

Provider Services

Provider Services is available to assist our providers in finding published resources, advise where to find additional information related to claims and billing, how to navigate the Availity Essentials Portal and connect providers to scheduled training opportunities and requested follow-up training.

Please email us at OHMyCareLTSS@MolinaHealthcare.com for assistance.

Availity Essentials Portal

Molina has chosen Availity Essentials as its exclusive Provider Portal. Providers utilizing Availity for Managed Care Plans already have access to Molina on Availity Essentials.

Once registered with Availity Essentials at availity.com/MolinaHealthcare, providers will have access to the Availity Essentials Portal training by following these steps:

1. Log in to Availity Essentials Portal
2. Select Help & Training, Get Trained
3. In the Availity Learning Center (ALC) that opens in a new browser tab, search the catalog, and enroll for this title: "Availity Overview for Molina Providers – Recorded Webinar."

For questions about enrolling in courses, providers should email training@availity.com.

Atypical Providers: Once registered with Availity Essentials, under "News and Announcements," select "Atypical Providers: Here's Your Ticket to Working with the Availity Portal" to view training sessions.

For questions about Availity Essentials, please call Availity Client Services at (800) 282-4548 between 8 a.m. and 8 p.m. ET, Monday through Friday.

For an overview of Availity Essentials, visit [Availity Essentials Overview \(MolinaHealthcare.com\)](https://availity.com/MolinaHealthcare.com).

Independent Providers are encouraged to submit claims using claim templates and claim disputes by accessing the Single Sign On (SSO) under Availity Payer Spaces. To learn more about the SSO functionality under Payer Spaces, visit [Availity Payer Spaces Single Sign-On Features \(MolinaHealthcare.com\)](https://availity.com/MolinaHealthcare.com).

Electronic Visit Verification (EVV)

The Ohio Department of Medicaid (ODM) implemented EVV for Home and Community-Based Services (HCBS) in response to federal requirements outlined in section 12006 of the H.R. 34 (114th Congress) (2015-2016) of the 21st Century Cures Act.

EVV applies to HCBS providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025.

EVV is an electronic system that verifies key information about the services rendered by the provider, including the service's date, the time the service started and ended, the individual receiving the service, the person providing the service and the location of the service. EVV applies to the following services:

- State Plan Home Health Aide
- State Plan Home Health Nursing
- State Plan Registered Nurse (RN) Assessment
- HCBS 1915c Waiver Nursing
- HCBS 1915c Waiver Personal Care Aide
- HCBS 1915c Waiver Home Care Attendant
- Private Duty Nursing (PDN)

The Provider Medicaid Identification (ID) number on a claim must match the Provider Medicaid ID Number on the Sandata EVV account. If the Medicaid ID numbers differ, the claim will not match the EVV visits and the visits will not switch to a "Processed" status.

- A provider can check the Medicaid ID Number associated with their Sandata account by scheduling a meeting with a Sandata trainer at go.oncehub.com/ODMEVVHelp1 or by calling the Medicaid Provider Hotline at (800) 686-1516.
- If a provider is using an alternate EVV vendor, they can check their Provider Medicaid ID in the Sandata Aggregator.

The EVV system is at no cost to providers or individuals receiving services. For additional information, visit medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/electronic-visitverification/electronic-visit-verification.

Get Trained: Providers can participate in virtual Q&A Office Hours sessions or a 1:1 Zoom session with a Sandata trainer by signing up [here](#).

Helpful Resources:

- [EVV Fact sheet](#)
- [Additional tools and help guides](#)
- Monthly [EVV Newsletters](#)
- Educational [webinars](#)
- [Sign-Up](#) for EVV communications

Upon future notice by ODM, Molina will begin denying claims for providers who do not utilize the EVV system.

Billing Questions

1. Which code should I bill on the claims?

You can find the code you should be billing by reviewing the approved authorization you received from Molina. Providers can also locate the approved service code by reviewing the authorization in the Availity Essentials Portal. Please contact the member's Care Manager for this information if you do not have authorization.

2. Which diagnosis code should I bill on the claims?

You can find the diagnosis code by reviewing the approved authorization you received from Molina. Providers can also locate the diagnosis code by reviewing the authorizations in the Availity Essentials Portal. Please contact the member's Care Manager for this information if you do not have authorization.

3. Which waiver is the member currently on?

The Molina Care Manager or Waiver Service Coordinator can provide the member's waiver enrollment details.

4. What rate should I be billing?

Waiver Type	Payment Methodology	Exclusions
Ohio Home Care	Ohio Department of Medicaid Rates (ODM)	<ul style="list-style-type: none"> T1019 & T2031—ODM rates for these codes. See OAC 5160-46-06 for rates Bid services (agreed payment will be in authorization)
Passport	Ohio Department of Aging Rates (ODA)	<ul style="list-style-type: none"> T1019 & T2031—ODM rates for these codes. See OAC 5160-1-06.1 for rates Bid services (agreed payment will be in authorization)
ICDS	Ohio Department of Aging Rates (ODA)	<ul style="list-style-type: none"> T1019 & T2031—ODM rates for these codes. See OAC 5160-1-06.1 for rates Bid services (agreed payment will be in authorization)

- HCBS waivers: PASSPORT/Integrated Care Delivery System (ICDS)/MyCare Ohio codes.ohio.gov/oac/5160-1-06.1
- Ohio home care waiver program: reimbursement rates and billing procedures codes.ohio.gov/oac/5160-46-06

Direct Deposit/Electronic Funds Transfer (EFT)

All Molina providers are strongly encouraged to sign up for EFT to receive payment faster than a mailed check. Direct Deposit is handled through Molina's contracted clearinghouse, Change Healthcare/ECHO Health. In addition to bank account information, providers will need to supply an ECHO payment draft number and payment amount as part of the enrollment authentication.

- Molina Only: Visit enrollments.echohealthinc.com/EFTERADirect/MolinaHealthcare to sign up for EFT through ECHO Health, Inc. No fees apply.
- All Payers: Visit enrollments.echohealthinc.com/EFTERAInvitation.aspx to sign up to receive EFT from all payers processing payments on the ECHO platform. A fee for this service may be required.

Note: Payment will appear on the provider bank statement from Huntington National Bank and ECHO as "HNB – ECHO."

Electronic Remittance Advice (ERA): All generated ERA will be accessible to download from the ECHO provider portal at providerpayments.com. Providers can change ERA enrollment or distribution by contacting the ECHO Health Enrollment team at (440) 835-3511.

Explanation of Payment (EOP): Providers can now log into providerpayments.com to access a detailed EOP for each transaction.

Providers should contact ECHO's Customer Services team by calling (800) 946-7758 if they have difficulty with the website or have additional questions.

Ordering, Referring and Prescribing (ORP) Providers National Provider Identifier (NPI)

At a future date, claims will be denied if the ORP provider NPI is not billed on the claim. Molina requires the billing of ORP providers based upon the requirements developed by ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410.

Note: Claims billed with the attending field information will also be used to satisfy the ORP requirements.

View ORP Provider NPI articles in Molina's Provider Bulletins to learn more at [Provider Bulletin](#).

Medicaid Enrollment Requirements

As a reminder, any provider, group, ordering or referring who is not enrolled and noted as "active" in the ODM Provider Network Management (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.

Note: Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated.

To learn more, visit [PNM & Centralized Credentialing | Ohio Medicaid Managed Care and Log In \(maximus.com\)](#)

Provider Information Updates

Please note that, in addition to all providers and groups needing to be enrolled and active with the Ohio Department of Medicaid (ODM) to bill claims and receive payments, your provider demographic information must also be updated in ODM's Provider Network Management (PNM) system. Please access the PNM at the following link to ensure ODM's systems are updated with your current information:

ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx

Claim Reconsiderations (Non-Clinical Claim Dispute)

Providers disputing a previously adjudicated claim must request a Claim Reconsideration (Non-Clinical Claim Dispute) within the following timeframes:

- **Medicaid:** no later than 12 months from the date of service or 60 calendar days after the payment, denial, or partial denial of a timely claim submission, whichever is later.
- **Molina MyCare Ohio Medicaid-Only (Opt-Out):** 120 days from Molina's original remittance date
- **Molina Dual Options MyCare Ohio Plan (full benefits):** 120 days from Molina's original remittance date

Note: The line of business is based on the member's enrollment for the claim in question

A Claim Reconsideration (Non-Clinical Claim Dispute) should be the first action to dispute a denial, under or overpayment, code edit, etc. Providers can submit a Claim Reconsideration (Non-Clinical Claim Dispute) online via the Availity Essentials Portal. If a provider cannot submit a Claim Reconsideration electronically, they can utilize the [MHO Claim Reconsideration Form](#) on our Provider Website.

For additional information, view the Authorization and Claim Reconsideration Guides:

- Medicaid: [Medicaid Authorization Appeal, Clinical and Non-Clinical Claim Dispute Guide](#)
- MyCare Ohio and Medicare: [MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide](#)

Corrected Claims

Molina must receive corrected claims no later than the filing limit stated in the provider contract or within 365 days of the original remittance. Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim, as outlined below, or it may result in the claim being denied.

Submit electronically or on the Availity Essentials Portal.

- Include all elements that need correction and all originally submitted elements

- Do not submit only codes or lines requiring a change
- Do not submit via the Claim Reconsideration process
- Include the original Molina claim ID number

Call Availity Client Services at (800) 282-4548 between 8 a.m. and 8 p.m. ET, Monday through Friday, for assistance filing a corrected claim on the Availity Essentials Portal.

Self-Directed Care Services

The pay rate for member-directed care will be less than the current rate paid to agency providers and will be paid at a set rate statewide. Federal law prohibits spouses, parents or legal guardians from being paid caregivers. Find additional information on the ODA website at aging.ohio.gov/agencies-and-serviceproviders/certification/individual-provider-consumer-directed-personal-care-provider-1.

Letter of Employment

Molina cannot supply a provider with a letter of employment since they are not an employee of Molina. An Independent Provider is considered its own business and Molina will provide a 1099 at the beginning of the new year if there are claims for the previous year on file.

Provider Bulletin

Molina regularly communicates updates or changes for network providers in our monthly Provider Bulletin. Sign up to receive the Provider Bulletin at MolinaHealthcare.com/ProviderEmail.

Provider Bulletin information can include:

- Updates to Prior Authorization (PA) requirements
- Changes in policies that could impact claim submission and payment
- Billing procedures, payments or appeals
- Updates to the Availity Essentials Portal

You Matter to Molina

Visit the [You Matter to Molina](#) page on our Provider Website for:

- Upcoming training opportunities
- Provider surveys
- Molina Presentations & Recorded Video Trainings
- Tools and Resources

Get Trained

Managed Long-Term Services and Supports (MLTSS) Provider Resources

- **Live Trainings:** All [You Matter to Molina](#) Forums and Provider Trainings are conducted live via [Microsoft Teams](#). To join a meeting, visit our You Matter to Molina page and click the hyperlink for the desired training under the Upcoming Trainings drop-down. Email Molina at OHProviderRelations@MolinaHealthcare.com if you experience trouble connecting to a Molina training and we'll assist with getting you connected immediately.
- **Online Trainings:** For providers who are unable to join a live training, the training presentations are posted on our You Matter to Molina page under the Molina Presentations drop-down menu
- **Recorded Trainings:** Select provider trainings are available via links under our Recorded Video Trainings section.

Molina wants to hear from our providers. Please take the time to share feedback with us about your experience working with Molina. Your feedback is essential and You Matter to Molina.