



Waiver Signature Requirement Update

Information for all waiver service providers

Effective April 15, 2019, Molina Healthcare will have an electronic option for providers to sign their Waiver Service Authorizations via the Provider Portal. The provider's electronic signature shows that the provider acknowledges and agrees to provide the waiver service, as authorized in the person-centered service plan.

To access the electronic signature option, providers will need to log into the Molina Provider Portal. Authorizations that require a provider's consent to provision of services, as specified in the authorization, will be displayed with a pop-up reminder of the need to sign the authorization. The pop-up reminder box will contain a check box for the provider to acknowledge agreement.

Providers will not need to keep track of which authorizations have been signed. Once the box has been checked by the provider, the box will not be displayed for that authorization in the future.

Questions?

Provider Services – (855) 322-4079 8 a.m. to 5 p.m., Monday to Friday (MyCare Ohio available until 6 p.m.)

Email us at OHProviderRelations@ MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

Connect with Us

www.facebook.com/MolinaHealth www.twitter.com/MolinaHealth

Join Our Email Distribution List Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

The electronic signature method will eliminate the need to return the signed authorization signature page to Molina via email. The email return option will remain available; however, the Provider Portal option will reduce the provider's time spent scanning and emailing. Molina encourages all providers to use the Provider Portal option for provider signatures.

As a reminder, the provider's signature is required when:

- a new service is authorized
- an existing service authorization is adjusted, and the change is anticipated to continue for the duration of the service plan

The electronic signature method meets Ohio Department of Medicaid (ODM) requirements, in compliance with Center for Medicare & Medicaid Services (CMS) Rule 42CFR 441.30.