

2024 Molina Medicaid Provider Manual Annual Update *Information for Medicaid providers*

Molina has posted our 2024 [Next Generation Molina Medicaid Provider Manual](#) and the [Significant Update by Chapter: 2024 Medicaid Provider Manual](#) reference document on the Manual page of our Provider Website.

The items listed below outline content section-by-section where significant updates have been made to the Molina Healthcare of Ohio Medicaid Provider Manual. Format changes, removal of redundant information and/or streamlining of language have been made throughout the Provider Manual. Additionally, content has been added to the Provider Manual that has been previously communicated in Provider Bulletins and posted to the Molina Provider Website.

For 2024, a few major changes occurred to improve the utility of the Manual through the consolidation of similar, repeated content into appropriate existing sections of the Manual. Material changes to content are called out in the information below. Most of the information itself was not changed:

- Appendix A was dissolved into other chapters of the Manual, where appropriate.
- Provider Services was replaced by Provider Relations to distinguish the team providing support for provider education and training needs.
- An updated EDI Payer ID grid for dates of service on and after Feb. 1, 2023.
- Ohio Administrative Codes (OAC) and Ohio Department of Medicaid (ODM) references were updated to align with ODM guidance or to redirect to an appropriate external requirement.

Table of Contents

- Refreshed sections to align to changes in the Provider Manual.

II. Basic Plan Information

- Updated the Claims Recovery Department address for Provider Disputes and added information on overpayment functionality on Availity Essentials Portal.
- Updated the Claims Recovery Department address for Refund Checks Lockbox.
- Updated “New Century Health” to new name “Evolent” in the Health Care Services section.
- Changed “Health and Wellness Education Programs” to “Health Management” and added content to further explain the programs and the programs available.
- Added Health Management phone number.
- Added Pharmacy Pricing and Audit Consultant (PPAC) website in Single Pharmacy Benefit Manager (SPBM) section.
- Updated Provider Relations section and email addresses.

III. Provider Resources

- Added information for locating Cultural Competency training on our website.
- Replaced “It Matters to Molina” with “You Matter to Molina”.

In This Issue – January 2024

→ [2024 Molina Medicaid Provider Manual Annual Update](#)

Questions?

Provider Services – (855) 322-4079 Monday - Friday: 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 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

Did you receive this provider bulletin via fax? Sign up at [MolinaHealthcare.com/ Provider Email](https://MolinaHealthcare.com/ProviderEmail) to receive it via email.

IV. Provider Responsibilities

- Added new content and realigned information for “Cybersecurity Requirements” including definitions, measures, procedures, events, assessments, other provisions and conflicting provisions.
- Added new section “Procedure to notify MCO of changes in Member circumstances.”
- Added additional content to “Linguistic Services Background” section expanding on Molina’s alignment to federal Acts and Amendments.
- Updated and realigned content to “Nondiscrimination in Health Care Service Delivery” section in providers’ roles and responsibilities.
- Removed outreach to the Provider Relations Team language for Provider Data Accuracy updates.

V. Provider Enrollment, Credentialing, and Contracting

- Updated the “Provider Enrollment (ODM Functions)” section to reflect the 2023 registration fee and updated applicable regulatory citations.
- Changed “Out of State Providers/Non-Contracted Providers” name to “Non-contracted or Unenrolled Providers” and added ODM guidance on why and how to enroll.

VI. Covered Services

- Added redirection to the member website for additional coverage and current benefit information details.
- Added information on how to look up specific coverage information and updated Prior Authorization (PA) requirements by using the PA Code Lookup Tool.
- Clarified the pharmaceutical services covered by Molina, rather than the SPBM.
- Added content that Molina complies with the most current Mental Health Parity and Addiction Equity Act requirements.
- In Value Added Services Section
 - Updated Vision Services from “21 and older” to “all” members for one eye exam and replacement frames and lenses every 12 months.
 - Removed behavioral health and substance use disorder treatment appointments from unlimited use for transportation.
 - Removed information that members can choose Uber and Lyft for transportation services.
 - Added that Molina Help Finder can help with childcare and legal help in addition to other categories listed.
 - Changed Weight Watchers from “3” to “6” months.
 - Updated “Dr. Cleo’s Club” to “Molina Kids Corner.”
 - Removed “Mpowered by You.”
 - Added \$50 incentive for completing a cervical cancer screening.
 - Clarified \$20 incentive for completing a follow-up appointment within 7 calendar days of discharge after a hospitalization for mental illness, for members ages 6 to 17.
 - Removed details related to pregnant members’ rewards, postpartum care, and newborn well child visits as these were combined as one.
 - Added details related to Telehealth Services, such as age 19+ and 24/7 availability, as well as available behavioral health services.
- Added language that members may file a grievance via the My Molina Member Portal.
- Updated the address for Molina Healthcare of Ohio’s Appeals and Grievance Department for Member Grievances to incorporate July 2023 Provider Manual Addendum content. Changed “Authorized Representative” form to “Grievance/Appeal Request” form.
- Added language stating an appeal will not be reviewed until the Member authorization is received and removed the 15 calendar days from the appeal receipt date timeframe.
- Updated and expanded content on “Appeal Process and Timeline.”

- Updated and realigned language for “State Hearing” including the Member’s right to request a continuation of benefits during the proceedings and at the discretion of ODM the member may be liable for the cost of any such continued benefits. The section also adds information on the Provider’s right to participate in the appeal and State Hearing process on behalf of the Provider’s patients.
- Updated billing requirements for Enteral Nutrition products to align with the May 2023 Molina Provider Bulletin article guidance effective June 1, 2023.
- Added NurtureOhio details under “Prenatal Risk Assessment Form (PRAF) requirement.”
- Added “Unlisted Codes” requirements.
- Added External Wheelchair Assessment process details under “Custom Wheelchair Summary.”

VII. Utilization Management

- Added language for the Newborns’ and Mothers’ Health Protection Act.
- Clarified language for Inpatient Psychiatric Authorizations for the OhioRISE plan.
- Added content for “Post-Stabilization Care Services.”
- Updated “PA Code Lists” to the “Prior Authorization Code Lookup Tool” throughout section.
- Updated “New Century Health” to new name of “Evolent” throughout section.
- Updated Evolent’s fax number.
- Changed “MCG Cite for Care Guideline Transparency” to “MCG Cite Guideline Transparency.”
- Added clinical information fax size maximum and examples of clinical documentation to submit with PA requests.
- Updated the definition of a “peer” for a Peer-to-Peer Consultation.
- Added “OhioRISE” to “Transition of Care.”

VIII. Claims Information

- Updated language in “Process and Requirements for Submission of Claims” Section.
- Removed specific language from the “Electronic Visit Verification” section and redirected to ODM resources.
- Updated 340B drugs billing information.
- Added clarification to the Coordination of Benefits (COB) section that Healthchek/EPSTD services are processed as primary and then Molina follows the Third Party Liability process.
- Added information under “Overpayments and Incorrect Payments Refund Requests” for overpayment functionality available on Availity.
- Updated the “Process and Requirements for Appeal of Denied Claims (Provider Claims Dispute Process)” to remove the definition of an Authorization Appeal from this section and clarify language about use of the Authorization Appeal and Clinical Claim Dispute Request Form only for fax submissions of disputes.
- Updated “Opioid Treatment Program” section to include billing resources.

IX. Care Coordination/Care Management

- Updated the “Level 1 Health Management” program, including up to 90 days of engagement, contact phone number, and added a fax number.
- Added information to “Care Coordination Delegation Information” section about member choice in care management.
- Added a new section “What is the Coordinated Services Program (CSP)?”

X. Reporting

- Added language to “Medical Record Keeping Practices” to include additional privacy of confidential information categories.
- Added language to “Confidentiality” to include examples of confidential information categories to be protected.

XI. Next Generation Managed Care Program

- Updated the “OhioRISE” section to clarify care coordination information and member eligibility. The section also includes more details on available OhioRISE services.

XII. Member Enrollment, Eligibility, Disenrollment

- Changed “Healthy Families” to “Healthy Families Covered Families and Children (CFC).”
- Added language under “Voluntary Disenrollment” for members ability to filing a grievance.

XIII. Quality

- Removed language in “Access to Care” related to access standards based at 90% availability.
- Updated name of “Quality Improvement Committee” to the “Quality Improvement and Health Equity Transformation Committee.”
- Updated language for “Clinical Practice Guidelines” review processes and network notice procedures.
- Updated links for “Preventive Health Guidelines.”

XIV. Compliance

- “Stark Statute” language updated to incorporate July 2023 Provider Manual Addendum content.

XV. Members’ Rights and Responsibilities

- Added language under “Rights and Responsibilities” to redirect to the member handbook for additional information.

XVI. Pharmacy

- No significant changes

XVII. Risk Adjustment Management Program

- No significant changes

XVIII. Delegation

- No significant changes