PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

PNM and OH|ID: Top 5 Things You Need to Know

Information for Medicaid and MyCare Ohio providers

1. **Ohio Medicaid is replacing the Medicaid Information Technology System (MITS) with a modernized Provider Network Management (PNM) module:** The PNM module will replace the current MITS provider enrollment subsystem and MITS provider portal beginning Oct. 1, 2022. The PNM system and portal will allow for one front door for provider enrollment, centralized credentialing, provider self-service (demographic updates and group affiliations), and an enhanced provider directory.

2. **Providers are required to obtain a State of Ohio supplier ID to do business with Ohio Medicaid:** The PNM will require Ohio Medicaid providers to use an OH|ID to log in and complete key administrative tasks and processes. An OH|ID is a personal online user account that provides a secure, personalized experience for providers to interact with multiple state agencies, programs, and services—all with a single username and password. OH|ID was developed by the Ohio Department of Administrative Services' InnovateOhio Platform. It meets all federal and state security standards.

3. **Be in the know on Medicaid provider changes coming:** To prepare for the launch of the PNM, be sure to stay up to date on all email communications from the Ohio Department of Medicaid (ODM). These emails will include valuable information about training, support resources, and launch timeline updates for the PNM and Centralized Credentialing. Updates will be posted on the PNM & Centralized Credentialing page at managedcare.medicaid.ohio.gov. You also can subscribe to the Next Generation provider newsletter by checking the box next to *ODM 2022 Press* at medicaid.ohio.gov/home/govdelivery-subscribe.

4. **Providers should register for their OH|ID during the PNM pre-registration period:** Providers should pre-register for the PNM portal and OH|ID account from Aug. 15 until Sept. 23, 2022.

5. **Medicaid providers can email PNMCommunications@medicaid.ohio.gov with questions.**

Next Generation Medicaid Program Important Updates and Trainings

Information for Medicaid and MyCare Ohio providers

Providers should visit managedcare.medicaid.ohio.gov/providers to access the most updated information on the Next Generation Medicaid Program and access to upcoming training offerings and other resources.

Trainings:
PNM trainings: Providers can register for self-paced training sessions, or sign up for virtual and/or in-person learning at managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing on the left-hand side, under "For more information." Training topics include:

- PNM login and access
- System navigation
- New enrollment applications
- Demographic updates
- Revalidations

Questions and Quick Links

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio is available until 6 p.m.)

- Email us at OHProviderRelations@MolinaHealthcare.com
- Visit our Provider Website at Molina Healthcare.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

Medicaid Single Pharmacy Benefit Manager (SPBM) trainings: ODM is offering several SPBM training opportunities via online instructor-led webinars, recorded online training, and weekly Question and Answer (Q&A) forums beginning Sept. 6, 2022. View the "Provider" tab at spbm.medicaid.ohio.gov for registration instructions. Training topics include:

- SPBM login and access
- System navigation
- Verifying member pharmacy benefit eligibility
- Submitting and viewing pharmacy claims
- Submitting and viewing pharmacy prior authorization (PA)

MITS Freeze and Provider Enrollment Information:

- On Aug. 1, 2022, ODM froze the MITS system for new and in-process applications. This freeze will continue while the Ohio Department of Medicaid (ODM) transitions to the new PNM module.
- New providers should hold enrollment applications until Oct. 1, 2022.
- **Ohio Resilience through Integrated Systems and Excellence (OhioRISE) and New Community Behavioral Health (BH) Provider Enrollment Process during system transition**: Visit the "Updated Community BH and OhioRISE Provider Enrollment During System Transition" document at managedcare.medicaid.ohio.gov, on the "Resources for Providers" page. Please note this updated guidance replaces previous ODM guidance about OhioRISE provider enrollment.
- **Between Aug. 31 and Sept. 30, 2022, ODM is not accepting provider demographic updates.** Enrolled providers should have updated their demographic information in MITS by Aug. 30, 2022, or plan to hold updates until Oct. 1, 2022.

Credentialing Information:

- **Effective Oct. 1, 2022, ODM will be the single point of contact for provider credentialing for Medicaid and MyCare Ohio.**
- Initial Credentialing: Applications received before Sept. 1, 2022, will continue to be processed by Molina. Applications received on Sept. 1 and after should be directed to ODM via the new PNM module.
- Recredentialing: Molina will continue to process recredentialing files for our providers until Jan. 31, 2023.

Note: Molina is unable to process new provider applications during the MITS freeze due to the need to validate the Medicaid ID with ODM. All providers must have an active and valid Medicaid ID at the time of enrollment with Molina.

Notice of Changes to PA Requirements
Information for all network providers

Molina has posted the updated PA Code List on our Provider Website for an effective date of Oct. 1, 2022. To view the list of changes, view the "2022 Q4 PA Code Changes 10-1-2022" tab in the "Prior Authorization (PA) Code List – Effective 10/1/2022" PA Code List, located on the "Forms" page of the Provider Website. This tab indicates non-covered codes, new codes that require PA, and which codes no longer require PA for all lines of business. Codes that continue to require PA appear on the "PA Code List" tab and are to be submitted for review.

Molina posts new comprehensive PA Code Lists to our website quarterly. However, changes can be made to the lists between quarterly updates. Always

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Provider Training Sessions

It Matters to Molina Forums:
- Payment Policies: Sepsis and Readmissions: **Thurs., Sept. 29, 2:30 to 3:30 p.m.**
- Availity Single Sign-On: **Tues., Oct. 25, 1 to 2 p.m.**

General Provider Orientation:
- Tues., **Sept. 6, 2 to 3 p.m.**
- Tues., **Oct. 4, 12 to 1 p.m.**

Model of Care:
- Mon., **Sept. 12, 8 to 9 a.m.**
- Mon., **Oct. 31, 12 to 1 p.m.**

Claims and Billing Orientation:
- Wed., **Sept. 21, 9 to 10 a.m.**

Managed Long-Term Services and Support (MLTSS) Orientation:
- Wed., **Oct. 12, 3 to 4 p.m.**

Molina has moved provider training sessions to Microsoft Teams. Please visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

Availity Portal Training: Register in the Availity Portal. Under "Help & Training," select "Get Trained." In the training catalog, go to the "Sessions" tab and select one of the following:
- Thurs., Sept. 22 at 11:30 a.m.
- Fri., Sept. 30 at 11 a.m.
- Wed., Oct. 12 at 10 a.m.
- Tues., Oct. 25 at 12 p.m.
- Contact training@availity.com at any time to receive Availity Portal training

Notice of Changes to the Provider Manual
Information for all network providers

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.

Website Roundup
Information for all network providers

Recently added or updated documents include:
- ODM Consent to Sterilization Form

use the lists posted to our website under the Forms tab instead of printing hard copies. This practice ensures you access the most up-to-date versions.

Monkeypox Vaccine Codes
Information for all network providers

Based on guidance from the American Medical Association (AMA), ODM has issued the following Current Procedural Terminology (CPT) codes for monkeypox:

Vaccine Codes:
- 90622: Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
- 90611: Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use

Laboratory Diagnostic Testing Procedure Code:
- 87593: Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (e.g., monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each

Updated: OhioRISE Information
Information for all Medicaid providers

Effective July 1, 2022, ODM launched the OhioRISE program for eligible Medicaid members. For additional information, read the August "OhioRISE Implementation "Provider Bulletin on our Provider Website, on the "Provider Bulletin" page, and under the "Communications" tab. Information includes:
- Program Description and Eligibility
- How to check a Molina member's enrollment in OhioRISE
- OhioRISE member information
- How to contact Aetna Better Health of Ohio, the OhioRISE plan
- Who and how to bill for services
- Becoming a certified CANS assessor
- Additional resources

Value Code 80, 81, and 74: Missing/Invalid Covered Days
Information for Inpatient and Long-Term Care providers in all lines of business

Value code 80 (Medicaid Covered Days) **must** be present on inpatient and long-term care claims, or the claims will be denied. Institutional (UB) outpatient services are excluded from this requirement.
- Units billed with value code 80 are the number of covered full days and must correspond with units billed on the room and board claim line.
- Value Code 80 and corresponding units exclude non-covered days, leave of absence days, or the day of discharge or death.

Claims with non-covered days **must** bill value code 81 (Medicaid Non-Covered Days) to indicate the total number of full days that are not reimbursable. Value code 81 is not required if the provider is not reporting non-covered days.
- Units billed with value code 81 are the number of non-covered full days and must correspond with units billed on the room and board claim line.
- Charges related to the non-covered days would be reported under Total Charges and Non-Covered Charges on the room and board claim line.

- Molina Clinical Policies Page
- Q4 PA Code List
- UPDL: 30-Day Change Notice

Update: MCG Auto-Authorization
Information for Medicaid, Medicare, and Marketplace providers

MCG Auto-Authorization services for Medicare will be available on Sept. 30, 2022.

As a reminder, in March 2022, Molina introduced MCG Auto-Authorization, a self-service method for providers to submit Advanced Imaging PA requests, available 24/7 via the Provider Portal for applicable lines of business.

This submission method is an alternative to the existing submission process and will provide efficient processing of authorization requests. The status of each authorization will be available immediately upon completion of the submission. The clinical documentation will be submitted for review by Molina. The MCG Auto-Authorization service is available for Marketplace as of Feb. 16, 2022, and Medicaid as of May 4, 2022.

Reach out to the Molina Provider Services Team to learn more about MCG Auto-Authorization.

SUD Residential Treatment Notification of Admission Form
Information for Medicaid BH providers

ODM has released a standardized form and process for providers of residential treatment for substance use disorders (SUD) to notify managed care entities (MCE) that a Medicaid member has been admitted for treatment. View the ODM 10294 Substance Use Disorder Residential Treatment Notification of Admission form at medicaid.ohio.gov on the "Medicaid Forms" page.

Reminder: LTSS Respite Services for Children
Information for Medicaid providers

Effective July 1, 2022, ODM updated Ohio Administrative Code (OAC) 5160-26-03.2 Managed Care: Long-Term Services and Supports (LTSS) respite services for children to align with new behavioral health respite services offered through the OhioRISE program. Updates include removing the 100-hour service limit and adding prior

- The discharge date or day of death should not be included as a non-covered day in the value code or the room and board line.
- Claims reporting non-covered days must report an occurrence code of 74 with the date span of the non-covered days. Ex. Claims submitted with Value code 81, even if it has 0 units, must include 74, or they will be denied.

As a reminder:

- If the covered and non-covered days' values are not reported on separate lines, the claim will be denied.
- The total covered days and non-covered days billed must match at the line and header level.
- In the value code field, the number of covered/non-covered days must be entered to the left of the dollars/cents delimiter.
- This process must be followed by the provider for billing collapsed preventable readmissions. Please read the Readmission Payment Policy on our Provider Website under the "Policy" tab.

For more information, review the "Appendix G – Value Codes" in the "ODM Hospital Billing Guidelines" located at Medicaid.ohio.gov, under "Resources for Providers," on the "Billing" page.

Screening Mammography Update
Information for all Medicaid providers

As of Oct. 1, 2022, ODM has revised Ohio Revised Code (ORC) sections 1751.62, 3702.40, 3923.52, 3923.53, and 5164.08, governing coverage of screening mammography. The list of conditions dictating the use of mammography benefits will be extended to include Digital tomosynthesis, additional coverage of annual Mammography screenings, and supplemental breast cancer screenings if certain conditions are met.

Molina Clinical Policies
Information for all Medicaid providers

As a reminder, Molina makes clinical policies readily accessible on our Provider Website, on the "Molina Clinical Policies" page, under the "Policies" tab. Each policy notes the effective date, as well as any subsequent revision dates and details. Please direct any questions regarding these policies to your Provider Services Team.

Unified Preferred Drug list: 30-Day Change Notice
Information for all Medicaid providers

ODM posted their Ohio Unified Preferred Drug List (UDL) 30-Day Change Notice for a Oct. 1, 2022, effective date. Find the list under the "Rx info" tab of the Provider Website on the "Drug Formulary" page.

Updated: COVID-19 (Coronavirus) Codes
Information for all Medicaid providers

ODM has expanded vaccinations to include the Novavax vaccine, as underlined in the following chart. Find additional information in the ODM COVID-19 Billing Guidelines at medicaid.ohio.gov/resources-for-providers/covid.

Applicable CPT codes include:

Pfizer-BioNTech		
0001A, 0051A	First Dose	Aged 12 and Older

authorization (PA). Find out more at codes.ohio.gov/ohio-administrative-code/rule-5160-26-03.2.

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.

Reminder: External Wheelchair Assessment
Information for Medicaid and MyCare Ohio providers

Effective Sept. 1, 2022, Molina is offering a new process for providers to request an external wheelchair assessment. Once Molina receives the completed assessment form, the assessment will be conducted at no cost to the provider. This assessment helps ensure Molina has access to all the information needed to process the subsequent prior authorization request as quickly as possible.

Situations for submitting an external wheelchair assessment include:

- Over $15,000 in billed charges for power wheelchairs.
- Over $10,000 in billed charges for a standard wheelchair/non-power wheelchair.
- All requests for ultralight wheelchairs for members residing in Skilled Nursing Facilities (SNF).
- All requests for power wheelchairs for members residing in SNFs.

The following section outlines the process and steps to complete an external wheelchair assessment:

- Check the member's insurance information to confirm Molina is the primary insurer.
- Member must be enrolled in the Ohio Medicaid or MyCare Ohio Medicaid line of business. This process is not applicable to other Molina lines of business.
- Complete the Request for External Wheelchair Assessment Form.
- Molina will initiate an in-home assessment with an independent,

0002A, 0052A	Second Dose	Aged 12 and Older
0003A, 0053A	Third Dose	Aged 12 and Older
0004A, 0054A	Booster	Aged 12 and Older
0071A	First Dose	Aged 5-11
0072A	Second Dose	Aged 5-11
0073A	Third Dose	Aged 5-11
0074A	Booster	Aged 5-11
0081A	First Dose	Ages Six Months - 5
0082A	Second Dose	Ages Six Months - 5
0083A	Third Dose	Ages Six Months - 5
Moderna		
0011A	First Dose	Aged 12 and Older
0012A	Second Dose	Aged 12 and Older
0013A	Third Dose	Aged 12 and Older
0064A	Booster	Aged 18 and Older
0094A	Booster	Aged 18 and Older
0111A	First Dose	Ages Six Months - 5
0112A	Second Dose	Ages Six Months - 5
Johnson & Johnson's Janssen		
0031A	First Dose	Aged 18 and Older
0034A	Booster	Aged 18 and Older
Novavax		
0041A	First Dose	Aged 18 and Older
0042A	Second Dose	Aged 18 and Older

Note: ODM updated the [COVID-19 Comprehensive Billing Guidelines](#) on July 28, 2022. Notable updates include:
- Addition of Novavax vaccine codes
- Updated list of dental vaccine codes

Molina Prepayment Claim Reviews
Information for all network providers

Molina is committed to program integrity and accurate claims payment through ongoing analysis of submitted claims and review of billing trends to identify unusual billing behavior. Molina utilizes acknowledged national guidelines for billing practices and supports the concept of uniform billing for all payers.

As a reminder, Molina, in partnership with Optum, performs additional prepayment claim reviews to support ongoing program integrity efforts. The prepayment claims reviews look for overutilization of services or other practices that directly or indirectly result in unnecessary costs to the healthcare industry.

As part of this review process:
- Impacted providers receive a letter requesting them to submit medical records and billing documents that support the charges billed. The letters include detailed instructions regarding how to submit the requested documentation.
- The electronic 835 files will note M127; please reference the ProviderNet and/or ECHO account for additional details to determine whether or not the remark is related to this Optum review.

licensed physical therapist from our vendor, The Periscope Group, who will recommend the wheelchair type and medically necessary parts.
- Molina will notify the provider of the recommendation.
- Complete the Molina [Prior Authorization Request Form](#).

Reminder: Genetic Testing Update
Information for Medicaid and Marketplace providers

Effective immediately, Molina will allow genetic laboratories up to 14 days from the initial date of specimen collection to submit PA for genetic testing services.

Reminder: Molina Readmission Payment Policies
Information for all network providers

On Aug. 1, 2022, Molina began reviewing admissions within 30 days of an anchor admission for inpatient behavioral health and detox stays. The BH Readmission Policy is posted on our Provider Website under the "Policies" tab in the same document as the existing [Readmission Payment Policy](#).

Reminder: Institution for Mental Disease Stays
Information for Medicaid providers

On Aug. 1, 2022, Molina started to deny Institution for Mental Disease (IMD) stays that exceed 15 calendar days per month. By submitting a request for Medicaid coverage of an IMD stay, a provider attests that the length of stay in the IMD facility is intended to be less than 15 days. Per 42 CFR § 438.6 (e) on IMD coverage, Medicaid cannot be used to cover an IMD stay that is intended to be longer than 15 days in a calendar month. Please see the FAQ posted on the ODM website at bh.medicaid.ohio.gov/manuals.

Reminder: Annual Mandatory Model of Care Training
Information for Medicare providers

CMS requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care by Dec. 31, 2022.
- Molina hosts a monthly Model of Care provider training via Microsoft Teams throughout the year to help train you and your staff and address questions. Find an upcoming training in the Provider Training Session article.

- Providers who do not submit the requested documentation may receive a technical denial, which will result in the claim being denied until all information necessary to adjudicate the claim is received.
- After review, if it is determined that coding and/or payment adjustment is applicable, the provider will receive the appropriate claim adjudication. Providers retain their right to dispute the results of these reviews.

"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 Michelle Acierto from Erie Shores Surgery Center.

The August "It Matters to Molina" question answer is "1." On what date will ODM freeze the MITS system for new and in-process enrollment applications as they transition to the new PNM module?
1. Aug. 1, 2022
2. Sept. 2, 2022
3. Oct. 1, 2022

September Question: The Ohio Department of Medicaid has communicated a lot of important information and training opportunities about the upcoming Next Generation Medicaid Program, including OhioRISE, Centralized Credentialing, the SPBM, and the Fiscal Intermediary. Where is the best source of information for the Next Generation Medicaid Program?
1. managedcare.medicaid.ohio.gov
2. medicaid.ohio.gov
3. molinahealthcare.com/providers/oh/medicaid/comm/provbulletin.aspx
4. All of the above

Email your answer to OHProviderBulletin@MolinaHealthcare.com by September 15 to enter the drawing. Molina will announce the winner and the correct answer to the question in the October 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: Get to Know Your Provider Representatives
Information for all network providers

Our Molina Provider Services team is here to help answer your questions and connect you with training opportunities. Throughout 2022 we will introduce you to our team members and how to contact us directly for assistance.

Theresa Cook, Provider Services Communications Representative:
- My favorite thing to do is to travel the globe. I have visited 46 states, been on three continents, and will visit the fourth next year. I have a scratch-off map of the world on my wall, and someday I hope to be able to have most of it marked off.
- Interesting Fact: I was raised working construction with my father before HGTV existed. He raised my sister and me to be able to roof, drywall, work with plumbing, electric, etc. To this day, there isn't a DIY project that we can't handle on our own.
- **Why I serve our Molina providers:** "Be the change you wish to see in the world." Those words, often miscredited to Gandhi, were written by Arleen Lorrance in 1974 for the Love Project: "We know it to be true that the

- Find information on Model of Care requirements in the Model of Care Provider Bulletin.

Reminder: Medicare PA Guide & PA Form
Information for Medicare and MyCare Ohio providers

Molina has posted an updated Medicare PA Guide and PA Forms to the Medicare Provider Website to provide a clear and efficient process for submitting Medicare PA requests. PA Guide improvements include specific Medicare fax numbers to ensure requests are routed correctly and promptly.

Find additional information in the July Provider Bulletin on our Provider Website, under the "Communications" tab.

Find the PA Guide and Form on the Medicare Provider Website, under Prior Authorization Forms, and on the MyCare Ohio Provider Website under the "Forms" tab. Authorization requests should be submitted via the provider portal at provider.MolinaHealthcare.com.

Health Care Education: Improved Outcomes for People with Disabilities
Information for all network providers

Join the Ohio Association of Health Plans, the Ohio Center for Autism and Low Incidence (OCALI), and an amazing lineup of speakers to build your confidence, skill, and ability to improve outcomes for people with disabilities. Find additional information or register for a session at sites.google.com /ocali.org/improving-outcomes-2022.

Reminder: Clinical Services - Adv. Imaging
Information for Medicaid providers

Molina Clinical Services Advanced Imaging has recently moved to an enhanced Utilization Management (UM) Platform. Please review the information below:
- **Authorization Status Check:** Utilize the Availity platform to view the authorization status.
- **Availity/MCG-Cite Auto-Auth Platform:** Utilize the Availity platform to submit authorization requests and status checks. Reach out to your Provider Services Team for information or assistance in setting up an account.

Note: Enhancements have been made within our Clinical Services team, and

change we want to see in the world is both having more of a life of service and embodying to a greater degree the force of love that transcends all other energies." We must live the changes we want to see in the world, and I aspire daily to help our providers by communicating changes, updates, and helpful information to our network.

Sonya Adams, Provider Services Provider Engagement Team Representative:

- My favorite thing to do is travel. I love exploring different cultures, food, and ways of living. My favorite place so far is St. Kitts, in the Caribbean. St. Kitts has beautiful beaches, great food, and breathtaking views.
- Interesting Fact: I love crafting and home décor. Although I sometimes buy décor items, I find it therapeutic to create the décor for myself, my family, and my friends. I made a magnolia wreath recently that is beautiful.
- **Why I serve our Molina providers:** I serve Molina providers to develop and maintain positive relationships while also fostering and supporting initiatives that lead to better quality healthcare for our members.

Our Provider Services Representatives are available by email at:

- Communications: OHProviderBulletin@MolinaHealthcare.com
- Provider Engagement Team: OHProviderServicesPET@MolinaHealthcare.com

phone hold times have greatly improved. Calling is the preferred method for requesting a Peer-to-Peer.

Reminder: DSME for Medicaid
Information for Medicaid providers

Diabetes Self-Management Education (DSME) can help patients manage diabetes between office visits. DSME supports the information given by the clinical team; it does not replace it. DSME is provided by educators in an American Diabetes Association (ADA)-recognized or an Association of Diabetes Care and Education Specialists (ADCES)-accredited program.

Find additional information in the August Provider Bulletin, including:

- What self-care behaviors the core content address
- Information on when to refer a patient
- How to find a local DSME provider
- Self-management education videos

Update: Change Healthcare ProviderNet Portal Outage
Information for all network providers

Change Healthcare's service portal, ProviderNet, has recently experienced an outage. Access to limited services in ProviderNet are now back online and are available to certain existing ProviderNet users (*See the below Update for additional details*). Please note that there is currently no estimated date of restoration for new enrollments and/or changes to banking information via ProviderNet. As a valued provider, we wanted to share the following information with you to minimize impacts to Molina providers due to this outage. Change Healthcare has also published a customer service alert regarding this issue.

Payments

- There will be no impact or disruption to scheduled payments (Electronic Funds Transfer [EFT] or paper check) from Molina.
- 835s will continue to be available through the Change Healthcare clearinghouse. Providers should expect the 835/Electronic Remittance Advice (ERA) to continue to be delivered through their current clearinghouse.
- Electronic Explanation of Payments (EOPs) will continue to be available on both the Molina Provider Portal and Availity Portal.
- Update – The ProviderNet portal is now available, with features being limited to viewing and downloading EOP and 835/ERA.
  - **Only existing, authenticated users of ProviderNet can be verified and regain access.**
  - New enrollments are not being accepted at this time.
  - See the specific request process on the ProviderNet portal.
  - Email Change Healthcare at WCO.Provider.Registration@ChangeHealthcare.com to re-authenticate your ProviderNet account. Include the following information to re-establish access to ProviderNet and/or make a clearinghouse change:
    - National Provider Identifier (NPI)
    - TAX ID
    - Requestor's Name
    - Email
    - Phone Number
    - Provider's Name
    - Company Email
    - Company Phone Number

For any other issues, please email Change Healthcare WCO.Provider.Registration@ChangeHealthcare.com.

Changes to banking information EFT

- Changes to banking information for EFT payment is currently unavailable via ProviderNet. If changes are needed to banking information for EFT during this outage, providers should contact Change Healthcare Provider Services directly at WCO.Provider.Registration@ChangeHealthcare.com.

New provider registration

- Need access to an electronic EOP? Please register as a Molina Provider on the Availity Provider Portal. Information on how to register is available here availity.com/MolinaHealthcare.

If you still have a question or need assistance with a payment, please follow the usual escalation inquiry process with Molina.

Fighting Fraud, Waste & 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.