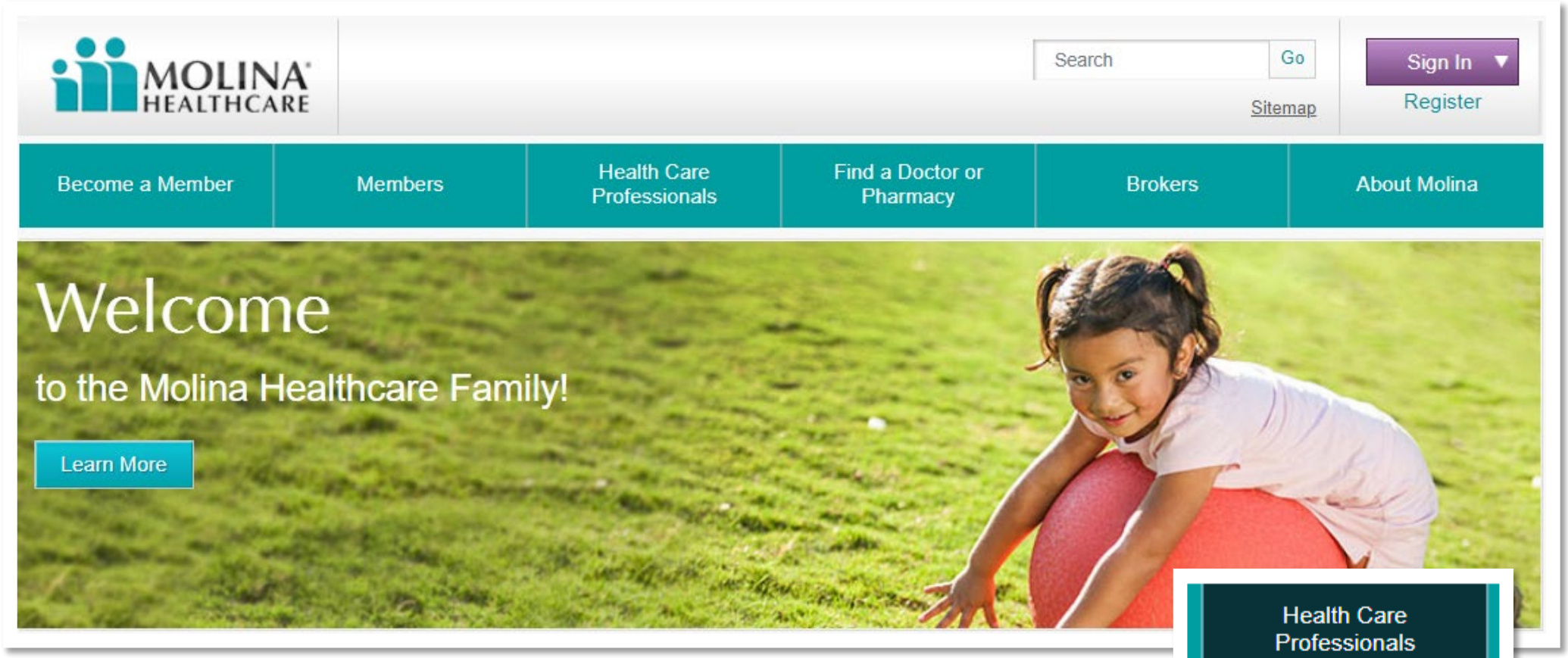
Communication

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

Technology

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

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:

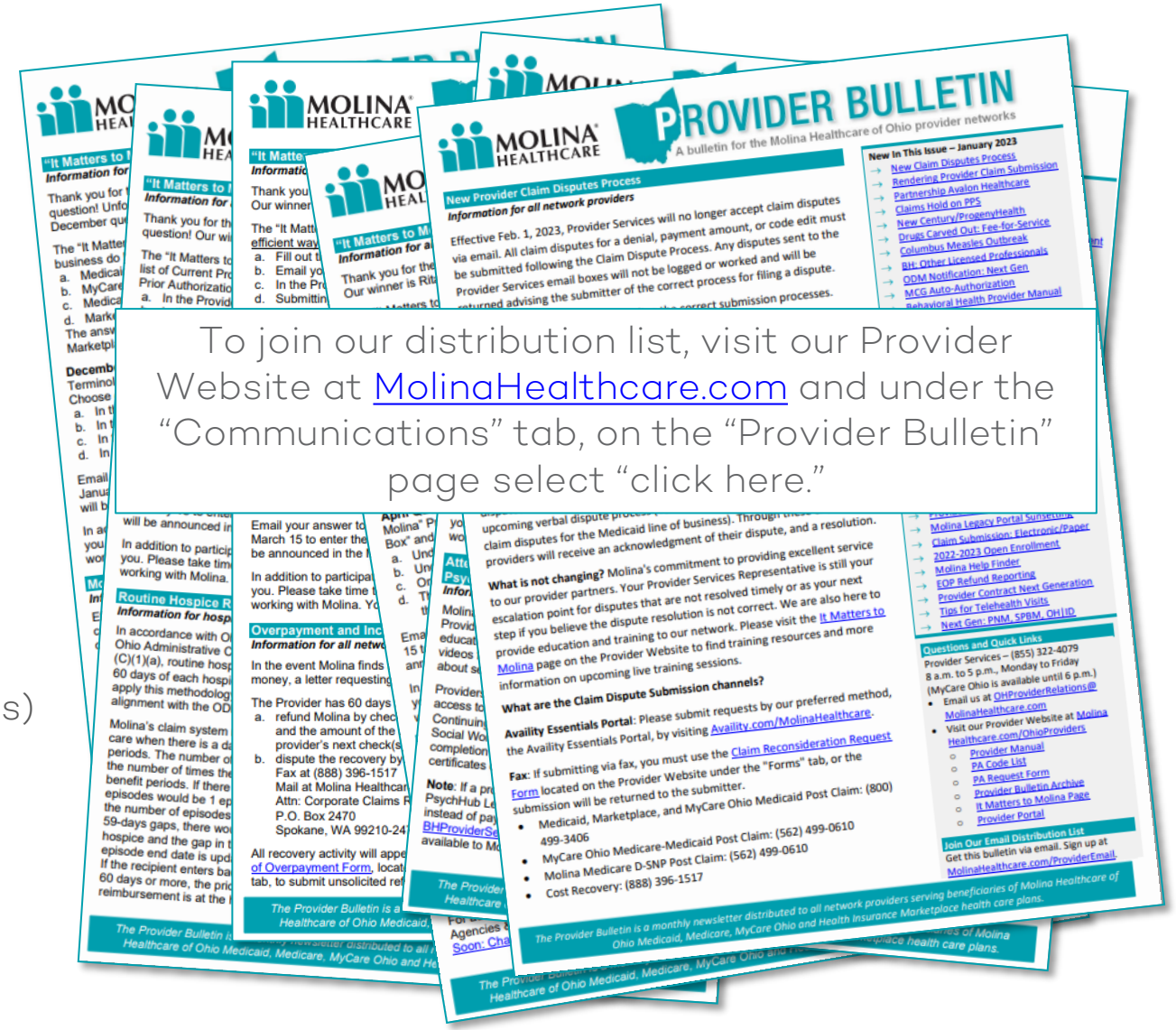
- Benefits and Covered Services
- Claims and Compensation
- Member Appeals and Grievances
- Credentialing and Recredentialing
- Delegation Oversight
- Enrollment and Disenrollment
- Eligibility
- Health Care Services
- Interpreter Services
- HIPAA
- Member Rights and Responsibilities
- Preventive Health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

Provider Bulletin

A monthly Provider Bulletin is sent to Molina's provider network to report 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)



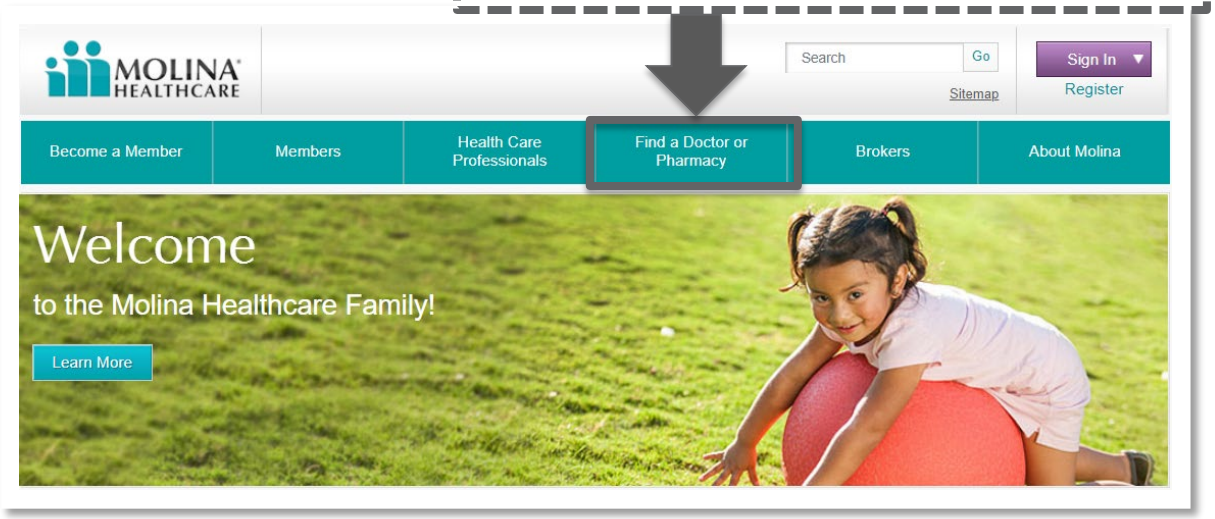
To join our distribution list, visit our Provider Website at MolinaHealthcare.com and under the "Communications" tab, on the "Provider Bulletin" page select "click here."

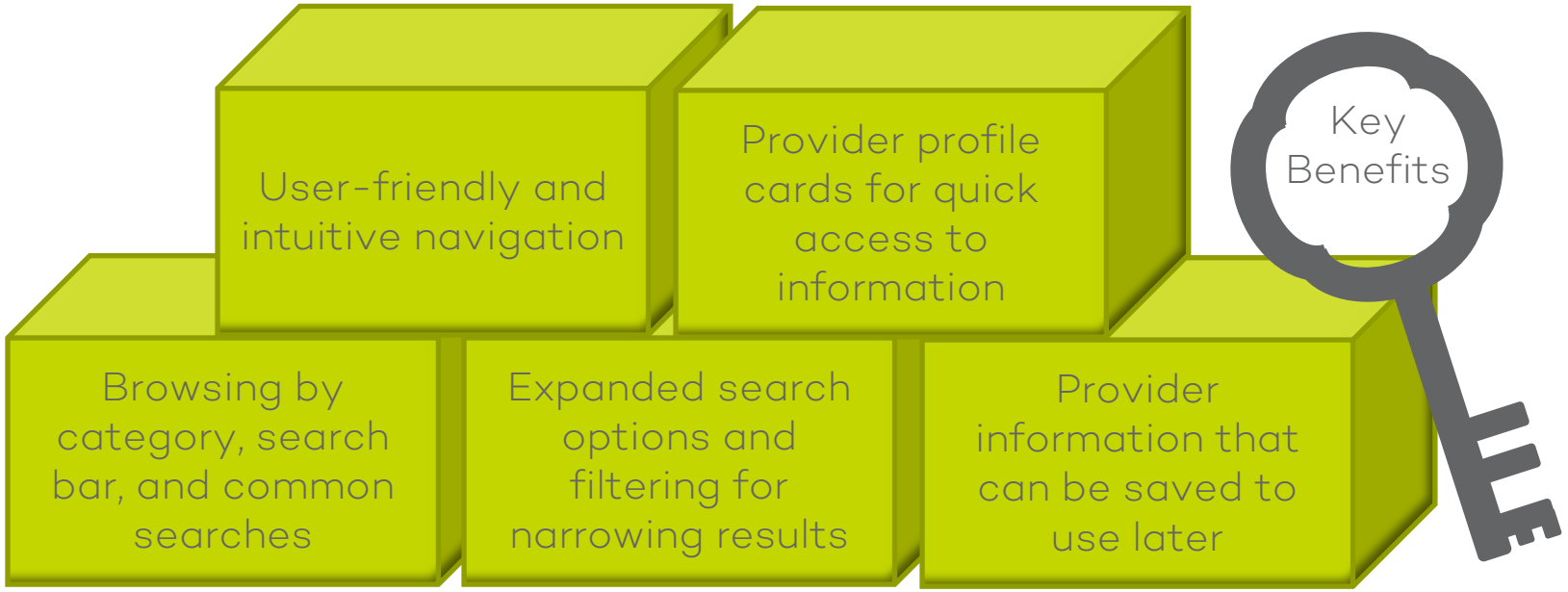
Molina Provider Online Directory

To find a Molina provider, click "Find a Doctor or Pharmacy"

The Molina Provider Online Directory offers enhanced search functionality so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.



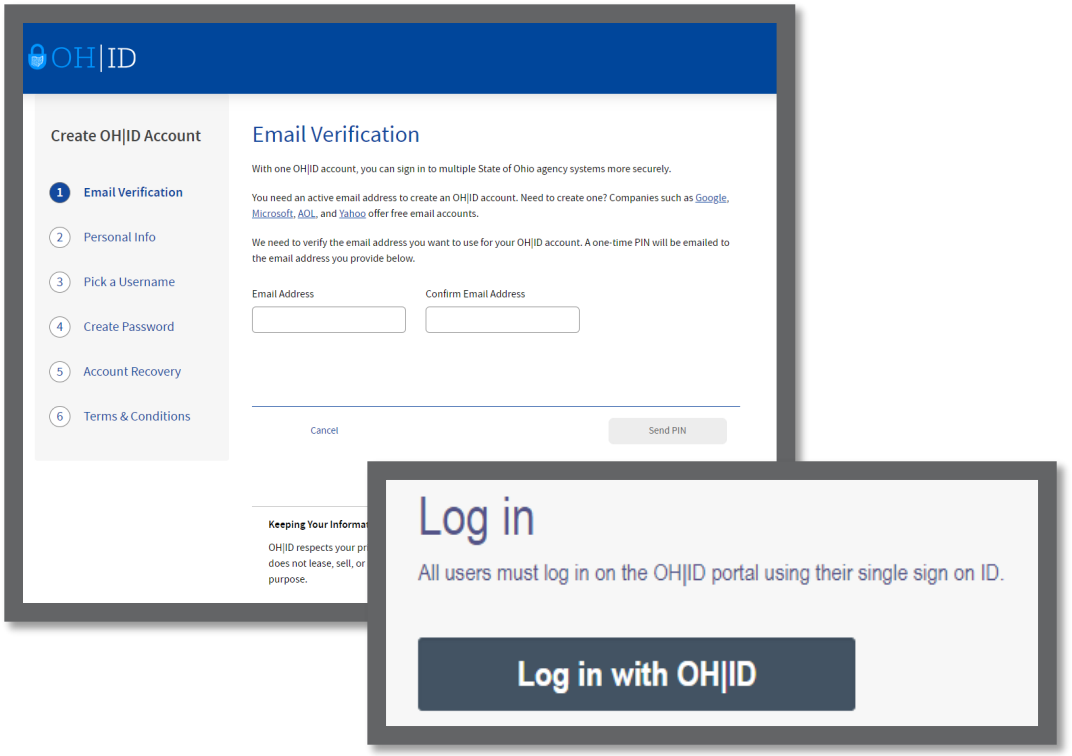


Reminder: Members should be referred to participating providers.

ODM Provider Online Directory and OH|ID

As of Oct. 1, 2022, the Ohio Department of Medicaid (ODM) launched the Provider Network Management (PNM) module to develop a comprehensive provider directory at the state level. View the ODM Quick Reference Guides to learn more.

Important! Medicaid providers are required to obtain a State of Ohio ID (OH|ID) to do business with Ohio Medicaid. Register at Create Account | OH|ID | Ohio's State Digital Identity Standard.



An OH|ID is a personal online user account that provides a secure, personalized experience for providers to interact with multiple state agencies, programs, and services—all with a single username and password.

Find out more in the ODM Provider Network Management Frequently Asked Questions.

Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA)-required element.

Medicaid and MyCare Ohio: On Oct. 1, 2022, ODM migrated to the new PNM system for provider information and updates. View the ODM Quick Reference Guides for more information. Note: The Provider Information Update Form may still be required for some Medicaid and MyCare Ohio updates.

Medicare and Marketplace: Providers can update their information via the Council for Affordable Quality Healthcare (CAQH) DirectAssure application or by submitting a Provider Information Update Form to Molina.

Important Reminders:

- Providers must validate their information at least quarterly for correctness and completeness.
- Notice of changes must be made at least 30 days in advance of any of the following:
  - Change in office location, office hours, phone, fax, or email
  - Addition or closure of an office location
  - Addition or termination of a provider
  - Change in Practice Name, Tax ID and/or National Provider Identifier (NPI)
  - Open or close your practice to new patients (PCP only)

Molina ID Cards

Providers are encouraged to review the most up-to-date version of the Molina Member ID Cards available in our Provider Manuals at MolinaHealthcare.com on the "Manual" page.

- Medicaid Member Cards
- MyCare Ohio Member Cards
- Medicare Member Card
- Marketplace Member Card

Resuming Medicaid Renewals (Redeterminations)

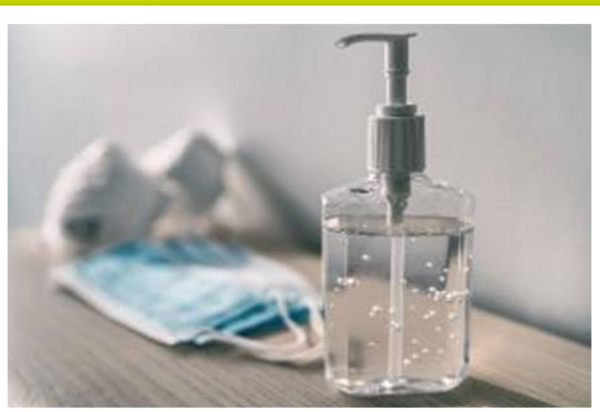
During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility. Some state Medicaid agencies continued their eligibility review process, but enrollees were not terminated due to ineligibility.

On December 29, 2022, President Joe Biden signed the Consolidated Appropriations Act of 2023 (also known as the omnibus spending bill) into law, which included the resumption of Medicaid renewals.

Previously, the resumption of Medicaid renewals was tied to the termination of the PHE. With the passage of this bill, the continuous coverage requirements that paused all Medicaid renewals at the start of the PHE are decoupled from the PHE unwinding and termination date of April 1, 2023.

Reference:
appropriations.senate.gov/imo/media/doc/JRQ121922.PDF

Find additional information on the ODM Website at Resuming Routine Medicaid Eligibility Operations | Medicaid (ohio.gov)



Partnering with Us on Medicaid Renewals

We're asking for your support and partnership. Together, we can provide the education and resources to retain our Medicaid members and offer solutions to those in our communities who have lost their coverage during the recertification process.

How Can You Help?

We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they don't lose their coverage. You can help us by:

- Looking for their Medicaid renewal date in your Availity Essentials Portal's eligibility & benefits and member roster sections (see specific steps on the Provider Website Renewals FAQ page).
- Liking and sharing our Facebook page and posts or by posting your own social media posts and tagging us in the posts.

Find additional information about Medicaid Renewals at Molina Healthcare Medicaid Renewals.

How Can Members Renew?

Online: Log in to benefits.ohio.gov and click the "Renew my Benefits" tab.

By Phone: Call the Ohio Medicaid Consumer Hotline at (800) 324-8680, option 8 (TTY: (800) 292-3572). Call Monday through Friday, 7 a.m. to 8 p.m.

By Mail: Complete the Medicaid Renewal Form received in the mail. Send it to their local County Department of Job and Family Services (CDJFS). They can find the address on the front page of the letter or on the County Agency Directory.

In Person: Visit their local CDJFS office. Bring the documents needed to report income and fill out a form in person. Find the address at County Directory (ohio.gov).





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Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

Health Care Professionals

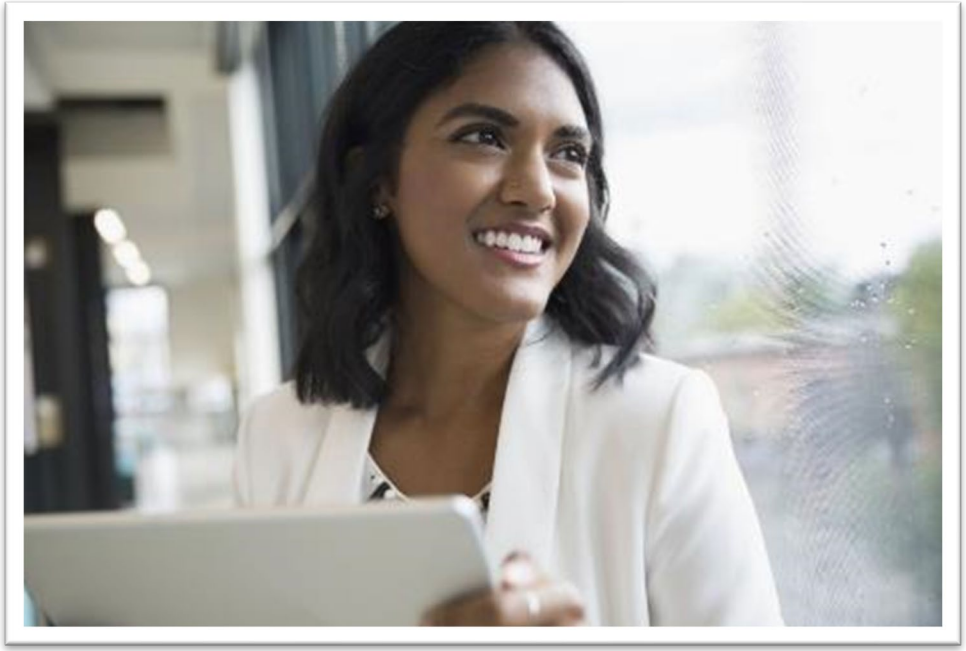
- Medicaid
- Medicare
- MyCare Ohio
- Marketplace
- Provider Portal
- Prior Auth LookUp Tool

Utilize the PA Lookup Tool on our Provider Website and Provider Portal to determine if a PA is required

Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the "Provider Responsibilities" section of the Provider Manual, located at MolinaHealthcare.com under the "Manual" tab. Topics include:



- Non-Discrimination of Health Care Service Delivery
- Provider Data Accuracy and Validation
- National Plan and Provider Enumeration System (NPPES) Data Verification
- Electronic Solutions/Tools Available to Providers
- Primary Care Provider (PCP) Responsibilities

You Matter to Molina

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.

Thank you for being part of the Molina family.

Medicaid Definitions of Terms: Authorization Appeal and Claim Disputes

Authorization Appeal

Formerly known as an "authorization reconsideration." A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form) and submitted via fax.

Clinical Claim Dispute

Formerly known as an "authorization reconsideration." A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form). May be submitted via Availity, fax, or verbally.

Non-Clinical Claim Dispute

Formerly known as a "claim reconsideration." This process is used only for disputing a payment denial, payment amount, or a code edit. The Non-Clinical Claim Dispute must be submitted on the Claim Reconsideration Form (Non-Clinical Claim Dispute Form). May be submitted via Availity, fax, or verbally.

MyCare Ohio, Medicare and Marketplace Definitions of Terms: Authorization Reconsideration and Claim Reconsideration

Authorization Reconsideration is either:

- A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form and submitted via fax.
- A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form. May be submitted via Availity or via fax.

Claim Reconsideration is used only for disputing a payment denial, payment amount, or a code edit. The Claim Reconsideration must be submitted on the Claim Reconsideration Form. May be submitted via Availity or via fax.

Availity Essentials Portal

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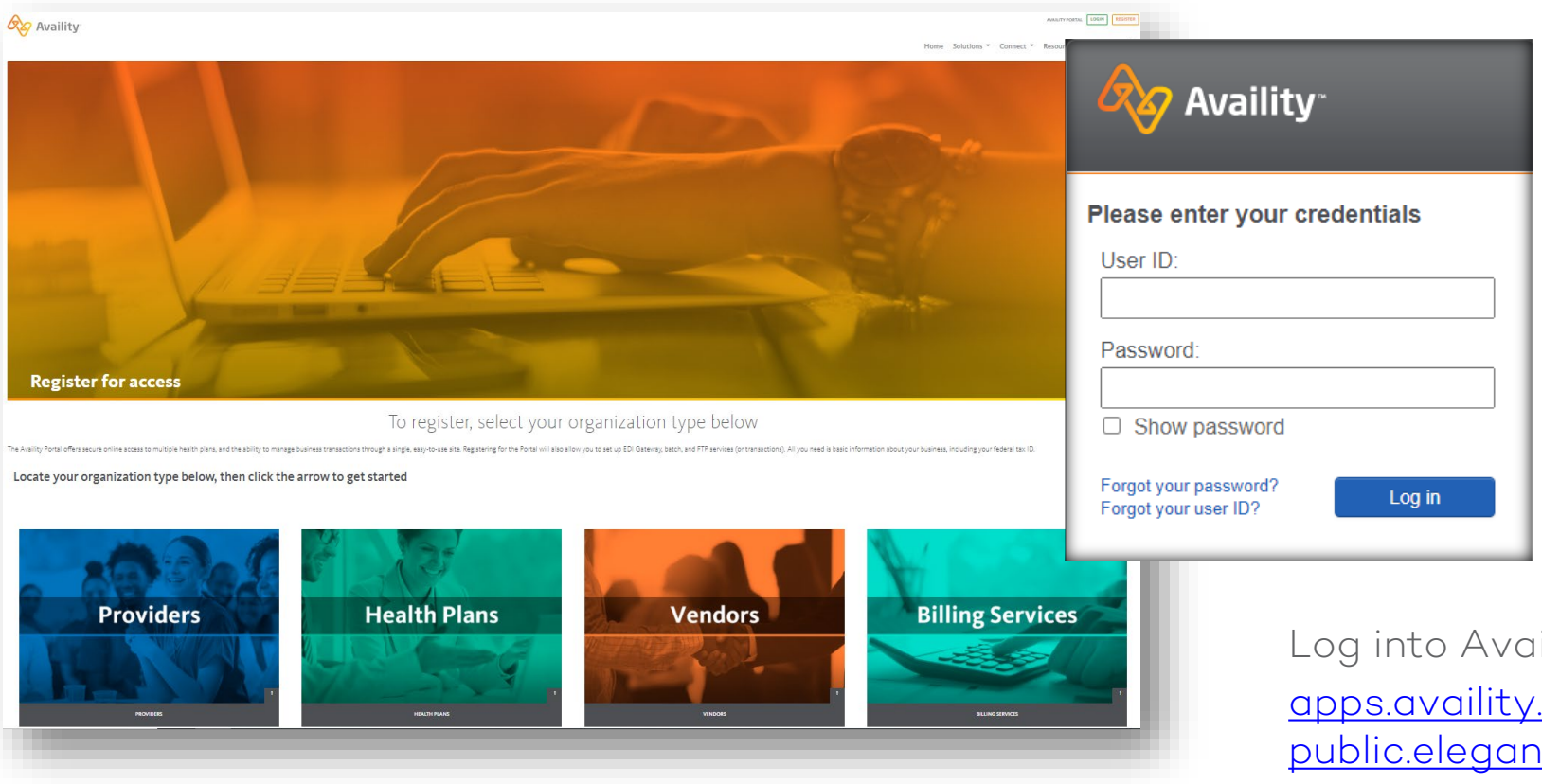
Availity Essentials (Availity) Provider Portal

Register for Availity at availity.com/provider-portal-registration and select your organization type.

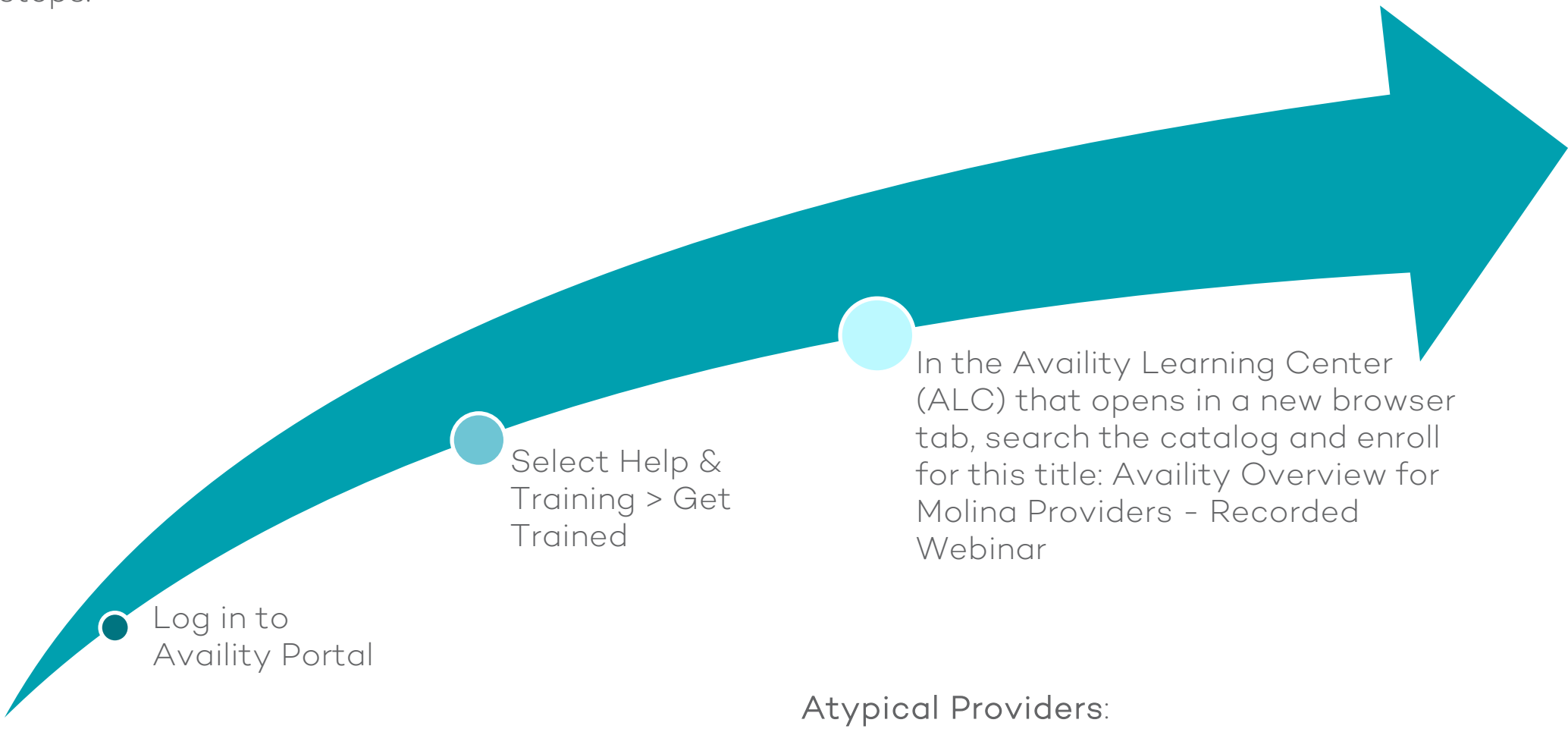


Log into Availity at: apps.availity.com/availity/web/public.elegant.login.

Note: After May 23, 2023, providers no longer have direct access to the Molina Provider Portal and its functions.

Availity Provider Portal

Once registered providers will have access to the Availity Portal training by following these steps:



Atypical Providers:
Under "News and Announcements" select "Atypical Providers: Here's your Ticket to Working with the Availity Portal" to view training sessions.

Availity Provider Portal

The Availity Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

- Online Claim Submission
- Claims Status Inquiry
- Corrected Claims
- Member Eligibility Verification and Benefits
- Secure Messaging
- Check Status of Claim Dispute

- Manage Overpayment Request
- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Online Non-Clinical Claim Dispute (Claim Reconsideration) Requests
- Care Coordination Portal
- Remittance Viewer
- View PCP Member Roster
- Submit and Check Status of PA Requests

Managed Long-Term Services and Support (MLTSS) Waiver

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Managed Long-Term Services and Supports

Molina Managed Long-Term Services and Supports (MLTSS) includes both Long-Term Care (LTC) and Home and Community-Based Services (HCBS).

Both programs serve people with physical disabilities, chronic health issues or behavioral health issues that prohibit them from meeting their own care needs.

Long-Term Care (LTC)

- LTC programs are when an individual is living in a facility-based care setting (such as a nursing home or intermediate care facility)

Home and Community-Based Services (HCBS)

- HCBS programs provide alternatives to living in facility-based care settings

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MLTSS Waivers

Medicaid waivers are programs offered through ODM. Waiver programs provide services to people who would otherwise be in a facility setting. Each waiver provides different types of services.

There are many factors that determine a person's eligibility for a waiver, such as the type and extent of their disability, the prognosis and their financial assets.

MyCare Waiver: Services provided are listed in Ohio Administrative Code (OAC) 5160-58-04

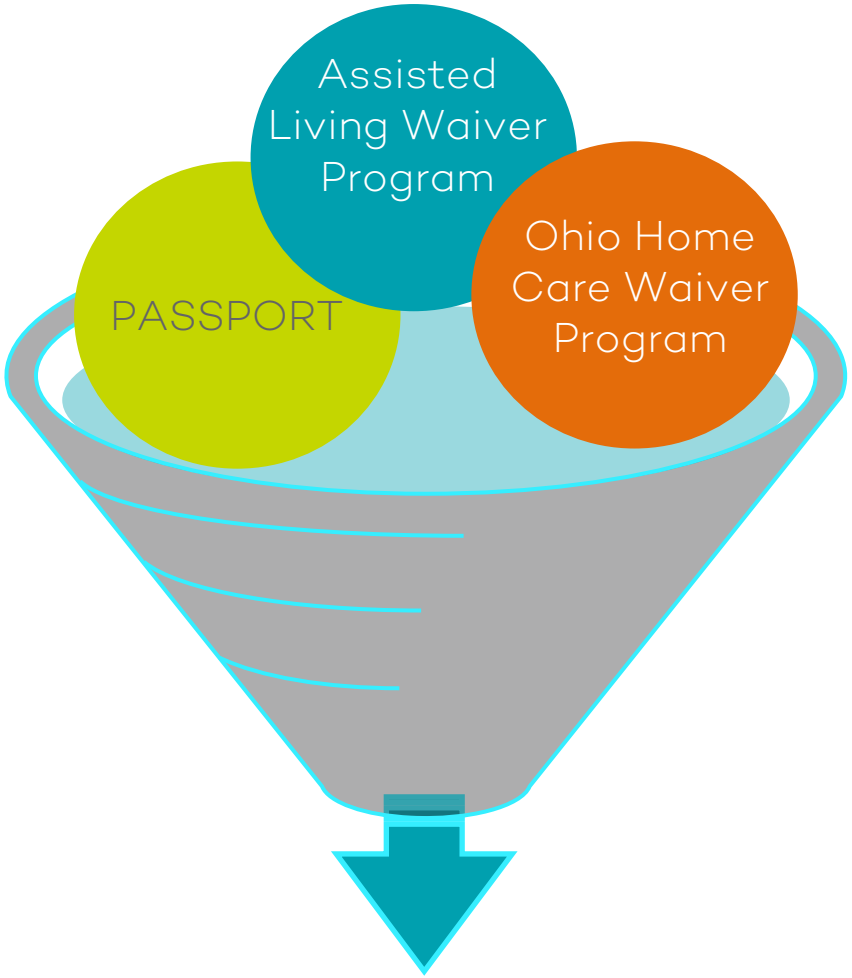
Assisted Living Waiver: Services provided are listed in OAC 5160-33-02

Ohio Home Care Waiver: Services provided are listed in OAC 5160-46-04

Pre-Admission Screening System Providing Option and Resources Today (PASSPORT) Waiver: Services provided are listed in OAC 5160-31-05

Waiver of Origin

After the initial Transition of Care (TOC) has concluded, all benefits associated with the waivers below will be included in one benefit, the MyCare Waiver program.



MyCare Waiver (MyCare Ohio Waiver)

The MyCare Waiver, also known as the MyCare Ohio Waiver, or the Integrated Care Delivery System (ICDS) Waiver program encompasses the services offered under the Ohio Home Care, PASSPORT and Assisted Living Waivers and is designed to help meet the needs of people who are:

Note: A person may not be eligible for the Ohio Department of Aging (ODA) and ODM administered HCBS Waivers if they are receiving, or qualify for, Developmental Disabilities (DD) waiver services.

MyCare Waiver Benefits and Covered Services

MyCare Waiver covered services include:

- Home Maintenance and Chore Services
- Enhanced Community Living Services
- Choices Home Care Attendant Services
- Personal Emergency Response Services
- Home-Delivered Meal Services
- Personal Care Aide Services
- Out-of-Home Respite Services
- Nutrition Consultation Services
- Home Modification Services
- Community Transition Services
- Adult Day Health Services
- Assisted Living Services
- Alternative Meal Services
- Waiver Transportation Services
- Pest Control Services
- Homemaker Services
- Waiver Nursing Services
- Social Work Counseling Services
- Community Integration Services
- Home Care Attendant
- Home Medical Equipment and Supplemental Adaptive and Assistive Digestive Services

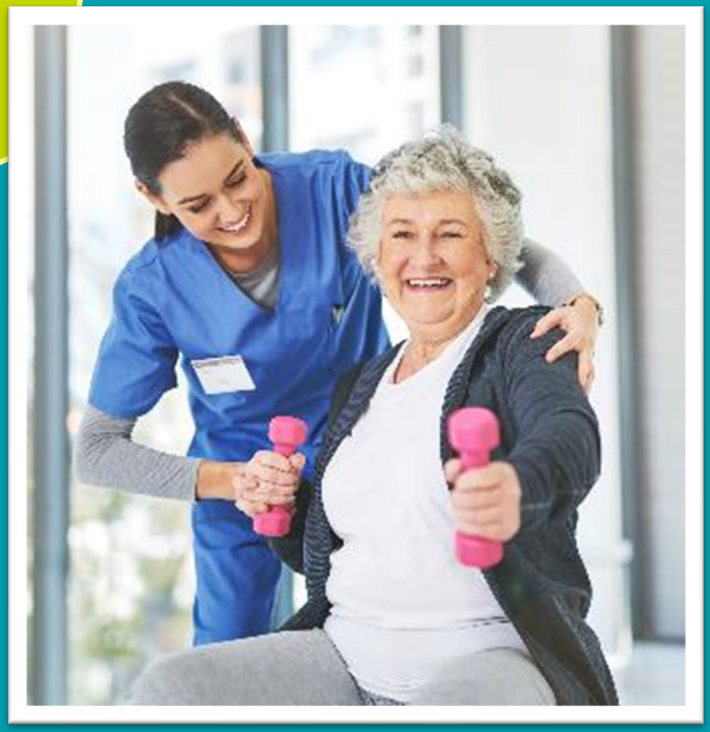
Area Agency on Aging (AAA)

The AAA determines a member's eligibility for the MyCare Waiver. Ohio AAAs are designated by the ODA.

The AAA office that is designated for each of the counties represented in the Molina Dual Options MyCare Ohio, a Medicare-Medicaid Plan program are:

- Central Ohio Area Agency on Aging, AAA6: Delaware, Franklin, Madison, Pickaway and Union counties
- Council on Aging of Southwestern Ohio, AAA1: Butler, Clermont, Clinton, Hamilton and Warren counties
- Area Agency on Aging for West Central Ohio, AAA2: Clark, Greene and Montgomery counties

When a referral is received or a need for MyCare Waiver services identified, a Molina Care Manager will outreach to the member to assess the member's needs and eligibility for the MyCare Waiver. If determined to be appropriate for a referral, the Molina Care Manager will refer the member to the AAA who will determine member meets the level of care required for MyCare Waiver enrollment.



Area Agency on Aging (AAA)

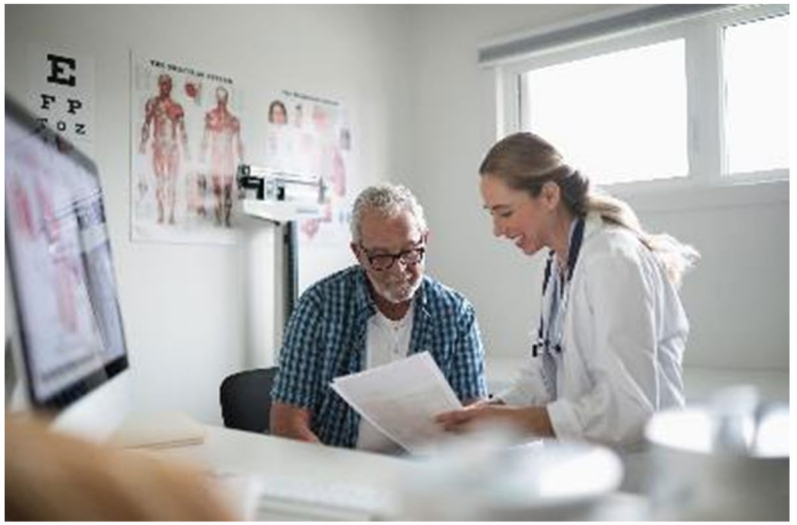
Molina contracts with the AAA to provide waiver service coordination for members aged 60 and older.

Members aged 60 and over may select their Waiver Service Coordinator entity as either the AAA or Molina.

If the member is aged 59 and younger, Molina will automatically be the Waiver Service Coordinator.

Molina and the AAAs will ensure the provision of the following service coordination services for the members:

- Crisis Intervention
- Event-Based Visits
- Service Management
- Member Education
- Care and Service Plan Review
- Institution-Based Visits
- Assessment of MLTSS Need
- MLTSS Waiver Service Coordination/ Care Management



After the member's needs have been determined, Molina will work closely with the various Community-Based Organizations (CBOs) for HCBS to ensure that the member is getting the care they need.

Care Management

All members enrolled in the MyCare Waiver will receive Care Management Services and be assigned a Molina Care Manager.

- The Care Management team for MLTSS will include, at a minimum, the member and/or their authorized representative, Care Manager, Waiver Service Coordinator and Primary Care Provider (PCP).

- The person-centered Interdisciplinary Care Team (ICT) will include, at a minimum, the member and/or their authorized representative, the PCP, the Care Manager, the Waiver Service Coordinator and anyone the member requests to participate.

- ICT members may also include MLTSS providers, specialist(s), behavioral health clinician(s), pharmacist, family/caregivers, peer supports or other informal supports.

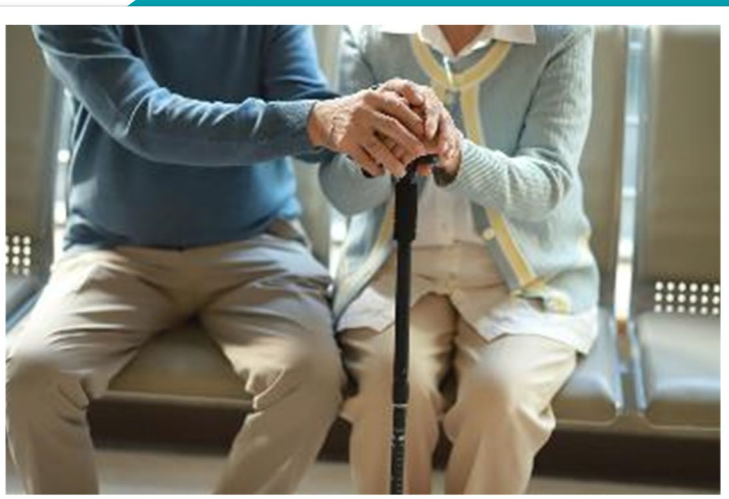
Individualized Care Plan Coordination

The Individualized Care Plan (ICP) includes the consideration of medical, behavioral and long-term care needs of the member identified through a person-centered assessment process.

A Person-Centered Service Plan (PCSP) refers to the plan that documents the amount, duration and scope of the home and community-based types of services.

The ICP will be developed with the member and implemented by the member's care management and treatment team.

Molina will ensure the PCSP complies with the Department of Health and Human Services (DHHS) HCBS final rule section 441.301.



Continuity of Care (COC)

Molina offers a continuity of care period to members who are new to the MyCare program.

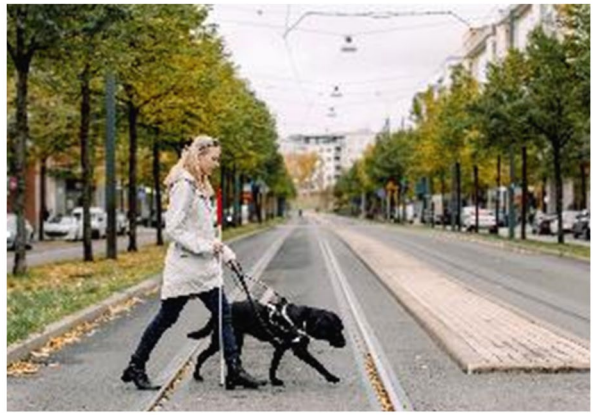
- Continuity of care includes ongoing provider support and technical assistance to MLTSS
- Plan initiated change in service provider can only occur after an in-home assessment and plan for the transition to a new provider

For a table on the Continuity of Care (COC) policy and requirements, view the MLTSS section in the MyCare Ohio Provider Manual at MolinaHealthcare.com, under the "Manual" tab.

Transition Period During Continuity of Care

A member's existing provider may be changed during the transition period only in these circumstances:

- Member requests a change
- Provider is excluded under state or federal exclusion requirements
- Molina or ODM identify provider performance issues that affect a member's health or welfare
- Provider chooses to discontinue providing services to a member as currently allowed by Medicaid



Transition Period During Continuity of Care, Continued

- A member may change their service provider at any time
- Members in a nursing facility at the time of Molina MLTSS enrollment may remain in that NF as long as the members continue to meet nursing facility LOC
- Existing providers can continue to serve current members who transition to a MyCare Ohio plan
- Out-of-network providers who are providing services to members during the initial TOC period shall be contacted to offer information on how to become credentialed, in-network providers with Molina

Facility-Based Level of Care

MLTSS Services require a NF-Based LOC. This LOC includes the Intermediate and Skilled LOC:

A member must meet NF-Based LOC to receive long-term care services in a nursing facility or to enroll on the MyCare Waiver.

Self-Directed Care Services

Self-Directed Services is when participating members or their representatives have the ability to choose their providers and recommend their amount of reimbursement. Currently only Choices Home Care Attendant Services are being Self-Directed.

A Waiver Care Manager will provide oversight to assist the member with self-directed personal care:

- Under self-directed care, a member is responsible for hiring and training their provider
- All member-directed personal care providers are required to meet established training requirements

Federal law prohibits spouses, parents, or legal guardians from being paid caregivers.

Public Partnerships, LLC (PPL) will work with the member to handle the taxes, payroll and worker's compensation responsibilities of being an employer.

Note: The Transition of Care and Coordination of Care for Self-Directed Care Services follows the MLTSS guidelines discussed previously in this presentation.

Waiver Provider Signature Requirement

Waiver service providers for the Assisted Living, MyCare Ohio, Ohio Home Care and PASSPORT waivers are required to sign the member's person-centered service plan to show the provider acknowledges and agrees to provide the waiver service.

The direct care provider's signature will be required when:

- The provider receives a waiver service authorization for a new service
- The waiver service authorization reflects a permanent change to a previously authorized service

Providers who are affected by this requirement include those who are delivering direct care services including:			
Personal Care	Adult Day Services	Home Care Attendant	Enhanced Community Living
Waiver Nursing	Out-of-Home Respite	Social Work Counseling	Independent Living Assistance

Electronic Visit Verification

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Electronic Visit Verification

ODM implemented Electronic Visit Verification (EVV) for some HCBS providers in response to federal requirements set forth in section 12006 of the H.R. 34 (114th Congress) (2015-2016) of the 21st Century Cures Act.

EVV applies to HCBS providers who bill these codes:

G0151, G0152, G0153, G156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019, T2025

Electronic Visit Verification, Continued

EVV is an electronic system that verifies key information about the services rendered by the provider including the following:

- Date of service
- Location of service
- Service start and end time
- Person providing the service
- Individual receiving the service

EVV applies to the following services:

- Private Duty Nursing
- State Plan Home Health Aide
- State Plan Home Health Nursing
- State Plan Registered Nurse Assessment
- HCBS 1915c Waiver Nursing
- HCBS 1915c Waiver Personal Care Aide
- HCBS 1915c Waiver Home Care Attendant

ODM has contracted with Sandata Technologies LLC to provide the EVV system at no cost to providers or individuals receiving services. For additional details visit the EVV page on the ODM website.

Note: Upon future notice by ODM, Molina will begin denying claims for providers who do not utilize the EVV system.

Billing and Claims

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Claims Submission Options

Providers must utilize electronic billing through a Clearinghouse, the Availity Provider Portal, or the ODM OMES EDI process as the One Front Door*:

Option #1 Clearinghouse

- Change Healthcare is the outside vendor used by Molina MyCare Ohio, Medicare and Marketplace
  - Providers may use any clearinghouse
- Trading Partners must connect to OMES as the ODM EDI system for Medicaid claims submission

Option #2 Provider Portal

- Availity Essentials Portal: Online submission is available for Medicaid, MyCare Ohio, Medicare and Marketplace
- PNM System for Medicaid: Once launched by ODM, direct data entry claims must be submitted via the PNM Portal

*Applies only to Medicaid line of business.

Payer IDs

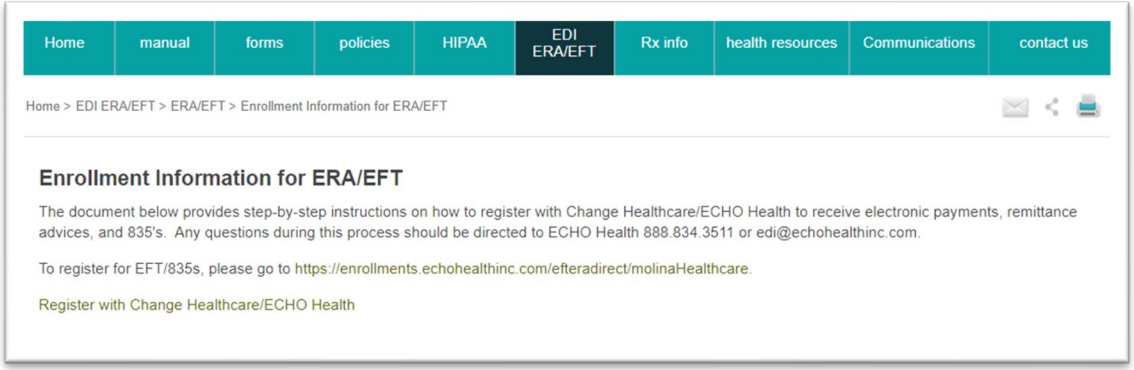
Medicaid providers utilizing Electronic Data Interchange (EDI) transactions on and after Feb. 1, 2023, must use the ODM Ohio Medicaid Enterprise System (OMES) Fiscal Intermediary for the transaction types noted in the Payer ID grid.

Medical Claims	
Line of Business	**Payer ID**
Ohio Aged, Blind, or Disabled (ABD) (Medicaid)	0007316
Ohio Adult Extension (Medicaid)	0007316
Ohio Healthy Families (Medicaid)	0007316
Molina SKYGEN Dental	D007316
Molina March Vision	V007316
Ohio Marketplace Program	20149
Ohio Marketplace Program Primary with Ohio Medicaid Secondary (ABD, Adult Extension, Healthy Families)	20149
Medicare-Medicaid Plan (MMP) Medicare (MyCare Ohio)	20149
MMP Medicaid (MyCare Ohio)	20149
MMP Opt-Out/MMP Medicaid Secondary (MyCare Ohio)	20149
Medicare Advantage Prescription Drug (MAPD)	20149

Change Healthcare ERA/EFT

Molina contracts with our payment vendor, **Change Healthcare**, who has partnered with ECHO Health, Inc., for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

Access to Change Healthcare is **FREE** to our providers. We encourage you to register for ECHO at ECHO Health after receiving your first check from Molina.



If you have any questions about the registration process, contact Change Healthcare at (888) 834-3511 or via email at edi@echohealthinc.com.

Visit the EDI ERA/EFT pages at MolinaHealthcare.com for additional information.

If there is no payment preference specified on the ECHO platform, the payment will be issued via a Virtual Card. Find out more about the Virtual Card in the Molina Provider Manual.

Claim Reconsideration Process

Submit a claim reconsideration only when disputing a payment denial, payment amount, or code edit. Claim reconsiderations are applicable for disputes unrelated to clinical appeals or reconsiderations associated with pre-service and post-service authorization.

Primary insurance Explanation of Benefits (EOB), corrected claims and itemized statements are not accepted via claim reconsideration. Please refer to the Corrected Claims submission process guidelines.

The Claim Reconsideration Request Form (CRRF) must be filled out entirely and include the claim number, or it will not be processed and the provider will be notified. Paper submissions received by mail will not be processed and the provider will be notified.

The form and supporting documents can be submitted through our Provider Portal or the form can be faxed to (800) 499-3406.

For additional information on the Claim Reconsideration process, view the You Matter to Molina Provider Claim and Authorization Reconsideration presentation on the Molina Provider Website.

Published Guidance for Durable Medical Equipment, Prosthesis, Orthotics and Supplies (DMEPOS) Benefit

Access to claims processing and coverage criteria guidance:

- Molina follows the DME guidelines as referenced in the ODM Supply List and the Orthotic and Prosthetic List.
- It is imperative that appropriate billing is used to identify the services provided and to process claims accurately.

Timelines for Claims Adjudication Processes Specific to DMEPOS: Claim processing will be completed for contracted providers in accordance with the Ohio Medicaid and MyCare Program Prompt Pay Requirements.

Find additional information in:

- 5160-10-01 Appendix – Medicaid Supply List
- ODM Home & Durable Medical Equipment Providers page
- Medicare Claims Processing Manual 100-04, Chapter 20 – Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

DMEPOS Modifiers and Status Indicators

Medicaid Requirements –
Reimbursement varies based on the Status Indicator.

- Please note: an indicator is different than a modifier.

View the Modifiers Recognized by Ohio Medicaid document for additional details.

Medicare Modifier Requirements –

- A modifier is required based on whether the authorization shows it to be a new purchase or a rental.
- Correct pricing is driven by these modifiers. Utilize the table to the left to view valid modifiers.

View the CMS DME Center page for additional details.

Respite Services for Children

With the implementation of revised OAC 5160-26-03 Managed Health Care Programs: Covered Services, the eligibility criteria for children with MLTSS needs has been updated.

Behavioral Health (BH) eligibility criteria has been added to allow children with a severe emotional disturbance (SED) diagnosis to access respite services.

The billing codes below will be used for both MLTSS and BH respite services

Note: The provider type will be used to differentiate between the two respite services.

Respite Services for Children, Continued

MLTSS and BH Criteria:

- Under 21 years of age
- Reside with unpaid primary caregiver in a home
- Not a foster child
- Enrolled in the MCP Care Management Program

Find additional MLTSS Criteria in OAC 5160-26-03.

Atypical Providers

Atypical providers are service providers that do not meet the definition of health care provider.

- Examples include taxi services, home and vehicle modifications, insect control, habilitation and respite services, etc.
- Although they are not required to register for a National Provider Identifier (NPI), these providers perform services that are reimbursed by Molina.

- Atypical providers are required to use the Ohio Medicaid ID given to them by the State of Ohio to take place of the NPI.
- As long as the provider submits the claim with the Medicaid ID number, the claim will not be rejected back to the provider for missing information.

Ordering, Referring and Prescribing Providers NPI

Molina requires the billing of Ordering, Referring and Prescribing (ORP) providers based upon the requirements developed by the ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410. Claims billed with the attending field information will also be used to satisfy the ORP requirements.

Scenario	Referring	Ordering	Attending
Remit	N286	N265	N253
CARC	16	16	
CARC Description	Claim/service lacks information or has submission/billing error(s)	Claim/service lacks information or has submission/billing error(s)	Missing/incomplete/ invalid attending provider primary identifier
RARC	N286	N265	N253
RARC Description	Missing/incomplete/ invalid referring provider primary identifier	Missing/incomplete/ invalid referring provider primary identifier	Missing/incomplete/ invalid referring provider primary identifier

Ordering, Referring and Prescribing Providers NPI

Consistent with these rules, a valid National Provider Identifier (NPI) will be required on claims for select ORP provider types which are eligible to order, refer or prescribe including:

- Hospital
- Hospice
- Pharmacy
- Clinic
- Psychiatric Hospital
- Nursing Facility
- Wheelchair Van
- Audiologist Individual
- Independent Laboratory
- Physical Therapist Individual
- Speech Language Pathologist
- Portable X-Ray Supplier
- Professional Medical Group
- Waivered Services Individual
- Certified OH BH Analyst
- Independent Diagnostic Testing Facility
- Certified RN Anesthetist Individual
- Anesthesia Assistant Individual
- Medicare Certified Home Health Agency
- Other Accredited Home Health Agency
- Psychiatric Residential Treatment Facility
- Occupational Therapist Individual
- Durable Medical Equipment Supplier
- Waivered Services Organization
- Non-Agency Home Care Attendant
- Non-Agency Personal Care Aide
- Non-Agency Nurse – RN or LPN
- Federally Qualified Health Center (FQHC)
- OMHAS Certified/Licensed Treatment Program
- Ohio Department of Mental Health Provider

Find additional details in the Provider Manual on our Provider Website and in the June 2023 Molina Provider Bulletin.

Grievances

MOLINA HEALTHCARE

Member Grievances and Complaints

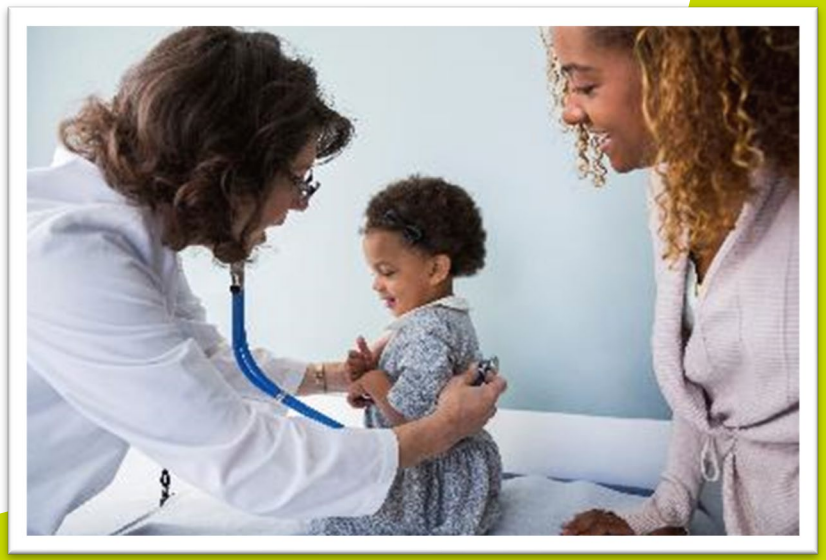
Grievances and Complaints: Molina will investigate, resolve and notify the member or representative of the findings no later than the following time frames:

Marketplace	Medicaid	Medicare	Molina Dual Options MyCare Ohio Plan
• Access Grievance: 60 Calendar Days • Standard Grievance: 60 Calendar Days • Billing Grievance: 60 Calendar Days	• Access Grievance: 2 Business Days • Standard Grievance: 30 Calendar Days • Billing Grievance: 60 Calendar Days	• Access Grievance: 2 Business Days • Standard Grievance: 30 Calendar Days	• Access Grievance: 2 Business Days • Standard Grievance: 30 Calendar Days

Quality of Care and Potential Quality of Care Grievances

A Quality of Care (QOC) grievance is a type of grievance that is related to whether the quality of covered services provided by a plan or provider meets professionally recognized standards of health care.

- Potential Quality of Care issues (PQOC) can be identified/reported by any employee, member, caregiver and/or provider.
- PQOCs include Serious Reportable Adverse Events (SRAE)/Hospital Acquired Conditions (HAC) and Never Events.
- The direction a PQOC/QOC investigation takes is dependent on the issue being reviewed.



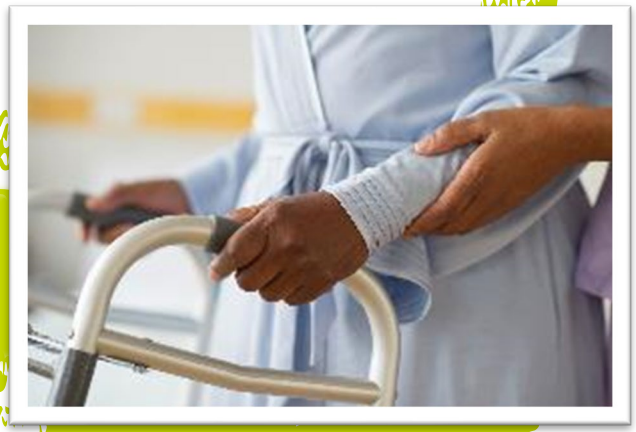
- The PQOC/QOC investigation could involve inappropriateness of care, poor continuity of care, refusal of care or the provider's plan of treatment which may have a negative impact on the member's health.
- Provider expectations for PQOC/QOC are based on their contractual obligation to participate in the quality process and can include responding to requests for medical records or additional information.

QOC and PQOC Grievances, Continued

Examples of QOC/PQOC grievances include care that adversely impacted or had the potential to adversely impact the member's health and can include any of the following:

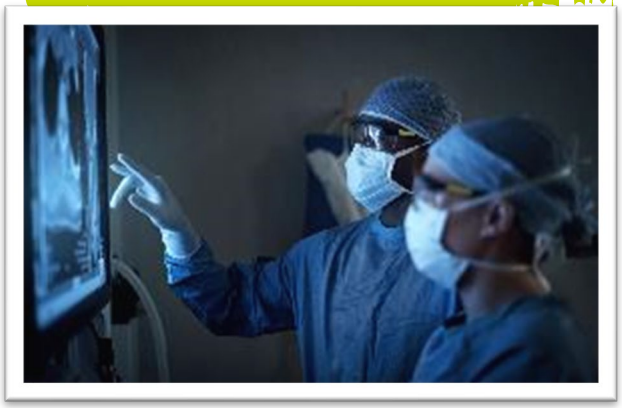
Medication Safety: Any medication error or inadequate medication management.

- Member is prescribed medication to which they are allergic
- Member is prescribed new medication and provider does not monitor the therapeutic effects



Procedure/Surgery: Wrong operation/procedure on a patient or wrong patient or unscheduled return to surgery.

- Member readmitted to the hospital with post-surgical complications



Treatment: Delay in diagnosis, treatment, or repetition of procedure, or delay in or failure to refer.

- Abnormal lab results were not communicated to member or there was a failure to refer to an alternative provider for follow up
- Lack of ordering necessary labs

Quality of Service Grievances

Quality of Service (QOS) is defined as any expression of dissatisfaction with the behavior of provider/staff, customer service received or physical appearance of place of service.

QOS examples include reported rudeness of a care aide, long wait time for an aid to arrive or the aide does not show up.

Provider Relations Representatives will reach out to the office to get the provider details on the QOS that will then be shared with ODM.

QOS requests have a due date which will be shared with your office.

Failure to respond or provide information on the QOS will be reported back to ODM as provider non-responsive.

Member Appeals, Grievances and Complaints

Members may file an appeal, grievance, or complaint by calling Molina's Member Services Department:

Medicaid:
(800) 642-4168 (TTY/Ohio Relay (800) 750-0750 or 711), Monday - Friday from 7 a.m. to 8 p.m.

Molina Dual Options MyCare Ohio Medicaid (opt-out):
(855) 687-7862 (TTY 711), Monday - Friday from 8 a.m. to 8 p.m.

Molina Dual Options MyCare Ohio (full benefits):
(855) 665-4623 (TTY 711), Monday - Friday from 8 a.m. to 8 p.m.

Medicare:
(866) 472-4584 (TTY 711), Monday – Sunday from 8 a.m. to 8 p.m.

Marketplace:
(888) 296-7677 (TTY 711), Monday – Friday from 8 a.m. to 7 p.m.

Submit a grievance or complaint in writing to:

Medicaid, Marketplace and MyCare Ohio Opt-Out:

Molina Healthcare of Ohio, Inc.
Attn: Appeals and Grievances Unit
PO Box 182273
Chattanooga, TN 37422

Medicare and MyCare Ohio Opt-In:

Molina Healthcare Medicare
Attn: Grievances and Appeals
PO Box 22816
Long Beach, CA 90801-9977

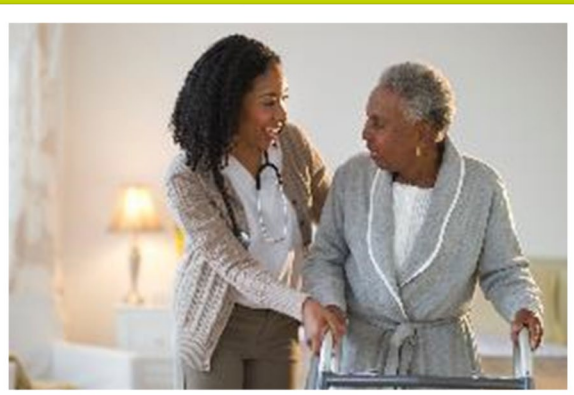
Ombudsman

Long-Term Care Ombudsmen safeguard members who receive care services, advocating for quality care, investigating complaints and giving members a voice.

Region 1: Cincinnati Area

Counties: Butler, Clermont, Clinton, Hamilton and Warren

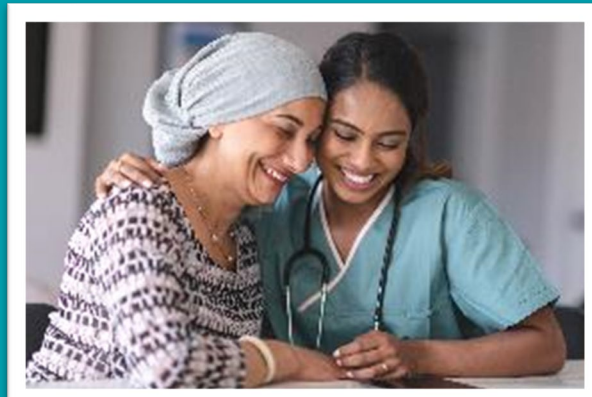
proseniors.org



Region 2: Dayton Area

Counties: Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble and Shelby

dayton-ombudsman.org



Region 6: Columbus Area

Counties: Delaware, Fairfield, Franklin, Fayette, Licking, Madison, Pickaway and Union

centralohio.easterseals.com

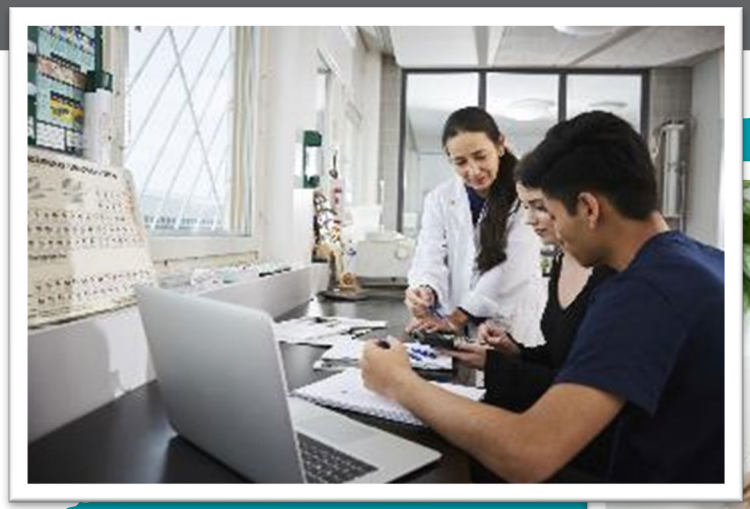
Credentialing and Contracting

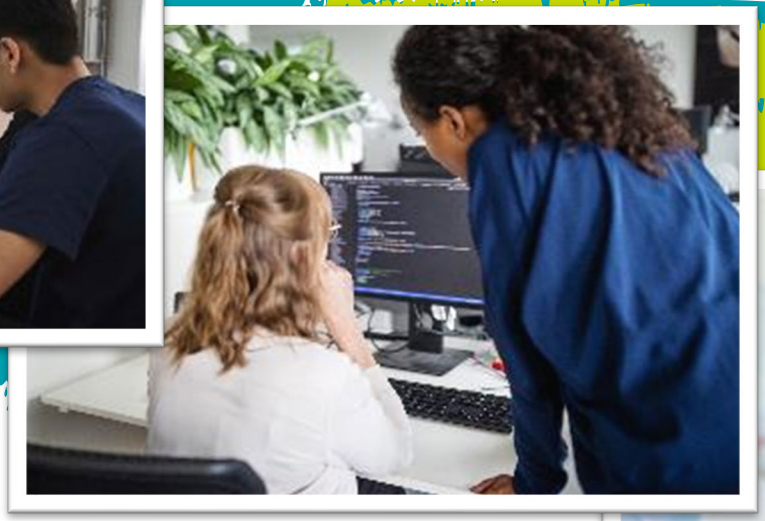
MOLINA HEALTHCARE

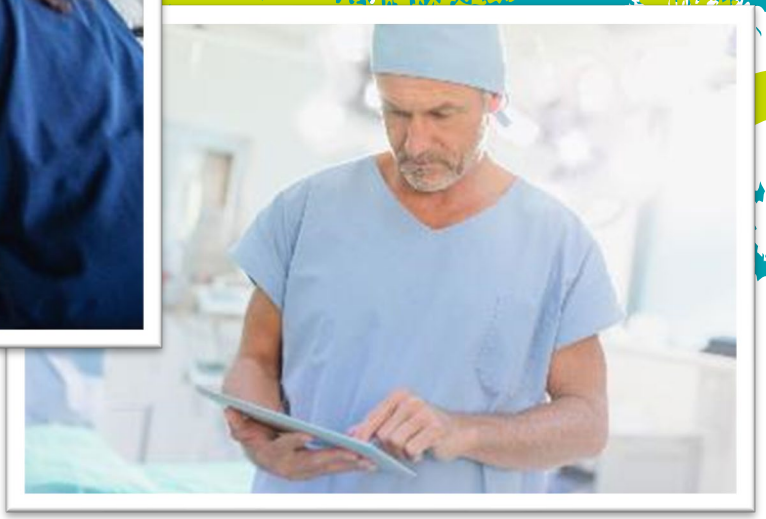
Credentialing and Contracting

Credentialing of MLTSS providers is performed by the applicable AAA and contracting is performed by Molina.

Molina is required to contract only with providers who have been approved by the ODA to perform a particular waiver service or set of services.







Medicaid ID Number

In order to comply with federal rule 42 CFR 438.602, providers are required to have enrolled or applied for enrollment with the ODM at both the group practice and individual levels to receive payment for clean claims submitted to Molina for covered services.

Providers without a Medicaid ID number will need to submit an application to ODM. Providers can start the process at medicaid.ohio.gov.

For dates of service on Feb. 1, 2023 and after, Molina denies claims for providers who are not registered and active in the state's system. Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated.

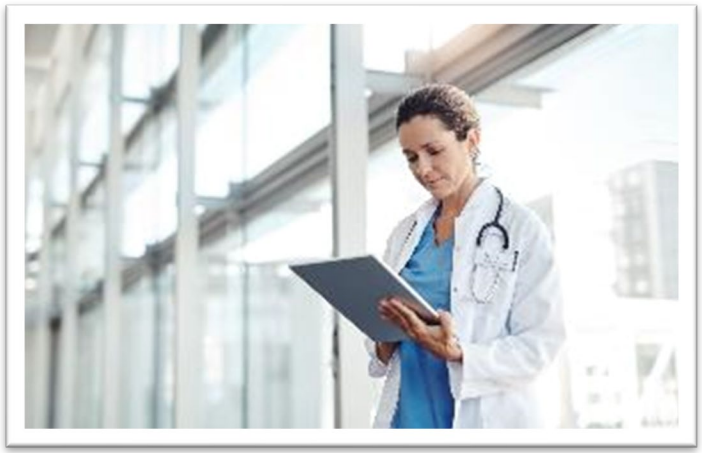
Contact Molina

MOLINA HEALTHCARE

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.

Molina of Ohio Provider Relations Contact Information

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

Provider Type	PS Rep.	Email Address
Physician groups, Specialists, FQHC Non-BH Providers, Advanced Imaging/ Radiology, Ambulatory Surgical Centers, Anesthesiologists, and Hospitalists	Jeanneen Williams	OHProviderRelationsPhysician@MolinaHealthcare.com
Skilled Nursing, Long Term Acute Care, Hospice, and Assisted Living Facilities	Yvonne Mitchell	OHProviderRelationsNF@MolinaHealthcare.com
Home Health Agencies, Waiver (LTSS), Laboratories, Ancillary Dialysis Centers, and Durable Medical Equipment	Alexandrea Grier	OHMyCareLTSS@MolinaHealthcare.com
BH Providers (ODMHAS, CMHC, 84/95) and FQHC BH Providers	Mariah Vinson	BHProviderRelations@MolinaHealthcare.com
Multi-Specialty and assists with all provider types	Sarah Stevens	OHProviderRelations@MolinaHealthcare.com

Molina Provider Relations Contact Information, Continued

Contact information for hospital-affiliated providers or groups:

Hospital Region	Representative	Email Address
All State	Jeremy Swingle	OHProvider.RelationsHospital@MolinaHealthcare.com
All State	Christopher Jones	OHProvider.RelationsHospital@MolinaHealthcare.com
East Region	Andrea Williams	OHProvider.RelationsHospital@MolinaHealthcare.com
West Region	Crysta Davis	OHProvider.RelationsHospital@MolinaHealthcare.com

Contact information for Provider Engagement Team providers or groups:

Provider Region	Representative	Email Address
All State	Sonya Adams	OHProviderServicesPET@MolinaHealthCare.Com
All State	Shard'e Stubbs	OHProviderServicesPET@MolinaHealthCare.Com

Contact information for our Provider Advisory Council (PAC):

Provider Region	Representative	Email Address
All State	William Caine	OHProviderRelations@MolinaHealthcare.com

For general inquiries, questions, or comments or to identify your specific representative:

Email Address
OHProviderRelations@MolinaHealthcare.com

Any Questions ?

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