

Notice of Changes to the Provider Manuals

Information for all network providers

Combined Provider Manual: Based on guidance from the Ohio Department of Medicaid (ODM) and the continuation of the Next Generation Medicaid launch, Molina has split the Combined Provider Manual into two separate documents, a Medicaid Provider Manual and a MyCare Ohio Provider Manual. Please look for a communication from Molina once the Medicaid and MyCare Ohio Provider Manuals are posted.

Medicaid: Provider Manual updates include:

- Implementation of the ODM Provider Manual template, required content, and provider guidance for the Phase 3A launch on Feb. 1, 2023

MyCare Ohio: Provider Manual updates include:

- Removal of Medicaid line of business from the MyCare Ohio Provider Manual
- Updated ODM Centralized Credentialing information
- Incorporated updates from the Oct. 2022 Molina Combined Provider Manual addendum
- Removed "Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors for Subcontracts Over the Simplified Acquisition Threshold of \$250,000" content

Medicare Provider Manual: The [Medicare Provider Manual](#) will be updated on Feb. 1, 2023, with an addendum noting the removal of the subsection "Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors for Subcontracts Over the Simplified Acquisition Threshold of \$250,000" due to Executive Order 14042 remaining on hold.

As a 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. This practice ensures you are accessing the most up-to-date versions.

Molina of Ohio Clinical Policies

Information for Medicaid providers

Molina posted Ohio Medicaid-specific clinical policies on our Medicaid Provider Website, on the [Molina Ohio Clinical Policy](#) page, under the "Policies" tab.

The Molina Clinical Policies accessible on the page are specific to Molina Healthcare of Ohio Medicaid only and can be used as a tool to guide providers in their medical decisions.

Molina has established Molina Clinical Policies that function as one of the sets of guidelines for coverage decisions or determinations. Please know that these Molina Clinical Policies do not constitute plan authorization, nor are they an explanation of benefits.

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Questions and Quick Links

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 Provider Website at MolinaHealthcare.com/OhioProviders
 - [Provider Manual](#)
 - [PA Code List](#)
 - [PA Request Form](#)
 - [Provider Bulletin Archive](#)
 - [It Matters to Molina Page](#)
 - [Provider Portal](#)

Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Connect with Us

facebook.com/MolinaHealth
twitter.com/MolinaHealth

Medicare, MyCare Ohio, and Marketplace clinical policies are available at [MolinaClinicalPolicy.com](https://www.molinahealthcare.com/clinical-policy).

Marketplace Hospice Claims

Information for Marketplace providers

Based on guidance from the Centers for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual, [Chapter 11 – Processing Hospice Claims](#), a hospice must bill for their Medicare beneficiaries on a monthly basis.

- Monthly billing must conform to a calendar month (i.e., limit services to those in the same calendar month if services began mid-month) rather than a 30-day period which could span two calendar months.
- Hospices submitting more than one claim in a calendar month for the same beneficiary will have claims returned. The only exception to this requirement is in the case of the beneficiary being discharged or revoking the benefit and then later re-electing the benefit during the same month.
- The monthly billing requirement applies even if the patient is discharged, revoked, or expires on the first of the next calendar month. For example, if a patient is admitted to hospice on August 8th and revokes the benefit on September 1st, the hospice must submit two claims. A claim is submitted for dates of service from August 8 to August 31, and a separate claim is submitted with dates of service from September 1 to September 1. Hospice claims should not span multiple months. Any hospice claim spanning multiple months will be returned to the provider for correction.

Care Coordination Portal

Information for Medicaid providers

Molina has posted the following Care Coordination Portal documents on our It Matters to Molina (IMTM) page under the "Communications" tab.

- [Availity Essentials Registration for Care Coordination Portal](#)
- [Care Coordination Portal Quick Reference Guide](#)
- [Care Coordination Portal User Guide](#)
- [IMTM Molina Care Coordination Portal recorded training](#)

PASRR Process for Nursing Facilities

Information for Medicaid and MyCare Ohio nursing facility providers

Effective Feb. 1, 2023, pursuant to OAC [5160-3-14](#): Process and timeframes for a level of care determination for nursing facility-based level of care programs, the preadmission screening, and resident review (PASRR) process must be completed before Molina issues a level of care determination for nursing facility services.

Providers are required to include proof of PASRR determination letter(s) and/or Hospital Exemption with each Prior Authorization (PA) request and/or applicable continued stay review requests.

Reminder: Rendering Provider on Professional Claims Submissions

Information for Medicaid providers

ODM is providing additional clarification relevant to Electronic Data Interchange (EDI)-related claims submissions on Feb. 1, 2023, and later, concerning rendering providers. **ODM will require one rendering provider per claim at the header level, rather than the detail level, for professional claims** for both fee-

Provider Training Sessions

It Matters to Molina Forums:

- Pregnancy Related Services and Billing: Tues., **Feb. 28, 12 to 1 p.m.**
- Community Engagement (Member Added Benefits): Tues., **March 28, 12 to 1 p.m.**

General Provider Orientation:

- Tues., **Feb. 7, 2:30 to 3:30 p.m.**
- Thurs., **March 2, 2:30 to 3:30 p.m.**

Claims and Billing Orientation:

- Thurs., **Feb. 16, 8 to 9 a.m.**

Managed Long-Term Services and Support (MLTSS) Orientation:

- Wed., **March 15, 1 to 2 p.m.**

Provider training sessions are in Microsoft Teams. Please visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

Availity Essentials Portal Training:

Register in the Availity Essentials Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab and choose one of the following:

- Tues., Feb. 7 at 10 a.m.
- Wed., Feb. 15 at 12:00 p.m.
- Fri., Feb. 24 at 1:00 p.m.
- Contact training@availity.com at any time to receive Availity Portal training

Website Roundup

Recently added or updated documents:

- [Availity Claims Features](#)
- [Availity PA Requests](#)
- [Availity Core Functionality](#)
- [Checking Appeal Status on Legacy Portal](#)
- [IMTM Molina Care Coordination Portal](#)

Medicare PA Guide and PA Forms

Information for Medicare and MyCare Ohio providers

Molina has posted an updated Medicare PA Guide and PA Forms to the Medicare Provider Website. Providers should include all necessary information when submitting authorization requests to reduce delays and the need for additional information. Molina uses CMS, state, MCG, and Molina policies.

Find the PA Guide and Form on the Medicare Provider Website under Prior Authorization Forms. Molina will also post these documents to the MyCare Ohio Provider Website under the "Forms" tab. Authorization requests should be

for-service (FFS) and managed care recipients in order to ensure claims can be properly priced and paid.

Examples of claims submissions with the rendering practitioner include:

- A client receives one service during the visit. The rendering practitioner's National Provider Identifier (NPI) is recorded in the header field on the claim. The service is recorded at the detail level on the claim without the rendering practitioner's NPI.
- A client receives multiple services from the same rendering practitioner during the visit. The rendering practitioner's NPI is recorded in the header field on the claim. Each service is recorded at a separate detail level without a rendering practitioner NPI.
- The client receives multiple services, each from a different rendering practitioner, during the visit. The billing provider must create separate claims for each service provided by each rendering practitioner during the visit. Each claim must record the rendering practitioner NPI at the header level on each claim, and the service they rendered to the client is recorded at the detail level.

There is one exception to this rule for services provided by FFS Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers.

FQHC/RHC claims submitted to ODM for payment may include multiple rendering providers at the detail level because ODM pays FQHC/RHC providers based on an encounter. In these specific scenarios, multiple rendering providers on a claim will not cause a pricing/paying issue because the rendering providers are not utilized in determining payment for FFS FQHC/RHC wraparound claims. For additional guidance related to FQHC/RHC providers, please review the [MAL 622A: Update: Requirement to Report Individual Practitioners' NPIs in the Rendering Fields of FQHC and RHC Claims](#) Medicaid Advisory Letter (MAL) located at medicaid.ohio.gov under "Resources for Providers" by selecting "Policies & Guidelines" then "Medicaid Advisory Letters (MALs)."

Reminder: Partnership with Avalon for Laboratory Benefit Management
Information for Medicaid and Marketplace network providers

Beginning March 1, 2023, Molina will collaborate with Avalon Healthcare Solutions (Avalon) on a new laboratory benefit management program. Avalon will provide routine testing management services to Molina. Routine testing management provides consistent application of laboratory policies while remaining provider and member-friendly through an automated review of high-volume, low-cost lab tests.

Laboratory Benefit Management Program Details: The laboratory benefit management program impacts providers referring to and performing lab services. If you have questions regarding this program, please reach out to your Molina Provider Services Team.

For dates of service on and after March 1, 2023, post-service automated review of lab charges will be conducted for services performed in an office, hospital outpatient, and independent laboratory places of service. Molina's review will focus on consistency with our lab policies, guidelines, and standardized industry rules, including, but not limited to:

- Evaluation of services for adherence to policy criteria

submitted via the provider portal at provider.MolinaHealthcare.com.

Reminder: ProviderNet Sunsetting
Information for all network providers

Molina's contracted vendor, Change Healthcare, sunset their ProviderNet portal as of Jan. 1, 2023. If a provider or providers' clearinghouse was accessing 835 files and Explanation of Payments (EOP) from this portal for payments issued prior to Molina's migration to the ECHO Health portal, they no longer have access to these documents through ProviderNet and will need to request them from Molina (for 835s) or access the EOP through the Availity Essentials Portal.

What do providers need to do?

- After ProviderNet sunsets, if you require historical 835 files, EOP, or capitation support, please contact Molina at (855) 322-4079.
- When you contact Molina regarding 835 requests, please be sure to include the Secure File Transfer Protocol (SFTP) destination location the 835s should be delivered to and be ready to provide an IP address if Molina does not have your SFTP information on record. This information is required to send the files via SFTP to you or your clearinghouse. Please note these requests can take 10-14 business days to complete.

Reminder: Columbus Measles Outbreak
Information for all network providers

Columbus and Franklin County, Ohio, are experiencing the first measles outbreak in 20 years. Columbus Public Health and Franklin County Public Health are actively monitoring the outbreak and working with providers and community partners to share detailed information on recognizing measles symptoms and immunization administration guidance. For current information about the outbreak, including resource materials, a dashboard of known cases, where to get the vaccine, and education cards in several languages, please visit columbus.gov/measles.

Reminder: PsychHub Information on Provider Website
Information for all network providers

Our PsychHub partners have recently launched their newest online course, Acceptance and Commitment Therapy

- Assessment of clinical appropriateness based on diagnoses and frequencies
- Evaluating services considered experimental and/or investigational
- Review for appropriateness based on code-specific allowances under Molina policies and guidelines when multiple units are billed

What is Not Changing: Providers will continue to submit claims for lab services to Molina, and Molina will continue to adjudicate applicable claims for payment. Any disputes will follow the standard claim dispute process. All associated lab policies are published on the [Payment Integrity Policies](#) page under the "Policies" tab of the Provider Website. Click on "Payment Policies" and refer to the policies that begin with the "Clinical Payment Policy" naming convention. Note: Posted policies may have varying effective dates included; however, the Clinical Payment Policies will not be followed for claim adjudication until March 1 and later.

Reminder: Claims Hold on Prospective Payment System

Information for Marketplace providers

Molina has implemented a Prospective Payment System (PPS) Hold for the impacted Marketplace claims in the table below.

Optum released version V2301.00 for the Outpatient payment system. Based on this release, Molina implemented a claims hold to ensure claims are processed appropriately with the software update.

Line of Business	Impact	Hold Start Date	Hold End Date
Marketplace	Outpatient	Jan. 12, 2023	Jan. 24, 2023
	End-Stage Renal Disease (ESRD)	Jan. 26, 2023	Feb. 7, 2023

We ask that all providers continue to submit their claims, as usual, to ensure timely receipt and processing once these updates have been made.

Reminder: Auth Reconsiderations New Century Health or ProgenyHealth

Information for Medicaid providers

Effective for dates of service, Feb. 1, 2023, and after, Molina allows an authorization reconsideration for authorization reviews conducted by New Century Health or ProgenyHealth. The authorization reconsiderations should be submitted to Molina following the standard submission process in place today. Providers who want to request a Peer-to-Peer with New Century Health or ProgenyHealth will continue to directly contact the respective entity: ProgenyHealth (888) 832-2006 and New Century Health (888) 999-7713.

Reminder: Next Generation Medicaid December 1 Launch Delay

Information for Medicaid and MyCare Ohio providers

As previously communicated, ODM announced the Dec. 1, 2022, Phase 3 launch of the Next Generation Medicaid Program was postponed, as detailed below.

Providers: Providers should continue conducting business as they do today – including the processes, procedures, and systems used today to submit claims, submit PA, and complete other administrative functions.

Medicaid Members: There will be no disruption in services for members. Members will continue to receive healthcare benefits until Feb. 1, 2023.

(ACT) Foundations. The ACT Foundation's course explores the construct of psychological flexibility.

Molina network providers can access this and other courses that offer Continuing Education Units (CEUs) on the PsychHub platform.

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 to access content and videos at app.psychhub.com/signup/molina-mhp and access behavioral health-focused learning hubs. Some courses have 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](#)" document on the "It Matters to Molina" page of the Provider Website for more details.

Reminder: Drugs Carved Out: Fee-for-Service

Information for Medicaid providers

Based on ODM guidance, [Zolgensma](#), [Skysona](#), and [Zynteglo](#) will be carved out of managed care and covered under the fee-for-service hospital benefit.

Outpatient Hospital Setting

- The hospital submits all services provided on the date of service on an outpatient claim to the Managed Care Organization (MCO), except for Zolgensma, Skysona, and Zynteglo.
- The hospital submits a **fee-for-service outpatient claim** for Zolgensma, Skysona, and Zynteglo and product-specific NDC.

Inpatient Hospital Setting

- The hospital submits an inpatient claim for the admission to the MCO, except for Zolgensma, Skysona, and Zynteglo.
- The hospital submits a **fee-for-service outpatient claim** for Zolgensma,

- Molina members: Members who are continuing with Molina or selected Molina for the Next Generation Medicaid program began receiving services from Molina on Dec. 1, 2022
- Medicaid fee-for-service members: Members were advised to continue using their fee-for-service member ID card until Feb. 1, 2023, when they are transitioned to Molina.

The new timeline for implementation is as follows:

- Feb. 1, 2023: ODM will launch the Next Generation managed care plans and program requirements, including exciting improvements that will support members in accessing the healthcare services and supports they need. ODM will also implement the new Electronic Data Interchange (EDI), increasing transparency and visibility of member care and services.
- Subsequently, ODM will fully launch OMES modules to provide streamlined processes for claims, PA, and other administrative tasks for providers.

Note: Some members received a new member ID card or other communication indicating a different Next Generation start date than what is explained above. These materials were sent to members ahead of ODM changing the Next Generation Medicaid start date. Members are able to verify their current managed care plan by contacting the Ohio Medicaid Consumer Hotline at (800) 324-8680 or by visiting ohiomh.com.

Please refer to the Next Generation Medicaid Program Feb. 1 resources article at the end of this Provider Bulletin for additional Phase 3 information.

Reminder: Molina Legacy Provider Portal Sunsetting

Information for all network providers

The Molina Provider Portal will sunset on March 28, 2023, and providers will no longer be able to access the Molina Provider Portal and its functions directly. Availity Essentials (Availity) is now the official, secure provider portal for Molina providers. If your organization is not yet registered for Availity Essentials, visit Availity.com/MolinaHealthcare and select the Register button. For registration issues, call Availity Client Services at (800) AVAILITY (282-4548) Monday-Friday from 8 a.m. to 8 p.m.

The Availity Essentials Portal allows you to check eligibility and benefits, submit claims, view remittances, manage PA, upload supporting documentation with your claims, and more:

- Claim Status: Expanded search options include member name, service dates, claim history, or the 276 HIPAA standard. Adjustment and Remittance Codes, along with their descriptions, at the claim and line level.
- Smart Claims: Simplified claim entry tool with the essential fields you need. Use data from prior eligibility and benefits submissions to autofill the claim.
- Eligibility and Benefits: Use data from prior eligibility and benefits submissions to search for patients and autofill the claim.
- Attachments: Upload supporting documentation with the claim using the Send Attachments feature. Transmit up to 10 attachments (128 MB total file size) with the claim submission.

Coming in 2023:

- Accumulators: Each member/plan submitted returns the Molina Plan/dollar and benefit/count accumulated toward the limit.
- Prior Authorizations: Manage your Molina PA on Availity and use the Auth/Referral Dashboard to follow up on the status of the PA.

Skysona, and Zynteglo and product-specific NDC.

Find additional information at medicaid.ohio.gov under "Resources for Providers" by selecting "Managed Care," then "Policy," and "Managed Care Policy Guidance," or in the Molina [January Provider Bulletin](#).

Reminder: Regardless of the setting and the payer (FFS or MCO), Zolgensma, Skysona, and Zynteglo must be prior authorized through FFS.

Reminder: Explanation of Payment Refund Reporting

Information for all network providers

As part of the transition to the new payment platform, refunds received from the provider, or a third-party payer that was not previously listed on remits, are now being reflected on the Explanation of Payment. These refunds are reflected on both the Explanation of Payments and 835 files. Below we have outlined how to review and account for this detail.

EOP and 835 files:

- A refund that has been received will be reflected on the reversed claim in the Refund column. A remit message is included indicating receipt of a refund.
- If the refund received was a partial refund, the remaining balance owed to the provider will be processed on an adjustment claim ending in "A."
- Recent updates to the EOP were implemented on Nov. 7, 2022, to make this information clearer. The update reflects a Net Plan Payable amount on the reversal claims. The Net Plan Payable amount is the difference between the paid amount and the refund. This update was a display update only. Prior payments related to refund postings were paid correctly and were not recouped from your payments.

Molina is continuing to work with our vendor partners for additional enhancements and revisions to this process to make these transactions clearer for providers. These high-priority items we are reviewing are:

- Enhancements to the 835 files to better indicate the recording of a refund, such as a WO or 72 segment.
- Exploring options to exclude some refund types from EOP and 835 files,

Learn about the features and functionality offered for Molina providers by logging into the Availity Essentials portal and going to Help & Training > Get Training to:

- View the "Crosswalk from Molina Healthcare to Availity Essentials" topic
- Attend one of the Availity Essentials trainings listed in the [Provider Training Sessions](#) article

Keep an eye on the [Availity Portal](#) and [MolinaHealthcare.com](#) website for additional details about the phased sunset of the Molina Provider Portal.

"It Matters to Molina" Corner

Information for all network providers

Thank you for the great response to the "It Matters to Molina" question! Our winner is LaVisa Bell from Beech Brook.

The January "It Matters to Molina" question answer is "1." By what date are Medicare medical providers to complete Model of Care (MOC) training and submit an attestation to Molina?

1. Dec. 31, 2022
2. Jan. 31, 2023

February Question: What Provider Trainings are available from Molina Provider Services in February and March 2023?

1. Pregnancy Related Services and Billing
2. Community Engagement (Member Added Benefits)
3. General Provider Orientation
4. Claims and Billing Orientation
5. MLTSS Orientation
6. All of the above

Email your answer to OHProviderBulletin@MolinaHealthcare.com by February 16 to enter the drawing. Molina will announce the winner and the correct answer to the question in the March Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take the time to share feedback with us about your experience working with Molina. Your feedback is essential, and It Matters to Molina.

You Matter to Molina: Online Resources

Information for all providers

Molina has an abundance of online resources available for our providers to assist with claim submissions, PA requests, and training. These resources include:

Live Provider Trainings: Molina hosts live trainings each month that include IMTM Forums, Provider Orientations, claims and billing information, and more.

- View upcoming trainings in the "Provider Training Sessions" article

Online Provider Training Presentations and Recordings: Molina offers a plethora of training presentations and recordings for reference or self-paced learning.

- Presentations: Available on the [IMTM page](#) under "Molina Presentations"
- Recordings: Available on the IMTM page, under "Recorded Video Trainings"

PA Code List: A list of services that require a provider to submit a PA request that is updated quarterly.

- Available on the [Provider Forms](#) page, under the "Forms" tab
- The Archived PA Code Lists page is also located on the Provider Forms page

PA Lookup Tool: A supplemental tool that allows providers to enter a Current Procedural Terminology (CPT) code for outpatient services into a search engine to determine if the code requires PA and if there are limitations to the code.

such as refunds received directly from primary payers due to coordination of benefits (pay and chase) or subrogation settlements (auto-accidents, malpractice, etc.).

Providers should review their EOP and remit messages when a question arises about a refund posting resulting in recoupment. The posting of a refund on a reversal should not result in recoupment on a payment and is functionally only a reporting process to indicate a refund has been received.

For questions about this transition, please contact Molina at (855) 322-4079.

Reminder: Provider Contract for Next Generation Medicaid

Information for Medicaid providers

Molina has received provider inquiries regarding what actions they need to take contractually with Molina in preparation for the Next Generation Medicaid program. No provider action is required at this time. Molina will continue to share information as it becomes available.

Notice of Changes to PA Requirements

Information for all network providers

Molina posts new comprehensive PA Code Lists to our website quarterly. However, changes can be made to the lists between quarterly updates. Always use the lists posted on our website under the Forms tab instead of printing hard copies. This practice ensures you access the most up-to-date versions.

- Available on the Provider Website, under the Health Care Professionals drop-down menu and in the Provider Portal, under Quick Member Eligibility Search

Provider Manual: A reference tool that contains information on enrollment and eligibility, benefits and covered services, claims and compensation, health care services and MLTSS, appeals and grievances, how to contact Molina, and more.

- Available under the "Manual" tab on the Medicaid, MyCare Ohio, Marketplace, and Medicare Provider Websites

Availity Essentials Portal: The Availity Essentials Portal allows you to check eligibility, submit claims, view remittances, manage PA, upload supporting documentation with a claim, and more.

- Available at provider.MolinaHealthcare.com/provider/login
- Find out more in the "Molina Legacy Provider Portal Sunsetting" article

Forms: Providers can access an assortment of forms throughout the Provider Website that can be used for claim and PA submission, Pharmacy, and home health care.

Payment Policies: Molina [Payment Policies](#) and [Payment Integrity Policies](#) are available on our Provider Website under the "Policies" tab

Clinical Policies: Molina [Ohio Medicaid Clinical Policies](#) and Molina [Clinical Policies](#) are available on our Provider Website under the "Policies" tab.

Claims Payment Systemic Errors (CPSE): Molina posts a link to the monthly CPSE report to communicate when claims adjustments are processed for incorrectly underpaying, overpaying, or denying claims when certain criteria established by ODM are met.

- Available on the [Claims Payment Systemic Errors](#) page, under the "Communications" tab

It Matters to Molina: A page with information on the It Matters to Molina Program that includes upcoming training, provider surveys, and Molina presentations.

- Available on the [It Matters to Molina](#) page, under the "Communications" tab

Provider Bulletins: 12 years of Provider Bulletins with information that includes information on changes in policies that could affect claim submission, updates to the PA Code List, billing procedures, payments or appeals, and more.

- Available on the [Provider Bulletin](#) page, under the "Communications" tab

Health Resources: Molina has a variety of Health Resources available to providers, including a Pregnancy Resources page, multiple toolkits, clinical practice guidelines, preventive health guidelines, a Healthchek-Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) page, and an Opioid Safety Provider Education Resources page.

- Available under the "Health Resources" tab on the specified headers

Next Generation Ohio Medicaid Program Feb. 1 Launch Resources

Information for Medicaid providers

As ODM moves forward with Next Generation Ohio Medicaid Implementation, they will continue implementing new components and improvements. In the next Phase, ODM is implementing the Next Generation managed care plans, new Electronic Data Interchange (EDI) module, and Fiscal Intermediary (FI) on Feb. 1, 2023.

The Next Generation managed care plan changes and EDI trading partner transactions do not apply to MyCare Ohio plans, which will continue to provide benefits to Ohioans who receive both Medicaid and Medicare benefits, with enhanced coordination of medical, behavioral, and long-term care services.

What you need to know for the February 1 launch

Linked below are a variety of helpful resources you can refer to in advance of the Feb. 1 launch:

What's changing February 1? To learn about the Next Generation program and the initiatives that have been and will be launched, refer to the [Next Generation Ohio Medicaid Program Overview](https://managedcare.medicare.ohio.gov/providers/about-next-gen-program) at managedcare.medicare.ohio.gov/providers/about-next-gen-program.

Where to get answers for common questions? The [Ohio Medicaid Managed Care Member frequently asked question \(FAQ\)](https://ohiomh.com/resources/nextgenerationmedicaidfaq) at ohiomh.com/resources/nextgenerationmedicaidfaq and the [Ohio Medicaid Managed Care Plan Provider FAQ](https://ohiomh.com/resources/nextgenerationmedicaidfaq)

at managedcare.medicaid.ohio.gov/providers will answer questions related to the implementation of the Next Generation plans for both members and providers.

Where to direct members with questions? Medicaid members can reach out to the help desk listed below or review the [February 1 Ohio Medicaid Member Help Desk One-Pager](#) at managedcare.medicaid.ohio.gov/individuals.

- Questions related to Medicaid managed care eligibility, coverage, benefits, managed care plan selection, the Next Generation member ID card, or other Ohio Medicaid topics should be directed to the Ohio Medicaid Consumer Hotline at (800) 324-8680 or by visiting ohiomh.com.
- Questions related to value-added benefits provided, issues receiving services, assistance finding a provider, or non-emergency transportation should be directed to the member's Next Generation managed care plan.
 - Aetna Better Health of Ohio: (833) 711-0773
 - AmeriHealth Caritas Ohio, Inc.: (833) 764-7700
 - Anthem Blue Cross and Blue Shield: (844) 912-0938
 - Buckeye Health Plan: (866) 246-4358
 - CareSource: (800) 488-0134
 - Humana Healthy Horizons in Ohio: (877) 856-5702
 - Molina Healthcare of Ohio, Inc.: (800) 642-4168
 - UnitedHealthcare Community Plan: (800) 895-2017

Where can providers find assistance? Medicaid providers can reach out to the help desk listed below or review the [February 1 Ohio Medicaid Provider Help Desk One-Pager](#) at managedcare.medicaid.ohio.gov/providers.

- Questions related to Ohio Medicaid Enterprise System (OMES) submitted claims or PA, or other administrative tasks, should be directed to the ODM Integrated Help Desk (IHD) at (800) 686-1516 or IHD@medicaid.ohio.gov.

As we approach February 1, ODM is currently working on additional member and provider resources that will be available on the [Next Generation website](#), [ODM Press](#), or [ODM Periodical](#).

If you have any questions, please email ODMNextGen@medicaid.ohio.gov.

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.