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Provider Office Lab Testing Policy

Info for Medicaid and MyCare Ohio providers

Molina has updated the Provider Office Lab Testing policy effective for dates of service on and after May 1, 2025.

The [Physician Office Laboratory Testing](#) policy is located under the Lab Payment Policies header on the Payment Integrity Policies page of our Provider Website, under the Policies tab. The updated policy impacts only Medicaid and MyCare Ohio Medicaid providers.

Medicare and Marketplace providers should continue to follow the existing Provider Office Lab Testing policy on the Molina website, [Physician Office Laboratory Testing](#). Future updates to the policy will be communicated once completed.

Please contact your Provider Relations Representative with any questions.

MCO Resource Document for Doulas

Info for Ohio Medicaid Doula providers

Since the launch of doula services covered under the Ohio Medicaid program in October 2024, doula providers and the Ohio Medicaid Managed Care Organizations (MCOs) have worked together and identified opportunities for additional connections and collaborations between our organizations. One area of recommendation from doula providers is the need for a single guide to reflect key information across all seven MCOs: AmeriHealth, Anthem, Buckeye, CareSource, Humana, Molina and UnitedHealthcare.

As a result of this feedback, the seven MCOs have developed an [Ohio Medicaid MCOs Consolidated Doula Resource Guide](#) to use as a quick reference for key information from the MCOs. Molina has posted this new guide to our Provider Website for ease of reference under the Health Resources tab on the Pregnancy Resources page. Additionally, ODM posted this guide to the [Doulas](#) page at medicaid.ohio.gov/ by selecting the Program & Initiatives header on the Families & Individuals tab, then Maternal and Infant Support and Doulas. Please refer to this guide for quick access to a variety of topics, including contracting information, transportation benefits and frequently asked questions (FAQ) resources.

2025 HEDIS® Data Collection

Info for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a tool used to report performance on quality of care and service. Molina started collecting this data in February. We appreciate your prompt response to requests.

Molina is required to collect and provide medical record documentation from our providers to fulfill state and federal regulatory and accreditation requirements. Health Insurance Portability and Accountability Act (HIPAA) regulations permit a covered entity (physician practice) to disclose protected health information (PHI) to another covered entity (health plan) without enrollees' consent for the purpose of facilitating health care operations.

Molina reaches out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:

- Providers allow Molina access to their Electronic Health Records for quick access to records pertaining to the HEDIS® project
- Secure email, fax or mail
- An onsite visit by Molina, based on the volume of records

PNM Update: Multi-Factor Authentication

Info for Medicaid and MyCare Ohio providers

The Ohio Department of Medicaid (ODM) will be implementing a Multi-Factor Authentication (MFA) process to the Provider Network Management (PNM) system starting on May 4, 2025.

Find out more in the [OHID MFA Job Aid](#), available on the Trading Partners page under the Resources for Providers header at [medicaid.ohio.gov](https://www.medicaid.ohio.gov).

You Matter to Molina: Disability Awareness and Sensitivity Training

Info for all network providers

Molina posted a new [You Matter to Molina: Disability Awareness and Sensitivity Training](#) to our Provider Website on the You Matter to Molina page under the Communications tab. Topics discussed in the presentation include:

- Who are People with Disabilities?
- Disability and Culture
- Functional Limitations and Aging
- The Diversity of Disability
- Health Equity
- Barriers to Accessing Health Care
- Communicating with Individuals with Disabilities
- Person-Centered Model
- What's Covered by Molina

Americans with Disabilities Act

Info for network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities access to services. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations,

including health care. By eliminating barriers to healthcare access, we can improve the quality of life for people with disabilities.

Learn more in the Molina Provider Education Series [Americans with Disability Act \(ADA\)](#) on our website, on the Culturally and Linguistically Appropriate Resources/Disability Resources page under the Health Resources tab, or the [Americans with Disabilities Act FAQ](#) on our MyCare Ohio website under the Manual tab, on the Quick Reference Guides & FAQs page.

Provider Demographic Information: Fax Number for Dispute Resolution

Info for all network providers

In order to receive timely responses to disputes submitted through the Availity Essentials Portal or via fax, providers are encouraged to complete the fax number field on the dispute form with a secure fax number that will be utilized by Molina for communicating the resolution of the request.

Note: Molina will not be able to make a timely response to the request if the fax number field is blank, inaccurate or incomplete.

Emailing Protected Health Information (PHI) Securely

Info for all network providers

All emails that contain PHI must be sent to Molina via a secure email system. In order to email PHI securely:

- Follow your entity's secure messaging policies for drafting and sending messages.
- Always review the recipient's information before clicking "Send" to ensure the email is sent to the appropriate individual(s).
- Do not use PHI in the subject line of an email. Only the body of the email can be sent via secure transmission.
- Send the minimum required PHI to assist in identifying the issue.
- Do not send PHI to multiple health plans at the same time.

Note: If you do not have a secure messaging system, please send Molina a non-secure email to request we reply with a secure email that can be used for further communication.

Q1 Provider Newsletter

Info for all network providers

The Q1 Provider Newsletter is available on the Provider Website under the Communications tab.

Articles include:

- Evaluating Molina's quality performance
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Important: Changes to NCQA Credentialing requirements
- Update provider data accuracy and validation
- Clinical Policy
- Provider Manual updates

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.

Jean-Paul Mantilla, Provider Relations Representative:

- **My favorite thing to do:** I enjoy cooking and watching movies.
- **Interesting fact:** I do movie reviews online and have had directors and actors praise my reviews.
- **Why I serve our Molina providers:** Ultimately, it helps our members, and it feels good to help others.
- **Available by email at:**
OHProviderRelations@MolinaHealthcare.com

Jeanneen Williams, Provider Relations Representative:

- **My favorite thing to do:** My ultimate favorite thing to do is watch my 6-year-old granddaughter grow up. She makes my heart smile. I love to travel, both domestically and internationally. I also enjoy attending concerts; my favorite bands are New Edition and Commissioned.

- **Interesting fact:** My mother and I share the same birthday.
- **Why I serve our Molina providers:** Serving Molina's providers has a domino effect in strengthening our member population and, ultimately, the community at large.
- **Available by email at:**
OHProviderRelationsPhysician@MolinaHealthcare.com

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:

- Home Health Prior Authorization Process and Best Practices: Fri., April 25, 10 to 11 a.m.
- Telehealth: Thurs., May 29, 10 to 11 a.m.

General Provider Orientation:

- Thurs., April 3, 11 a.m. to 12 p.m.
- Mon., May 5, 10 to 11 a.m.

Specialized Provider Orientation:

- Quality: Mon., April 14, 1 to 2 p.m.
- Behavioral Health: Wed., May 14, 11 a.m. to 12 p.m.

Molina Model of Care:

- Tues., May 20, 11 a.m. to 12 p.m.

Molina Dental Services Training:

- Wed., April 30, 1 to 2 p.m.
- Thurs., May 29, 10:30 to 11:30 a.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 ().

- [Special Experience Survey](#): Molina 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. ([March 2025](#))
- [Medicaid Timely Filing Extension Ending](#): On March 1, 2025, the Medicaid timely filing extension ended, and the 365 timely filing limit went back into effect. ([March 2025](#))

- Overpayment Policy Update: Molina now allows providers 60 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. ([March 2025](#))
- ODM EVV Implementation Update: ODM will roll out the EVV claims processing changes in seven phases. Find out more on the ODM EVV website at medicaid.ohio.gov. ([March 2025](#))
- Nursing Facility Ventilator Pre-Payment Policy: Molina posted a new Molina Nursing Facility (NF) Ventilator Pre-Payment Policy for an effective date of April 1, 2025. ([March 2025](#))
- Availity Essentials Portal Reconsideration vs. Appeal Options Update: Effective March 15, 2025, Availity updated the titles of the two categories below:
 - o Claim Payment Inquiries/Reconsiderations
 - o Claim Payment Dispute/Appeal ([March 2025](#))
- Real-Time Claim Adjustments: Molina staff members will work towards First Call Resolution. 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. ([March 2025](#))
- Dental Claim and Authorization Inquiries: Providers should reach out to the SKYGEN provider call center at (855) 322-4079 for dental claim and dental authorization inquiries. ([March 2025](#))
- 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](#))
- Annual Mandatory D-SNP Medicare Model of Care Training: CMS requires contracted Medicare medical providers to complete training on the D-SNP MOC by December 31, 2025. Molina hosts training sessions for providers and their staff. ([January 2025](#))
- ODM Update: Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM: On January 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](#))

<p><u>Questions and Quick Links</u> 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</p> <ul style="list-style-type: none"> • Email: OHProviderRelations@MolinaHealthcare.com • Provider Website: MolinaHealthcare.com/OhioProviders 	<p><u>Connect with Us</u> facebook.com/MolinaHealth x.com/MolinaHealth</p> <p><u>Fighting Fraud, Waste and Abuse</u> 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.</p>	<p><u>Join Our Email Distribution List</u> 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.</p>
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