MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

ODM UPDATE: Terminations to resume for failure to complete Medicaid Agreement Revalidations in PNM

Information for Medicaid providers

The Ohio Department of Medicaid (ODM) resumed provider revalidation notices in June 2023 as part of the federally required unwinding process from the COVID-19 public health emergency. Starting Jan. 23, 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline.

If you are currently due for a revalidation in the Provider Network Management (PNM) module, it is imperative you take immediate action to complete and submit your revalidation application to renew your Ohio Medicaid Provider Agreement. View Recent Updates on our Provider Website homepage for more information.

Post-Stabilization

Information for all network providers

Effective March 1, 2024, providers requesting an Inpatient admission as a Post Stabilization service must request this type of service via the toll-free number (855) 322-4079. Inpatient admission requests (not including Post Stabilization requests) received via fax/portal will be processed within standard Inpatient regulatory and contractual timeframes. Find additional information in the Molina Provider Manuals, located on the Provider Website.

You Matter to Molina

Information for all network providers

Molina's "It Matters to Molina" program is now "You Matter to Molina." Molina's "You Matter to Molina" program prioritizes connecting with our providers and supporting their efforts to deliver high-quality and efficient health care for Molina members. Molina is committed to partnering with our network providers to solve problems quickly and efficiently. We want to hear from you—our provider partners! Your feedback is important, and You Matter to Molina.

New Molina Cotiviti Drug and Biological Edits

Information for all network providers

Effective March 1, 2024, based on guidance from the Food and Drug Administration (FDA), the following drugs are subject to denial for frequency limitations and missing required indicators:

- Casimersen (J1426)
- Daratumumab and Hyaluronidase (J9144)
- Enfortumab Vedotin (J9177)
- Leuprolide Acetate Depot, 0.25 mg (J1951)
- Vedolizumab (J3380)

New In This Issue – Feb. 2024

Updated In This Issue

In Case You Missed It

Questions and Quick Links

Provider Services – (855) 322-4079
Mon. – Fri. 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: OHProviderRelations@MolinaHealthcare.com
- Provider Website: Molina Healthcare.com/OhioProviders
  - Provider Manual
  - PA Code Updates
  - PA Request Form
  - Provider Bulletin Archive
  - You Matters to Molina Page

Find additional information at fda.gov for correct coding and billing requirements.

New Molina CES Edit 9531 Inappropriate Modifier to Diagnosis Combination

Information for Marketplace providers

Effective March 1, 2024, based on guidance from the Centers for Medicare & Medicaid Services (CMS), Edit 9531 will deny Marketplace Professional claims when the diagnosis code and modifier combination are not appropriate. Laterality and anatomical site are part of specific International Classification of Diseases (ICD)-10 diagnosis codes and because of this, conflicting laterality/anatomical site modifiers should be identified. Find additional information at cdc.gov/nchs/icd/icd-10-cm.htm.

Reminder: Molina Policy COVID-19 Bypasses

Information for all network providers

Effective Feb. 1, 2024, Molina reactivated edits that were previously paused due to the Public Health Emergency, including:

- Modifiers for Telehealth: Claim lines that are reported with any COVID-19 related modifiers: 95, CG, CR, CS, G0, GQ, GT. Edits will start firing on inappropriate code-modifier combinations.
- Place of Service (POS) for Telehealth: When claims are reported with any COVID-19 related modifiers 95, CG, CR, CS, G0, GQ, GT and reported in telehealth POS 02, 12, 13. The edit will start firing on inappropriate code-POS combinations.
- New Patient with Telehealth POS: This edit will deny a new patient visit when a previous new patient visit has been reported by a provider of the same specialty within the same group practice within the last three years for POS 02, 12, 13.

Note: Molina will continue to allow Modifiers 93, 95 and GT for Behavioral Health (BH) codes.

Reminder: OhioRISE Mixed Services Protocol Updated

Information for Medicaid providers

As of Jan. 1, 2024, ODM updated the OhioRISE Mixed Services Protocol. Find the document on ODM's website at managedcare.medicaid.ohio.gov/managed-care/ohiorise/06-community-and-provider-resources.

Reminder: Prior Authorization (PA) Code Update: 0345U

Information for Medicaid providers

Effective on and after Feb. 1, 2024, Genetic Counseling and Testing: code 0345U will require Prior Authorization (PA) for the Medicaid line of business. This update is for notification purposes only and does not determine if the benefit is covered by the member's plan. This code has been added to the Medicaid: Q1 2024 PA Code Changes document on the Forms page on the Provider Website. As a reminder, all other updates noted in the document have an effective date of Jan. 1, 2024.

- Provider Portal

Join Our Email Distribution List

Did you receive this provider bulletin via fax?

Sign up to receive the Provider Bulletin via email, or to request removal from our fax distribution list by clicking the "Sign up to receive Molina's Provider Bulletin via email here" link on the Provider Bulletin page of our website.

Connect with Us

facebook.com/MolinaHealth
twitter.com/MolinaHealth

Provider Training Sessions

Molina of Ohio is offering the chance to enter a monthly drawing for a prize! To enter, you must join one of our provider trainings and share your name and email address during the training.

You Matter to Molina Forums:

- Medicaid Incident Reporting: Fri., **Feb. 23, 10 to 11 a.m.**
- Provider Appeals and Disputes: Fri., **March 29, 11 a.m. to 12 p.m.**

General Provider Orientation:

- Mon., **Feb. 5, 1 to 2 p.m.**
- Mon., **March 4, 11 a.m. to 12 p.m.**

NF and Assisted Living Provider Orientation

- Thurs., **Feb. 15, 11 a.m. to 12 p.m.**

Quality Orientation

- Thurs., **March 14, 12 to 1 p.m.**

Availity Essentials Portal Training:
Register in Availity. Under Help & Training, select Get Trained. Select the Sessions tab:

- Tues., Feb. 13, 2 p.m.
- Contact training@availity.com for Availity Portal training.

Hemgenix and Roctavian Coverage

Info for Medicaid providers

Effective for dates of service on or after Dec. 1, 2023, ODM offers coverage of Hemgenix® (etranacogene dezaparvovec-drlb suspension for intravenous

Reminder: Molina updates the list of codes requiring PA on a quarterly basis. However, changes can be made between quarterly updates. Always use the PA Lookup Tool on our Provider Website to ensure you access the most up-to-date list of codes.

Reminder: Reimplementation of the Coordinated Services Program

Information for Medicaid providers

As of Jan. 1, 2024, ODM and Gainwell reimplemented the Coordinated Services Program (CSP). Following this guidance:

- Molina began enrolling members into the pharmacy lock-in component of the program only; prescriber-specific lock-in will no longer be available.
- All members with an active prescriber lock-in as of Jan. 1, 2024, were disenrolled from this component of the CSP program.
- Any members with existing, active pharmacy lock-in enrollments will continue in the program through the end of their CSP enrollment span.

Providers may view sample Molina member ID cards indicating CSP program participation in the posted Provider Manual. For more information about the program, providers may refer to Ohio Administrative Code (OAC) Rule 5160-20-01.

Reminder: CMS Final Rule for CY24: Appointment Wait Time Standards and List of Evaluated Specialties Update

Information for Medicare and MyCare Ohio providers

List of Evaluated Specialties: CMS remains committed to emphasizing the critical role access to BH plays in whole-person care. As of Jan. 1, 2024, in line with CMS' BH Strategy and the Administration's strategy to address the national mental health crisis, CMS has strengthened the BH network adequacy in Medicare Advantage by adding clinical psychologists and licensed clinical social workers to the list of evaluated specialties.

Wait Time Standards: As of Jan. 1, 2024, CMS has revised some appointment standards. These updates are reflected in the 2024 Molina MyCare Ohio Provider Manual and will be reflected in the near future within the Molina Medicare Provider Manual.

CMS codifies appointment wait time standards for primary care **and** BH services that are the same as those described in Medicare Managed Care Manual (MMCM) Chapter 4 – Benefits and Beneficiary Protections (1) urgently needed services or emergency - immediately; (2) services that are not emergency or urgently needed but require medical attention - within 1 week; and (3) routine and preventive care - within 30 days. Find Chapter 4 at cms.gov by selecting Regulations & Guidance under the Medicare header, then Manuals, Internet-Only Manuals and 100-16 Medicare Managed Care Manual.

infusion) and Roctavian™ (valoctocogene roxaparvovec-rvox suspension for intravenous infusion) under the Ohio Medicaid Fee-For-Service (FFS) medical benefit, including coverage for Medicaid Managed Care enrollees.

Molina is required to cover and provide payment for all medically necessary inpatient or outpatient hospital claims associated with the treatment of these individuals. Regardless of the setting and the payer (FFS or Managed Care), these therapeutic agents must be prior authorized through FFS. The approved PA will be shared with Molina for care management purposes. For additional details view the Hemgenix® and Roctavian™ Coverage Under Medicaid Fee-for-Service Medical Benefit (Carve-out) document on the Managed Care Policy Guidance page at medicaid.ohio.gov under Resources for Providers, then Managed Care, Managed Care Policy and Guidance.

MCG Auto-Authorization Advanced Imaging

Info for all network providers

Molina continues to enhance the Advanced Imaging PA process. Molina partnered with MCG Health in 2023 to offer Cite AutoAuth (CAA) self-service for High-Cost Advanced Imaging PA requests. CAA is available 24 hours a day, 7 days a week. Find additional information in the Molina November 2023 Provider Bulletin or at youtube.com/watch?v=LmjvwxI6QOo.

PsychHub Information

Info for all network providers

PsychHub is an online platform for digital mental health education, including a library with more than 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care. Providers can sign up for free at app.psychhub.com/signup/molina-mhp. Some courses have

Also, CMS is requiring most types of Medicare Advantage plans to include BH services in care coordination programs, ensuring that BH care is a core part of person-centered care planning.

Reminder: CMS Final Rule for CY24: BH Changes

Information for BH providers

The Consolidated Appropriations Act, 2023 has established a new Medicare benefit category for Marriage and family therapist (MFT) and Mental Health Counselor (MHC) services furnished by and directly billed by MFTs and MHCs. Payment for MFT and MHC services under Part B of the Medicare program began Jan. 1, 2024. These provider specialties are not Medicare covered providers today and not allowed to bill for Medicare services directly.

Marriage and Family Therapists & Mental Health Counselors:

- MFT taxonomy code 106H00000X
- MHC taxonomy code 101YM0800X

Enroll in Medicare now:

- MFTs and MHCs can bill independently for services furnished for the diagnosis and treatment of mental illnesses for dates of service starting on/after Jan. 1, 2024.
- Find out how to become a Medicare provider, at cms.gov by selecting Enrollment & renewal under the Medicare header, then Providers & suppliers and taking the listed steps to enroll.
- Once you enroll with CMS, submit a Provider Information Form (PIF) to Molina identifying your new Medicare identification number in Section N.

New Medicare Benefits:

Psychotherapy for Crisis: Medicare pays for psychotherapy for crisis (currently billed using Current Procedural Terminology (CPT) codes 90839 and 90840). Effective Jan. 1, 2024, CMS established new HCPCS codes (G0017 and G0018) for psychotherapy for crisis services that are furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting). Additional information can be viewed by accessing the Psychotherapy for Crisis page at cms.gov by selecting Payment under the Medicare header, then Fee Schedule and Physician Fee Schedule.

Intensive Outpatient Programming (IOP): As of Jan. 1, 2024, IOP is a new standard Medicare offering. An IOP is a distinct and organized outpatient program of psychiatric services provided for individuals who have an acute mental illness or substance use disorder, consisting of a specified group of BH services paid on a per diem basis under the Outpatient Prospective Payment System (OPPS) or other applicable payment system when furnished in hospital outpatient departments, Community Mental Health Centers (CMHC), Federally Qualified Health Centers (FQHC) and Rural Health Clinic (RHC).

Important Reference Links:

Continuing Education Credits available for Clinical Psychologists, Clinical Social Workers and Licensed Professional Counselors. With the successful completion of courses, the provider will unlock industry-recognized certificates delivered electronically.

View the Psych Hub: Access Your Mental Health Practitioner HUB on the Provider Website You Matter to Molina page for more details.

Quality Living Program Awardees

Info for all network providers

Molina is proud to announce the most recent quarter's performance for nursing facilities (NF) in the Molina Quality Living Program.

- **Platinum Level:** Golden Years Nursing Center, Terrace View Gardens, Logan Elm Health Care Center, Bethany Village, Mt Healthy Christian Village
- **Gold Level:** Loveland Healthcare Center, Carlisle Manor, Morris Nursing Home, Friends Care Community
- **Silver Level:** Astoria Health and Rehab Center, Meadow Grove City, Siena Gardens, Glen Meadows, Country View of Sunbury, Venetian Gardens, Capri Gardens, The Residence at Salem Woods, Alois Alzheimer Center, Scioto Pointe, Mohun Health Care Center, Springfield Masonic Community, The Knolls of Oxford, Otterbein Maineville, Willow Brook Christian Services, Trinity Community at Fairborn, Cherith Care Center at Willow Brook, Brown Memorial Home, Four Winds Nursing Facility

The Molina Quality Living Program recognizes and awards NF partners that meet or exceed select CMS quality measures when providing care to Molina MyCare Ohio members in custodial care.

Updated: Notice of Changes to the Provider Manuals

Info for all network providers

- CMS Press Release: cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf
- CMS BH FAQs: cms.gov/files/document/ marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf
- Fact sheet on Final Rule: cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-final-rule-cms-4201-f

Reminder: ePRAF: Technical Assistance Intervention Package

Information for Medicaid providers

A complete Pregnancy Risk Assessment Form (PRAF) helps members receive the best support for a healthy pregnancy. Assessment of risk and access to needed services directly impacts pregnancy related outcomes including maternal and infant mortality. The electronic PRAF (ePRAF) can act as the catalyst to partnership and collaboration between the provider and Managed Care Organization (MCO) to best address patient's needs and risks.

Providers can face unique barriers when it comes to ePRAF submission. The MCOs have created a Technical Assistance Intervention Package that addresses these individual challenges, allowing providers to choose interventions that best meet their need for assistance. The Technical Assistance Package is a collection of resources, tools and reporting that is designed to assist providers in delivering high-quality pregnancy related care to their patients.

All MCOs are extending these offerings to engaged providers in 2024 to ensure sustainability of this intervention package. Providers wishing to improve ePRAF submission outcomes should contact their Molina Provider Relations Team for more information.

- "Engaged" is defined as those providers who agree to be included in the program and work with the MCOs on process improvement regarding their submission of ePRAFs.

PRAF GAP Reporting: Each MCO will send a report to the provider of their attributed, pregnant patients who do not have a submitted PRAF. Gap reports of pregnant patients can effectively support obstetrical providers in increasing ePRAF submissions. The MCOs can help monitor provider "back logs" as well as ensure providers have a stable process in place to sustain future timely submissions.

Billing Review: Financial opportunity review with provider based on claims data. Review and reporting assists providers to identify process improvement and stabilization regarding billing practices. Correct coding and timely submission on ePRAF claims equate to increased revenue generation for providers.

Reminder: ePRAF: Quality Enhancer Incentive Program

Information for Medicaid providers

Why ePRAF is Important – Ensuring Prompt Care

- Every pregnant member with Medicaid coverage should be

Molina has updated our Medicaid Provider Manual for 2024. Read the January Special Provider Bulletin for significant updates to the Manual.

Reminder: Molina posts a new comprehensive Provider Manual to our website semi-annually. However, changes can be made to the manual between updates. Always refer to the manual posted on our website under the Manual tab instead of printing hard copies to ensure you use the most up-to-date versions.

Updated: New ODM BH Provider Manual and Rates

Info for Medicaid providers

In January ODM posted a new BH Provider Manual and Jan. 1, 2024 rates. Note: Effective Dec. 1, 2023, the ODM Opioid Treatment Program Manual was incorporated into the BH Provider Manual. On Dec. 22, 2023, ODM posted an updated BH Coding Workbook.

Visit Medicaid.ohio.gov and under Resources for Providers select BH for additional information.

Reminder: Dental Credentialing Update

Info for Medicare dental providers

On Jan. 1, 2024, the administration of dental services for Molina of Ohio Medicare Choice Care (HMO) transitioned from Delta Dental to Molina Dental Services and the SKYGEN Dental Hub.

ODM credentials providers for Medicaid and MyCare Ohio. Molina partners with SKYGEN to credential providers for Medicare. As a Molina Medicare provider, Molina is required to credential our network of providers. To credential with us, complete the following steps:

- Complete Section A and Section N of the Provider Information Form (PIF) and include your Council for Affordable Quality Healthcare (CAQH) ProView ID # to credential the provider by returning the completed form via

linked to needed services on their very first prenatal visit. Submission of the ePRAF in the first trimester impacts and improves health outcomes of both member and baby. An ePRAF submission ensures Medicaid coverage for member and baby without disruption through the immediate post-partum period of 12 months post-delivery. **This is important given the current redetermination (renewal) process**.
- Serves as pregnancy notification to MCOs and initiation of timely health care and connection to added resources and care coordination.

Incentive Program Details: To assist providers with the prioritization of ePRAF submissions, the Quality Enhancer Incentive Program provides increased payments to eligible providers who submit the ePRAF via the NurtureOhio website on behalf of their pregnant patients.

- The program incentive is an additional **$110** payment on top of the ODM Fee Schedule amount for ePRAF submission; bringing the total for a **first time** ePRAF submission to **$200**.
- Incentive dollars will only be issued for the **first** submitted ePRAF for each pregnant Medicaid patient. Additional ePRAF submissions due to change in pregnancy related risk or needs, will be paid at the allowable ODM Fee Schedule amount of $90.
- To ensure sustainability of this program, all MCOs are extending this incentive to engaged providers in 2024. Find additional information in the Technical Assistance Intervention Package ePRAF article above.

Payment for Completing the ePRAF: After completing the ePRAF, submit a claim based on the guidelines below:

- Code + Modifier: H100 + 33.
- Description: ePRAF Submission.
- Fee Schedule and Incentive Amounts: $90 + $110 = $200.
- No additional coding is needed for the Quality Enhancer incentive to be paid. Providers who are engaged in the program will have incentive dollars; paid as a lump sum distribution after Dec. 31, 2024 (allowing for a 90-day data tabulation period).
- FQHC/RHC Billing Guidance – ePRAF submission claims should be reported separately as covered non-Prospective Payment System (PPS) services under the "clinic" provider number (provider type 50) of the FQHC/RHC. Billing is Fee-for-Service and is additional to any PPS visit payment.

Submitting the PRAF 2.0 using NurtureOhio is Easy:

- Establish an OH|ID account to access the PNM System.
- With PNM access, next step will be to register within the NurtureOhio site nurtureohio.com.
- Instructions be found at: medicaid.ohio.gov/Provider/PRAF.
- If you need assistance, please email ODM at MomsandBabies@Medicaid.ohio.gov.

Reminder: Process for Submitting EDI Inquiries to Molina

Information for Medicaid providers

email to MDVSPIM@MolinaHealthcare.com or fax to (844) 891-2865.
- CAQH must be re-attested within the last 4 months by visiting proview.caqh.org.
- Groups may attach a roster to their PIF with the provider name, NPI and CAQH #.
- Indicate "global" authorization, which allows access to your data profile to all healthcare organizations.
- Upload copies of your current DEA license and malpractice insurance directly to CAQH.

If you have questions regarding the transition, reach out to Molina Dental Provider Services at MDVSProviderServices@MolinaHealthcare.com or by phone at (844) 862-4564.

Reminder: Claim Hold on Marketplace PPS

Info for Marketplace providers

Based on scheduled updates for the Outpatient and End-Stage Renal Disease (ESRD) Prospective Payment System (PPS), Molina implemented a PPS hold for impacted claims. These claims will remain on hold for dates of service of Jan. 1, 2024 – Feb. 8, 2024.

Reminder: Diabetes Benefits Update in 2024

Info for Medicaid providers

Molina and the Ohio Medicaid MCOs are working collaboratively to make diabetes management easier for providers and their patients. Diabetes education and support and the use of continuous glucose monitors (CGMs) have proven to be effective in diabetes care management.

To facilitate increased utilization of these important tools, Molina and the other MCOs will pay an enhanced reimbursement rate to providers rendering Diabetes Self-Management Education (DSME) and billing the appropriate codes: G0108 and G0109. In addition, PA

Molina has received questions from providers and their Electronic Data Interchange (EDI) Clearinghouses/Trading Partners (TP) regarding the ODM Ohio Medicaid Enterprise System (OMES) EDI file submissions and response files.

As a reminder, these are the appropriate Payer IDs:

- 0007316: Ohio Aged, Blind, or Disabled (ABD) (Medicaid)
- 0007316: Ohio Adult Extension (Medicaid)
- 0007316: Ohio Healthy Families (Medicaid)
- D007316: Molina SKYGEN Dental
- V007316: Molina March Vision
- 20149: 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)

The information below outlines the steps to take so Molina can thoroughly research and advise on the next steps. Molina requests that providers also share this information with their EDI partners:

- Providers should submit an issue ticket with their respective clearinghouse to research and resolve all EDI issues before submitting the issue to Molina.
- For clearinghouses wishing to check the status of EDI submissions or have rejections researched, contact OMESEDISupport@medicaid.ohio.gov or call the ODM at (800) 686-1516, option 4, sub-option 1. Representatives are available 8 a.m.-4:30 p.m. Monday-Friday.

Reminder: Real-Time Claim Adjustments

Information for all network providers

Molina has made enhancements to our claim reconsideration (non-clinical claim dispute) process based on feedback shared via our You Matter to Molina program. Dedicated staff members will work towards First Call Resolution during this enhanced process while guiding the claim through the resolution paths below:

Corrected Claim (claim submission error): Molina will provide information as to the missing or misentered field on the claim submission.

Fast track: The Provider Services Contact Center agents will perform live adjustments during the call. Fast track criteria include:

- Claim denied for no authorization on file, but an approved authorization is on file for the member/provider/services with available units.
- Claim denied for no enrollment, but the member has active enrollment for the date(s) of service.
- Claim denied as duplicate in error. The claim was submitted with corrected claim indicators, or no duplicate or related claim in history.

is **not** required for members who receive a covered CGM device through durable medical equipment (DME) providers or through their pharmacy. Providers must use Healthcare Common Procedure Coding System (HCPCS) codes A4239 and E2103 for CGMs provided through DME.

For additional information regarding these updates, including who to contact at each MCO for questions, see the quick reference guide on our Provider Website, on the Quick Reference Guides & FAQs page, under the Manual tab.

Reminder: Third Party Liability Exception

Info for Medicaid providers

ODM exempts all third party liability (TPL) activities (cost avoidance, pay and chase) for children in the custody of Ohio County Public Children's Services Agency (PCSA). CMS granted a blanket good cause exception from all TPL activities for these children that is documented in the state plan Section 4.22. All children with an Ohio Statewide Automated Child Welfare Information System (SACWIS) eligibility aid code designating them as a child in the custody of an Ohio Title IV-E Agency must be excluded from all TPL cost avoidance as well as post-payment recovery activities.

Reminder: PA Request Forms

Info for all network providers

The preferred method of PA submission is through Availity. If portal submission is not feasible, access the Provider Website Forms page for the most current PA forms and fax numbers. Note: Using an older version of the form may cause delays in processing.

Reminder: Medicaid Enrollment Requirements

Info for Medicaid providers

Any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM PNM

- Claim denied for Explanation of Benefits (EOB) incorrectly, but EOB is attached with appropriate information to coordinate benefits.
- Optical Character Recognition Error occurs during the paper to paper-to-data process where units, billed charges or CPT may have been improperly scanned in the system. Reminder: Paper claims are not accepted for Medicaid.
- Dollar Limit: $25,000 or less billed charges for outpatient services. $50,000 or less billed charges for inpatient services.
- Home Health, Skilled Nursing, Durable Medical Equipment (DME) and Waiver services are excluded from fast track.

Claim Reconsideration (Non-Clinical Claim Dispute): The request will be researched, and if a processing issue is identified, the claim will be re-adjudicated, and an updated remittance will be provided. The standard turnaround time is 15 days or less for the Medicaid line of business. Review the Provider Manuals for turnaround times for the other lines of business.

- Verbal Dispute (Medicaid Only): Providers may call and submit disputes verbally.
- Other Disputes (do not meet the requirements for verbal dispute or fast track): Providers may submit via the Availity Essentials portal (Availity) or fax the Claim Reconsideration (Non-Clinical Claim Dispute) form to Molina.

Note: Providers may request live adjustments through the Secure Messaging Application in Availity.

Reminder: Medicaid Renewals

Information for Medicaid and MyCare Ohio providers

Medicaid members are reaching the final months of post-PHE Medicaid redetermination. As you may know, ODM resumed the annual Medicaid renewal process in April 2023 with the first coverage terminations taking effect on May 1, 2023. We are in the final months of this inaugural year, which ends May 1, 2024. There are still tens of thousands of Ohioans on Medicaid that will be renewing their benefits for the first time in a long time. Molina is here to help with this process for our shared patients. Here are some ways we can assist:

- **File Sharing:** Molina receives monthly files from ODM that indicate which members are due for renewal. In turn, Molina can share this information for your Molina patients. This gives you the opportunity to make outbound contact with these patients to remind them of their renewal. It helps prevent patients from learning of their coverage loss when they come for an appointment.
- **Lunch and Learns:** Molina staff can provide a virtual or in-person session to provide “How to” education on the renewal process.
- **Patient Literature:** Molina has created patient information to help explain what Medicaid renewal is and how to complete the system will receive denials for claims submitted to Molina. Claim denials will continue until the provider's Medicaid enrollment is noted as an "active" status.

Note: Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated.

Visit medicaid.ohio.gov for additional information. Note that Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

Reminder: Claim Status Secure Messaging: Availity

Info for all network providers

Providers can now submit secure messages directly to Molina from the claim status screen via Availity's messaging application.

- Go to claims & payment, then select claims status.
- Providers will need the claim status and messaging application to access the function.

Tips:

- Initiate a message via the "message this payer" option.
- Allow up to five business days for a response.
- Access the messaging queue from the top right corner of the Availity home page.
- Conversations are displayed as cards. The color of the card indicates the status.
- If a message is missing from your queue, clear your filter options. All users have sorting and filtering options.

Message directly with Molina on:

- Basic inquiries or questions.
- Claim Reconsiderations (Not a formal appeal).
- Enrollment denials.
- Incorrect COB denials.

Claims Secure Messaging is not ideal for timely filing denials, formal appeals/disputes, EOPs, appeals status, Eligibility and Benefit (E&B) verifications (use E&B Secure

process. This information is available to our providers for office distribution.

- On-site Assistance: Our team can come onsite and host a Renewal Assistance Day if you have a number of Molina patients due for renewal in the same month. We can help coordinate the event, spread the word and even offer activities and refreshments to encourage participation.

Please know that our Molina renewal team is also reaching out to members needing to renew through phone calls, text messages, emails and letters. However, communication coming from their provider and being able to get personal assistance onsite have been found to be effective ways to reach these members.

Reach out to MHOCommunityOutreach@MolinaHealthcare.com to learn more about how Molina can help renew your patients. Please reach out to OHProviderRelations@MolinaHealthcare.com if you are interested in file sharing.

Read the Frequently Asked Questions (FAQs) section on Molina's Medicaid Renewals page to learn more and find instructions on how to access Medicaid Renewal dates for your patients by performing an Eligibility and Benefits inquiry via Availity. Primary Care Providers may also access Renewals information on their member rosters in Availity.

Reminder: EOP Refund and Forwarding Balance Enhancement

Information for all network providers

As a reminder, Molina made enhancements to the reporting of refunds received that are displayed on the Explanation of Payment (EOP) and 835 files, as well as Forwarding Balances.

Refund amounts were previously combined as a bulk total for the payment with a reference ID of the payment check history ID (CHKHST ID) on an EOP and 835. These sections will be updated to utilize a reference ID of the claim itself, allowing for more precise reporting of these transactions. Note: The setup of using WO/72 code types will remain. Updates include:

- EOP: Reference ID on the EOP adjustment section will reflect the claim ID for the transactions related to each refund posting and no longer use the check history ID.
- Provider Level Balance (PLB) segment on the 835: Items labeled as Provider Return/Refund credit will be reflected on the 835 as adjustment code type 72 with a reference ID of the claim ID for each refund. Items labeled as Overpayment Recovery will be reflected on the 835 as adjustment code type WO with a reference ID of the claim ID for each refund. This is Molina's method of recording refunds received and will result in a net total of $0.00 on your payment.

messaging), overpayments, claims corrections (including COB denials) and denied PA.

Reminder: New Availity Function: Submit and Track Appeals

Info for all network providers

Providers now have access to a new process for submitting the following appeals to Molina in Availity:

- Authorization Reconsideration (Clinical Claim Dispute).
- Claim Reconsideration (Non-Clinical Claim Dispute).

Providers can:

- Submit the request online for Molina's finalized claims.
- Check the status of the request submitted on Availity.
- View and import requests in Availity that were initiated through outside channels, e.g., fax, verbal.
- Upload supporting documentation for online requests.
- Receive a notification when requests have been finalized and processed by Molina.

Fighting Fraud, Waste and Abuse

Do you have suspicions of member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential but you may choose to report anonymously.