PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE®

Action Required by Dec. 31, 2024: Annual Mandatory Model of Care Training

Info for specific Medicare providers

The Centers for Medicare and Medicaid Services (CMS) requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2024.

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)
- Obstetrics/Gynecology (Gynecology, Obstetrics and Gynecology, Obstetrics)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

Online Training: The Molina 2024 Model of Care Provider Training is available on the Medicare Provider Website under the Model of Care header.

MOC Attestation: After reviewing the training, providers should fill out the 2024 OH MOC Attestation Form, located under the Model of Care header on the Medicare Provider Website, and submit it to OHAttestationForms@MolinaHealthcare.com.

Reminder: If a provider is willing to sign off for a group/clinic, they **should not** fill out and submit the 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 OH AttestationForms@MolinaHealthcare.com

Find additional information on CMS Model of Care requirements at cms.gov.

Availity Authorizations Update Reminder

Info for all network providers

On Nov. 16, 2024, Molina Healthcare of Ohio, Inc., transitioned to new functionality in Availity Essentials (Availity) for authorizations.

Based on this update, **Molina will sunset the current Single Sign-On (SSO) Payer Space on Dec. 16, 2024**.

Register for the Dec. 11, 2024, Authorization Request and Follow-Up for Molina Healthcare Providers training in the Help & Training section of the Availity Essentials Portal. The training will start at 1 p.m.

The new Availity tools include:

- Authorization Request: Use an easy five-step form to request an inpatient or outpatient

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The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

authorization. Verify if an authorization is required using the built-in Prior Authorization (PA) Lookup Tool. Create templates for your common request types to automatically populate information in your request.

- Authorization Inquiry: While Availity is the preferred method for authorization submission, you can view results of authorization requests submitted outside of Availity. You can also inquire about the status of an authorization request submitted by another organization.
- Authorization Dashboard: Check the status of all your authorization requests and inquiries from one central location. View results based on your preferences with robust filtering and sorting options. For easy access, any incomplete authorization requests are automatically saved in the drafts tab to resume and submit later.

For additional training on Availity Essentials visit the Help & Training section on the portal.

Provider Authorization Appeal Extension of Timeframe
Info for Medicaid providers

Effective Jan. 1, 2025, Molina will allow 60 days for a provider to conduct a Prior Authorization Appeal (Pre-Claim).

This is separate from a Member Appeal.

Additional information on the process can be located within the Provider Manual on our Provider Website.

Inpatient Admission Notification Change
Info for Medicaid providers

Effective Jan. 1, 2025, Inpatient admission prior authorization requests should be submitted **within two business days** following the written order for inpatient admission and include the following supporting clinical documentation:

- Specific request for inpatient level of care**
- Practitioner order specifying level of care requested
- Clinical notes resulting from a period of observation (48 hours)
- Reason for inpatient level of care
- Estimated length of stay

**Important Note: The receipt of hospital demographics in the absence of a specific prior authorization request for review of inpatient level

of care and supporting clinical documentation will not prompt an inpatient review.

Some exceptions to this policy include:
- Member expires
- Member transferred to higher-level acute care facility
- Member admitted for dialysis and/or end-stage renal disease

For stays of two days or less, Molina will review and consider these for observation level of care.

Reminder: Out-of-network services always require PA, including authorization for observation days.

Previous Policy:
- Molina does not require PA for Observation Services for network providers.
- Molina does not require admission notification for Observation Services for network Providers.

Action Required by Dec. 31, 2024: Annual Mandatory Cultural Competency Training
Info for all network providers

CMS rule 42 CRF § 438.10 (h)(1)(vii) requires contracted providers to complete annual cultural competency training by Dec. 31, 2024. This requirement helps to ensure providers meet all members' unique and diverse needs.

Providers have the option to:
- Utilize Molina's training on the [Culturally and Linguistically Appropriate Resources/ Disability Resources](#) page under the Health Resources tab of our website.
- Utilize their own training that meets the federal requirement.

Once training is complete providers must:
- Fill out and sign the [Cultural Competency Attestation](#) form.
- Email the form by Dec. 31, 2024, to OHAttestationForms@MolinaHealthcare.com.

Please note: Molina does not review and assess providers' training programs. Providers are mandated to complete training in compliance with the federal requirement and then attest to its completion.

Notice of Changes to the Provider Manuals
Info for all network providers

Molina is in the process of updating our Provider Manuals for a Jan. 1, 2025, effective date.

- **Medicaid**: Molina has posted the [2025 Next Generation Molina Medicaid Provider Manual](#) and the [Significant Update by Chapter: 2025 Medicaid Provider Manual](#) document on the Medicaid Provider Website under the Provider Manual page on the Manual tab.
- **MyCare Ohio**: Molina has posted the [2025 MyCare Ohio Provider Manual](#) and the [Significant Update by Chapter: 2025 MyCare Ohio Provider Manual](#) document on the MyCare Ohio Provider Website under the Provider Manual page on the Manual tab.
- **Medicare and Marketplace**: Molina will post the Medicare and Marketplace Provider Manuals to the Provider Website by Jan. 1, 2025.

Reminder: Molina posts new comprehensive Provider Manuals to our website semi-annually. However, changes can be made to the Manual between semi-annual 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.

Q1 2025 PA Code Changes
Info for all network providers

Molina will post the following PA Code Change documents by Dec. 1, 2024, under the Provider Website Forms tab for a Jan. 1, 2025, effective date:

- [Medicaid: Q1 2025 PA Code Changes](#)
- [Medicare and MyCare Ohio (MMP): Q1 2025 PA Code Changes](#)
- [Marketplace: Q1 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.

New Molina CES Edit: Facility Medicaid Modifier Not Appropriate
Info for Medicaid providers

Effective Jan. 1, 2025, based on guidance from CMS, an edit will fire when a facility claim is billed with an appended modifier that is not appropriate for a facility service or not appropriate for the code it has been appended to. For example, a GP modifier would not be appropriate for a facility claim. For more information reference the American Medical Association (AMA) at ama-assn.org/practice-management/cpt/code-change-instructions.

Provider Relations Contact Page on Provider Website
Info for all network providers

Molina Provider Relations has a contact page on the Provider Website to make it easier for providers to contact their Provider Relations Representatives.

Visit the Provider Website, and select the Molina Healthcare of Ohio Provider Relations page under the Contact Us tab. You will find a list of designated email addresses based on provider types, including:

- Behavioral Health questions: BHProviderRelations@MolinaHealthcare.com
- Hospital or hospital-affiliated physician group questions: OHProvider.RelationsHospital@MolinaHealthcare.com
- MyCare Ohio LTSS and Ancillary questions: OHMyCareLTSS@MolinaHealthcare.com
- Nursing Facilities questions: OHProviderRelationsNF@MolinaHealthcare.com
- Physician practice questions: OHProviderRelationsPhysician@MolinaHealthcare.com
- General questions: OHProviderRelations@MolinaHealthcare.com

National Drug Code (NDC) Denials Reminder
Info for all network providers

As a reminder, if your claim is denied for "missing/invalid NDC National Drug code" please review the NDC billed on your claim prior to submitting the dispute. Ensure the NDC is correct and valid for the Healthcare Common Procedure Coding System (HCPCS) code you are submitting which is included on the claim.

Website Roundup
Info for all network providers

Recently added or updated documents:
- Diabetes Self-Management Education (DSME)
- MyCare Ohio Independent Provider Resources page
- Managed Long-Term Services and Supports (MLTSS) Provider Resources
- Waiver Services Billing Guide
- November CPSE Report
- ODM Designated Provider and Non-Contracted Provider Guidelines
- 2025 Next Generation Molina Medicaid Provider Manual
- Significant Update by Chapter: 2025 Medicaid Provider Manual
- 2025 MyCare Ohio Provider Manual
- Significant Update by Chapter: 2025 MyCare Ohio Provider Manual
- Medicaid: Q1 2025 PA Code Changes
- Medicare and MyCare Ohio (MMP): Q1 2025 PA Code Changes
- Marketplace: Q1 2025 PA Code Changes

Hospice Room and Board Payments Reminder
Info for Medicaid and MyCare Ohio providers

As a reminder, Molina's Hospice Room and Board reimbursement methodology is aligned with OAC 5160-56-06 Hospice services: reimbursement for 95% of the Nursing Facility per diem rate. Molina encourages you to adjust your customary billed charges to align with the 95% expected payment to prevent overpayments and future recoveries.

Claim submissions also require the Nursing Facility's National Provider Identifier (NPI) to be included to ensure appropriate payments.

To view the Nursing Facility rates set by the Ohio Department of Medicaid (ODM), visit the Nursing Facilities page at medicaid.ohio.gov by selecting Enrollment & Support under the Resources for Providers header, then Provider Types and Nursing Facilities.

Ohio Recovery Housing Residences Registration Reminder
Info for all network providers

As noted in the January 2024 Provider Bulletin, Ohio recovery housing residences are now required to register with Ohio Mental Health & Addiction Services (OhioMHAS). The first

deadline was Nov. 3, 2023, but late registrations are still being accepted.

Visit apps.mha.ohio.gov/RHR/ for more information and instructions, and contact RecoveryHousing@mha.ohio.gov with questions.

Providers may also contact Ohio Recovery Housing at ohiorecoveryhousing.org for free best practice guidance, outcomes tools and short-term technical assistance and support to recovery housing operators.

Quality Living Program Awardees
Info for all network providers

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

- **Platinum Level**: Country View of Sunbury, Meadow Grove City, Venetian Gardens, Siena Gardens, Golden Years Nursing Center, The Home at Hearthstone, The Home at Taylor's Pointe
- **Gold Level**: The Residence at Salem Woods, Loveland Healthcare Center, Bethany Village, Bayley Senior Care, SEM Haven Health Care Center, Friends Care Community, Mohun Health Care Center
- **Silver Level**: Morris Nursing Home, Columbus Alzheimer's Care Center, Logan Elm Health Care Center, Terrace View Gardens, Crown Pointe Care Center, Capri Gardens, Highbanks Care Center, Wilmington Nursing & Rehabilitation, Scioto Pointe, Carlisle Manor, Scenic Pointe, Springfield Masonic Community, The Knolls of Oxford, Deupree Cottages, Trinity Community at Fairborn, Willow Brook Christian Services, Mt Healthy Christian Village, Otterbein Clear Creek, Cherith Care Center at Willow Brook, Westover Retirement Community, Four Winds Nursing Facility

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

ODM Designated Provider and Non-Contracted Provider Guidelines

Info for ODM Designated and non-contracted providers in the Medicaid and MyCare Oho lines of business

As an ODM designated provider and/or a non-contracted provider with Molina, it is important to understand Molina's operating guidelines, including PA and claims processes, to avoid delays in claims payment. Molina knows efficient processes are important to providers, and we are committed to getting you the most current information.

Following the guidelines and references linked in the ODM Designated Provider and Non-Contracted Provider Guidelines will help ensure we receive all the information we need to process your requests as quickly as possible so you can focus on what's most important: providing excellent care to your patients.

View the ODM Designated Provider and Non-Contracted Provider Guidelines on the Provider Website, on the Forms page, under the Non-Contracted Practice/Group Information header.

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:
- Cost Recovery: Fri., **Dec. 20, 10 to 11 a.m.**
- Quest Diagnostics: Wed., **Jan. 29, 11:30 a.m. to 12:30 p.m.**

General Provider Orientation:
- Tues., **Dec. 3, 11 a.m. to 12 p.m.**
- Wed., **Jan. 8, 10 to 11 a.m.**

Specialized Provider Orientation:
- Claims and Billing: Thurs., **Dec. 12, 3 to 4 p.m.**
- Managed Long-Term Services and Supports (MLTSS): Tues., **Jan. 21, 2 to 3 p.m.**

Molina Dental Services Training:
- Wed., **Dec. 11, 9 to 10 a.m.**

Molina Dental Services PNM Training:
- Tues., **Dec. 10, 11 a.m. to 12 p.m.**

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

Diabetes Benefits Update in 2024 Reminder

Info for Medicaid providers

Molina and the Ohio Medicaid Managed Care Organizations (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 is **not** required for members who receive a covered CGM device through durable medical equipment (DME) providers or through their pharmacy. Providers must use 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.

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 ( ).

- New Molina CES Edit 9164: Starting Dec. 1, 2024, Edit 9164 will deny claims when the primary procedure code is found in the current claim line or claim lines in history for the same date of service or same patient encounter as the add-on procedure, and the claim line has a non-profile flag. (November)
- Procedure Codes T2042-T2045 Update: Per ODM, procedure codes T2042-T2045 should only be billed to Ohio Medicaid for members who are not covered by Medicare. Based on ODM guidance, Molina will be requesting recoveries. (November)
- Availity Essentials Portal Reconsiderations vs. Appeal Options: Molina and Availity are offering new features to facilitate timely processing of claims.

- o A Claim Reconsideration is a request by a provider to have Molina review a previously paid, denied or reduced claim. A reconsideration can be submitted if the Real-Time Adjustments criteria for the claim in question are met. Home Health, Skilled Nursing, Durable Medical Equipment (DME) and Waiver services should not use this option. No attachments are accepted as part of this process, and it is not considered an official dispute but an inquiry.
  - o A Claim Appeal was traditionally known as a Claim Reconsideration and/or Claim Dispute. The request will be considered an official dispute, and if a processing issue is identified, the claim will be re-adjudicated and an updated remittance will be provided. (October)
- 2024/2425 Open Enrollment: Medicaid and MyCare Ohio open enrollment will run from Nov. 1 – Nov. 30, 2024. During this time, members are able to select their plan (effective Jan. 1, 2025) by calling the Ohio Consumer Hotline at (800) 324-8680 or by visiting members.ohiomh.com/Login.aspx. Marketplace will run Nov. 1, 2024 – Dec. 15, 2024 and Medicare will run Oct. 15, 2024 – Dec. 7, 2024. (October)
- New Diabetes Care Hub: The new Diabetes Care Hub quickly gives providers the answers and information they need for DSME questions. The Diabetes Care Hub has resources to help, including finding a local provider for referrals, help assisting patients and information on billing codes. (October)
- 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)
- 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)
- 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)

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.