PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA® HEALTHCARE

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March 2025

Special Experience Survey
Info for all network providers

As part of our ongoing efforts for provider data validation, Molina Healthcare of Ohio, Inc., has published a new Provider Special Experience Survey on the You Matter to Molina page, under the Communications tab on our Provider Website, for providers who wish to share any special experience, skills, expertise and/or training with Molina. As information is shared, Molina will update the Provider Online Directory to better support our members when looking for a provider.

Providers can fill out this survey anytime there is a change to the information initially submitted during the contracting process with Molina. If no changes have taken place since contracting, no submission is required.

All MCO Semi-Annual Meeting for CPC and CMC Practices
Info for Ohio CPC and/or CMC practices

On March 19, 2025, from 12 to 1:30 p.m., the seven Medicaid Managed Care Organizations (MCO) are hosting an interactive meeting to support providers enrolled in the Comprehensive Primary Care (CPC) and Comprehensive Maternal Care (CMC) programs.

Various topics will be covered, including best practice discussions for the CPC/CMC programs, key areas of quality improvement and population support.

Register at events.teams.microsoft.com/event/b9c57acb-925c-4dcc-947d-c86a2a62174f@db05faca-c82a-4b9d-b9c5-0f64b6755421.

Medicaid Timely Filing Extension Ending
Info for Medicaid providers

Since the Feb. 1, 2023, launch of the Ohio Department of Medicaid's (ODM) Fiscal Intermediary (FI), providers submitting claims via Electronic Data Interchange (EDI) system have experienced some issues with claim processes. ODM also acknowledged this and extended timely filing on Ohio Medicaid claims for dates of service on or after Feb. 1, 2023.

- Note: This was only for EDI claims impacted by issues with the ODM FI.

On March 1, 2025, the 365 timely filing limit will go into effect.

Please note there is no change to the dispute timeline. Providers may file a written dispute no later than 12 months from the date of service or 60 calendar days after the payment, denial or partial denial of a timely dispute submission, whichever is later.

Overpayment Policy Update
Info for Medicaid providers

Molina now allows providers 60 calendar days from the date on the Overpayment Dispute notice to submit a written response disputing the overpayment or requesting an extended payment arrangement or settlement. This new timeframe extends the previously-allowed 30 days to respond.

Reminder: If the provider fails to submit a written response within the time period provided, Molina may execute the recovery as specified in the notice.

Providers should follow the instructions on the overpayment letter detailing how to submit a dispute.

ODM EVV Implementation Updates
Info for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

The Ohio Department of Medicaid (ODM) will roll out the Electronic Visit Verification (EVV) claims processing changes in seven phases.
- March 1, 2025: Phase 1: Home Health Services billed to ODM Fee-for-Service (FFS).
- June 1, 2025: Phase 2: Private Duty Nursing, Nurse Assessment and Consult Services billed to ODM FFS.
- June 1, 2025: Phase 3: Home Health Services billed to Next Generation of Medicaid MCOFind additional information on the seven phases on the ODM EVV website at medicaid.ohio.gov by selecting Programs & Initiatives under Resources for Providers and then Electronic Visit Verification (EVV).

Resources include:
- EVV Claims Adjudication Phases Chart
- EVV Claims Validation Process Flowchart
- ODM February 2025 EVV Newsletter

Note: Each phase will include claims billed for services based on the date of service on/after the start date for that phase.

Nursing Facility Ventilator Pre-Payment Policy
Info for Medicaid providers

Molina has posted the new Molina Nursing Facility (NF) Ventilator Pre-Payment Policy for an effective date of April 1, 2025.

Per the new policy, Molina will conduct a medical necessity review for services billed for a Molina Medicaid member.

This policy is being implemented to align with Ohio Administrative Code (OAC) [5160-3-18](5160-3-18) Nursing Facility: Ventilator Program.

Providers can access the full policy on the Payment Integrity Policies page, under the Policies tab on our Provider Website.

Q2 PA Code Changes
Info for all network providers

Molina has posted the following PA Code Change documents on our Provider Website, under the Provider Website Forms tab, for an April 1, 2025, effective date:
- Medicaid: Q2 2025 PA Code Changes
- Medicare and MyCare Ohio (MMP): Q2 2025 PA Code Changes
- Marketplace: Q2 2025 PA Code Changes

Information includes non-covered codes, new codes that require PA and which codes no longer require PA for each line of business. Molina posts new PA Code Change documents to our website quarterly. However, changes can be made between the quarterly updates. Providers should always use our PA Lookup Tool to view the most up-to-date information.

UPDL: 30-Day Change Notice
Info for all Medicaid providers

ODM will post their Ohio Unified Preferred Drug List (UPDL) 30-Day Change Notice on March 1, for an effective date of April. 1, 2025. Find it at medicaid.ohio.gov/stakeholders-and-partners/phm.

Availity Essentials Portal Reconsiderations vs. Appeal Options Update
Info for all network providers

Based on feedback Molina received from our provider community regarding the multiple options to select from when submitting a reconsideration or appeal, we have streamlined the options in Availity Essentials (Availity) to simplify the selection process for you.

Effective March 15, 2025, Availity will be updating the titles of the two categories described below:

Claim Payment Inquiries/Reconsiderations (previously communicated as Claim Reconsideration): A claim payment inquiry is a request by a provider to have Molina review a previously paid, denied or reduced claim.

Examples of when to use Claim Payment Inquiry/Reconsideration include:
- Retro-eligibility issues
- Coordination of benefit updates
- Claims denied as a duplicate in error
- Claims denied for no authorization when authorization is not required or when an approved authorization is on file

Note: A Claim Payment Inquiry/Reconsideration will not allow any supporting documentation or attachments.

Claim Payment Dispute/Appeal (previously communicated as Claim Appeal): A claim payment dispute/appeal should be selected when there will be supporting documentation or attachments to substantiate the dispute or appeal.

Examples to use Claim Payment Dispute/Appeal include:
- Denials for code edits
- Untimely filing
- Non-covered benefits
- Absent or denied authorizations

Temporary Waiver of Prior Authorization Requirements for Nursing Facility Admissions
Info for Medicaid, MyCare Ohio and Marketplace network providers

Using the Ohio Department of Health [Seasonal Influenza Activity Report](#), Molina will waive prior authorization admissions to in-network Nursing Facilities (in any county) when discharging from any acute hospital in Cuyahoga, Franklin, Montgomery and Hamilton counties from Feb. 26, 2025 – March 9, 2025.
- Nursing Facility will be given approval for three days.
- Nursing facilities will be required to ensure Preadmission Screening and Resident Review (PASRR) requirements are met prior to admission per federal and state regulations (including the hospital exemption when applicable).
- Accepting/admitting facilities are required to submit proof of PASRR when applicable, and clinical documentation to support medical necessity for the requested level of care within three days following admission.

Exclusions:
- Non-participating/out-of-network Nursing Facilities are excluded from the above waiver and are required to submit prior authorization for any admission requests.
- Participating hospital providers outside of Cuyahoga, Franklin, Montgomery and Hamilton counties.
- Long-term acute care hospitals (LTACH) and Acute Rehab will continue to require prior authorization.

Find the Seasonal Influenza Activity Report at [odh.ohio.gov](#) by selecting Information & Programs, then typing Influenza in the search bar and selecting the tile.

Recorded Trainings
Info for all network providers

Molina has temporarily removed our recorded trainings from the Provider Website You Matter to Molina page.

The presentations that were included in our recorded trainings are still available on the You Matter to Molina page, under the Molina Presentations drop-down header, including our You Matter to Molina Forums, Provider Orientations and an assortment of additional trainings.

If you would like a live training via Microsoft Teams, please attend one of our monthly trainings (a list of trainings is located under the Upcoming Trainings header), or reach out to our Provider Relations team for additional options.

Updated: Real-Time Claim Adjustments
Info for all network providers

As a reminder, Molina made enhancements to our claim reconsideration (non-clinical claim dispute) process in 2023 based on feedback shared via our You Matter to Molina program.

Staff members will work towards First Call Resolution during this process and guide 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. Providers should call Molina Provider Services, select the appropriate line of business, select option #3 for claims and then choose option #2 for claim adjustment to reach the Fast Track team.

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 incorrectly denied as a duplicate. This submission included corrected claim indicators and there is no duplicate or related claim in history.
- 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.

Dental Claim and Authorization Inquiries
Info for dental network providers

As a reminder, providers should reach out to the SKYGEN provider call center at (855) 322-4079 for dental claim and dental authorization inquiries.

Additionally, changes and updates must be made in the ODM Provider Network Management (PNM) system prior to emailing MDVSProviderServices@MolinaHealthcare.com with the Provider Information Form. Providers should always include their Taxpayer Identification Number (TIN) and National Provider Identifier (NPI) in the email.

Find additional dental information in the Molina Dental Provider Manual on our Provider Website under the Manual tab.

Updated: You Matter to Molina: Get to Know Your Provider Relations Representatives
Info for all network providers

Our Molina Provider Relations team is here to help answer your questions and connect you with training opportunities. Throughout 2025, we will introduce you to our team members and explain how to contact us directly for assistance.

Christopher Jones, Provider Relations Senior Representative:
- **My favorite thing to do:** My favorite pastimes are making music, crafting and spending quality time with my family. While my favorite music style is adult contemporary, I excel at country-pop trivia.
- **Interesting fact:** I collect comic books, action figures and autographs, but one of my favorite items in my collection is a skirt from the musician Kesha.
- **Why I serve our Molina providers:** I grew up in Florida on Medicaid. This work resonates deeply with me and it is a pleasure to serve our population. Being a part of positive change and making a difference is extremely important to me.

- Available by email at:
  OHProvider.RelationsHospital@MolinaHealthcare.com

Crysta Davis, Provider Relations Representative:
- **My favorite thing to do:** When I am not playing with my two dogs, Aspen and Phoenix, I spend my free time planning my November wedding. I also love horror films and true crime documentaries.
- **Interesting fact:** I fulfilled one of my life goals during the COVID-19 pandemic and became a certified wedding planner.
- **Why I serve our Molina providers:** If I can resolve a provider's issue, that gives them more time to serve the members. I approach every situation understanding that there are real people (members) behind the provider issues, and that person could be one of my loved ones.
- Available by email at:
  OHProvider.RelationsHospital@MolinaHealthcare.com

Updated: Annual Mandatory D-SNP Medicare Model of Care Training
Info for Medicare providers

The Centers for Medicare and Medicaid Services (CMS) requires certain contracted Medicare medical providers to complete a basic training on the Molina Healthcare-specific Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2025. This includes the following provider types:
- Primary Care Provider (all specialties for PCP Physicians)
- Hematology/Oncology (Gynecologic Oncology, Hematology, Hematology and Oncology/Oncology and Hematology, Medical Oncology, Oncology, Surgical Oncology)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)
- Cardiology (Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional, Hypertension Specialist)

Your practice must take action to complete this training and submit your attestation.
- **Online Training:** The Molina 2025 Model of Care Provider Training is on the Medicare Provider Website under the Model of Care header.

After reviewing the training, providers should complete and submit the OH MOC Attestation Form located in the Select State Form drop-down menu. **Reminder**: individual providers can fill out and submit the OH MOC Attestation Form online.

If one provider is willing to sign off for a group or clinic, the provider should not fill out and submit the OH MOC Attestation Form online, instead the provider must:

1. Export the OH MOC Attestation Form using the "Export to PDF" button
2. Fill out an Excel spreadsheet of all the providers in the clinic/group and include:
   - Name of the provider giving the training
   - Clinic/Practice name address
   - Tax Identification Number (TIN)
   - The method used to train office staff and providers
   - Date the office staff and providers were trained and signed the attestation
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to OHAttestationForms@MolinaHealthcare.com

Find additional information on CMS Model of Care requirements at cms.gov under "Regulations & Guidance," then "Manuals," and "Internet-Only Manuals (IOMs)" in the "CMS 100-16 Medicare Managed Care," then "Chapter 5 – Quality Assessment," find "Section 20.2.1 – Model of Care Elements," then "3. SNP Provider Network," and "C. MOC Training for the Provider Network."

Updated: Live Provider Training Sessions
Info for all network providers

Molina is offering the chance to enter a monthly drawing for a prize! To enter, join a provider training and share your name and email.

You Matter to Molina Forums:
- Quality: Ensuring Patient's Health: Thurs., March 27, 2 to 3 p.m.
- Home Health Prior Authorization Process and Best Practices: Fri., April 25, 10 to 11 a.m.

General Provider Orientation:
- Wed., March 5, 1 to 2 p.m.
- Thurs., April 3, 11 a.m. to 12 p.m.

Specialized Provider Orientation:

- Nursing Facility and Assisted Living: Fri., March 14, 1 to 2 p.m.
- Quality: Mon., April 14, 1 to 2 p.m.

Molina Dental Services Training:
- Tues., March 25, 3 to 4 p.m.

- Wed., April 30, 1 to 2 p.m.

Availity Essentials Portal Training: Visit the Help & Training section on the portal or contact training@availity.com for training.

In Case You Missed It: View the complete articles on the Provider Bulletin page under the Communications tab of our Provider Website, under the identified month, noted in parentheses ( ).

- Hospice Billing for Nursing Facility Room and Board: Molina posted a new Hospice Nursing Facility Room & Board Billing Guidance Add-On Rate document to our Provider Website with information for the new add-on room payments. (February 2025)
- Inpatient Admission Notification Process Reminder: Effective Jan. 1, 2025, Inpatient admission prior authorization requests should be submitted within two business days following the written order for inpatient admission. (January 2025)
- Nursing Facility Private Room Billing Guidance: Molina will reimburse the add-on payment for private rooms at qualifying nursing facilities in accordance with OAC 5160-3-16.3. (January 2025)
- Access2Care Email Address Update: Molina's Non-Emergent Medical Transportation vendor, Access2Care, has updated their email address to CareManagement@mtm-inc.net. (January 2025)
- ODM Coverage of COVID-19 At-Home Test Kits: Effective Jan. 1, 2025, Molina, following ODM guidance, will no longer cover at-home COVID-19 test kits. (January 2025)
- ODM Update: Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM: On Jan. 23, 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. (May 2024)
- PA Request: The preferred method of PA submission is through Availity. Availity offers a more streamlined provider experience compared to faxing. Contact training@availity.com for training. Note: Using an older version of the PA request form may cause delays in processing. (March 2024)
- Medicaid Enrollment Requirements: Any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM PNM 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. 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. (March 2024)

Questions and Quick Links	Connect with Us	Join Our Email Distribution List
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	facebook.com/MolinaHealth x.com/MolinaHealth **Fighting Fraud, Waste and Abuse** Suspect member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week at (866) 606-3889. Reports are confidential but you may choose to report anonymously.	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.