2025 Provider Manual Annual Update Cycle
Significant Updates by Section/Chapter –
MyCare Ohio Provider Manual

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

Material changes to content are called out in the information below:

Table of Contents
- No significant changes.

I. Contact Information
- Updated the "Provider Services Department" section to help differentiate between the Provider Services Department and the Provider Relations Department.

II. Enrollment, Eligibility, Disenrollment
- Updated Molina Dual Options MyCare Ohio Medicaid only (opt-out) Member Card to align to 2025 program.

III. Benefits and Covered Services
- Updated the language in the "Specialty Drug Services" section with information on shipping prescriptions.
- Updated the "Injectable and Infusion Services" section with additional information on physician-administered drug claim requirements to include NDC.
- Added a subsection called "Well-Child/Adolescent Visits" to the "Well Child Visits and EPSDT Guidelines" section. Content updated to help define when additional evaluation and testing is required.

IV. Behavioral Health
- Updated the "C. Access to Behavioral Health Providers and PCPs" section to provide PA requirements for non-network behavioral health providers.
- Added "G. National Suicide Lifeline" section with information on the National Suicide Lifeline, including hours and phone number.

V. Claims and Compensation
- Updated the "Clearinghouse" section with information on the SSI Group, Molina's gateway Clearinghouse.

- .
- Updated the "National Provider Identifier (NPI)" section with a link to the NPPES website for provider data verification.
- Updated the "Required Elements" section with information from our July 2024 Addendum about electronic claim submission, National Drug Code (NDC) and unit requirements, as well as data validation information.
- Updated the "EDI Claims Submission Issues" section with a new email address.
- Updated "G. Corrected Claim Process" to include additional information on corrected claims timely filing if there is a paid claim on file.
- Updated "Coordination of Benefits (COB)" section with updated language on COB, secondary payer requirements and timelines for providers to bill third party liability.
- Updated "Coordination of Benefits (COB)" section with updated contact information for reporting COB updates.
- Updated the "O. Telehealth Claims and Billing" section with a new link for Medicare telehealth information and a link to OAC 5160-1-18 for Medicaid telehealth.
- Removed "U. Nursing Facility Guidelines" section per our July 2024 Addendum.
- Updated "U. Patient Liability" section to delete the reference to a removed website document, the Patient Liability Guide.
- Updated the "Y. Overpayments and Incorrected Payments Refund Requests" section per our February 2024 Addendum.
- Added "Overpayment Dispute Process" with details on timeframes, process steps and how to view overpayment letters in the Availity Essentials Portal.
- Added a new "Z. Contracted Provider Dispute, Appeal and Payment Inquiry Reconsideration Process" header and moved the Claim Reconsideration and Authorization Reconsideration sections under the header.
- Changed the name of "Claim Reconsiderations (not related to an Authorization/Medical Necessity Review)" name to "Claim Reconsideration (Non-Clinical Provider Claim Dispute)" and added a definition of a claim dispute, as well as recommendations on submitting disputes/appeals for multiple claims for different members and/or multiple claims for the same member.
- Changed the name of "Authorization Reconsiderations for Medical Necessity" to "Pre-Claim (Service) Authorization Reconsiderations for Medical Necessity" and "Post-Claim (Service) Authorization Reconsiderations for Medical Necessity (Provider Claim Appeal)." Broke into

two separate sections and added information including a post-claim definition and requirements.

- Added new "Provider Claim Payment Inquiries/Reconsiderations (Availity Essentials Portal)" section with a definition of a payment inquiry and the steps the provider should take to submit a payment inquiry.
- Added a new "BB. Claims that Denied for an Itemized Bill" section with details on itemized bill requirements for corrected claims and updated the attachment size limitation to 640 MB.

VI. Health Care Services

- Updated language in the "A. Utilization Management (UM)" section to clarify Molina's benefits coordination assistance for dual eligible members.
- Updated the "MCG Cite Guideline Transparency and MCG Cite AutoAuth" section to note that Cite AutoAuth is the primary submission rout for advanced imaging requests and that Molina will be rolling out additional services for inclusion in this process throughout 2025.
- Added language to the "Clinical Information" section noting requests should be submitted via the Availity Essentials Portal whenever possible.
- Added the Availity Essentials Portal as an additional communication route for an authorization number in the "Communications of Pre-Service Determinations" section.
- Updated "Termination of SNF, CORF and HHA Services" section to clarify the NOMNC delivery timeline is at least two calendar days.

VII. Managed Long-Term Services and Support (MLTSS)

- Changed the name of "Individualized Care Plan (ICP)" to "Person-Centered Service Plan (PSCP)" in the "Getting Care, Getting Started" throughout the chapter.
- Added Structured Family Caregiving Services to the "MLTSS Benefits and Approved Services" section.
- Updated 42 CFR 441.301 to 42 CFR 441.725 in the "Person-Centered Service Plan Coordination" section.
- Updated the "Self-Directed Care Services" to align with ODM's update to OAC 5160-58-03.2.
- Removed language in the "Self-Directed Care Services" to align with ODM coverage of background checks and new guidance on who is prohibited from being a paid caregiver.
- Added new language under the "Credentialing and Contracting" section to clarify credentialing requirements for Molina compared to ODM managed care.

- Updated the "Electronic Visit Verification (EVV)" section to direct providers to ODM's EVV Homepage.
- Removed the "Nursing Facility Billing Guidance" section per our February 2024 Addendum.

VIII. Credentialing and Recredentialing
- No significant changes.

IX. Delegation
- Removal of Sanction Monitoring bullet point in the "Delegation" section.

X. Quality
- Updated the "Appointment Access" grid for Medical Appointments and Behavioral Health Appointments to align to our February 2024 Addendum.
- Updated the "N. Quality Improvement Activities and Programs" section per our February 2024 Addendum.
- Added HIV/AIDS to the "P. Clinical Practice Guidelines" section.

XI. Cultural Competency and Linguistic Services
- No significant changes.

XII. Compliance
- Updated 45 CFR 154.501 to 45 CFR 164.501 in "Post-Payment Recovery Activities" section and adding a hyperlink.
- Addition of an "Artificial Intelligence" section, including a definition of Artificial Intelligence (AI), as well as information on regulations, requirements and expectations on advanced communication to Molina if AI is used by the Provider that may impact the provision of Covered Services to Molina Members.
- Updated references in the "Cybersecurity Requirements" section from "the Provider Agreement" to "the Provider's Agreement with Molina."

XIII. Members' Rights and Responsibilities
- No significant changes.

XIV. Appeals and Grievances
- No significant changes.

XV. Provider Responsibilities

- Updated the "D. Provider Data Accuracy and Validation" section with information on active enrollment with the state Medicaid program to be eligible for reimbursement, and how to get enrolled.
- Added new Availity Essentials Portal submission capabilities to the "G. Electronic Claims Submission Requirements" section.
- Added ECHO Health information to the "H. Electronic Payment (EFT/ERA) Requirement" section for ease of reference.
- Updated the "1. General Provider Information/Enrollment Information" section to reflect the 2024 registration fee.

XVI. MyCare Ohio: Pharmacy

- No significant changes.

XVII. MyCare Ohio: Medicare Part D

- No significant changes.

XVIII. Risk Adjustment Management Program

- No significant changes.