PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA® HEALTHCARE

Fax Submission File Size Update for Clinical Information

Information for all Medicare and MyCare Ohio providers

As of May 1, 2023, the maximum clinical information fax size threshold Molina Healthcare can accept is no more than 100 pages (10 MB) for the total size of the fax transmission.

Molina requires copies of ***relevant*** clinical information to be submitted for documentation to ensure accurate and timely clinical decision-making. Clinical information includes ***but is not limited to*** pertinent physician emergency department notes, inpatient history/physical exams, discharge summaries, physician progress notes, physician office notes, physician orders, regulatory required forms, nursing notes, results of laboratory or imaging studies, therapy evaluations, and therapist notes.

Molina does not accept clinical summaries, telephone summaries, or inpatient Care Manager criteria reviews as meeting the clinical information requirements.

Requests can be submitted via the Availity Essentials Provider Portal. Providers may also find training and other resources on the Availity Essentials platform.

If there is a complex or extenuating clinical situation, please do not hesitate to contact the Healthcare Services Department or your Provider Services Team for further review and resolution.

Advance Beneficiary Notice of Noncoverage (ABN) Guidance

For Medicare and MyCare Ohio Providers

The Advance Beneficiary Notice of Noncoverage (ABN) form should not be issued to Molina members within the Medicare and MyCare Ohio population of Molina. The ABN form should only be issued to Original Medicare fee-for-service (FFS) beneficiaries when Medicare payment is expected to be denied. View Chapter 30 of the 100-04 Medicare Claims Processing Manual at cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs for more ABN process guidelines.

Molina Guided Care Rebranding

Information for all Medicare and MyCare Ohio providers

Molina has launched Molina Guided Care (Guided Care), our newly rebranded name for palliative care services. Guided Care still follows the same procedure for referral as palliative care. A member will need to be reported with ICD-10 code Z51.5 "Encounter for palliative care" along with the diagnosis codes for their chronic condition.

Guided Care is not hospice care. It is intended to provide an improved quality of life by reducing pain, stress, and confusion. Examples of candidates for Guided Care are patients diagnosed with a chronic condition such as:

- Cancer
- Liver disease
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- A combination of serious conditions such as diabetes or stroke

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 Molina Healthcare.com/OhioProviders
  o Provider Manual
  o PA Code List
  o PA Request Form
  o Provider Bulletin Archive
  o It Matters to Molina Page

When a member joins Guided Care, our nurse practitioners and care managers will identify what kind of care the member needs. Members who begin Guided Care can expect reduced hospitalizations, fewer unnecessary or unwanted treatments, and support for both the member and their family.

While not a specific benefit under most health plans, Guided Care can be covered under Medicare and Molina Dual Options MyCare Ohio (MMP). Guided Care requires prior authorization (PA) in most circumstances.

Find out more about Guided Care at MolinaGuidedCare.com, including the video "What is Guided Care," important documents, and other information. MolinaCaregiving.com also provides information about non-professional caregiving from a family member or friend.

EOP and 835 Files Refund Reporting Enhancement
Information for all network providers

On March 1, 2023, Molina made enhancements to the reporting of refunds received that are displayed on an Explanation of Payment (EOP) and 835 files.

Refunds received by a provider or a third party payer are now:
- Reflected on the EOP and 835
- Reflected on the claim in the Refund column on a reversal claim on the EOP
- Including a remit message indicating receipt of a refund

If the refund received is a partial refund, a balancing adjustment claim ending in A is created to balance the reversal, ensuring no recoupment. Updates include:
- EOP: Adding Overpayment Recovery and Provider Return/Refund credit adjustment types in the Payment Adjustments section of the EOP. These net adjustments reflect the application of all refunds on the payment separately from any forwarding balances/recoupments.
- The Provider Level Balance (PLB) segment on the 835: Items labeled as Provider Return/Refund credit reflect on the 835 as adjustment code type 72. Items labeled Overpayment Recovery reflect on the 835 as adjustment code type WO. This is Molina's method of recording refunds received and will result in a net total of $0.00 on the payment.

New Services Added to Prepayment Coding Validation
Information for all network providers

Effective May 1, 2023, Molina will expand our prepayment validation process to include the following services:
- Complex Cataract Surgery: Current Procedural Terminology CPT) codes 66982 and 66987
- Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, Endoscopy, Lithotripsy, Stenting, or basket extraction; over 2 cm: CPT code 50081
- Unusual Superficial/Deep Implant Removals: CPT codes 20670 and 20680
- Anesthesia Codes Unlikely Units: All anesthesia codes 00100-01999, excluding 00580, 00796, 00868, 01990, 01996, 01967, and 01999
- Professional claims that were reimbursed for an add-on code that was not present on the outpatient facility claim

As a reminder, prepayment claim reviews look for over-utilization and incorrect billing practices by reviewing state and federal policies for Medicaid and Medicare and then applying appropriate analytics.

o 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

Provider Training Sessions

It Matters to Molina Forums:
- PIF Process: Wed., **April 26, 2 to 3 p.m.**
- MCG Auto-Auth Functionality: Thurs., **May 25, 1 to 2 p.m.**

General Provider Orientation:
- Tues., **April 4, 2 to 3 p.m**.
- Wed., **May 3, 10 to 11 a.m.**

Claims and Billing Orientation:
- Thurs., **April 13, 2:30 to 3:30 p.m.**

Managed Long-Term Services and Support (MLTSS) Orientation:
- Tues., **May 16, 12 to 1 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 – General Training:
- Tues., April 4 at 1 p.m.
- Mon., April 10, 3 p.m.
- Fri., April 21, 11 a.m.
- Contact training@availity.com at any time to receive Availity Portal training

Register for the Availity Essentials Portal General Training or Overpayments Training in the Availity Essentials Portal. Under "Help & Training," select "Get Trained." Select the "Sessions" tab and choose a session.

Updated: Notice of Changes to PA Requirements
Information for all network providers

Molina has posted an updated Q2 PA Code List on the Provider Website, under the Forms tab. Updates include the removal of Medicaid PA requirements for A4239, E2103, A9276, A9277, and A9278.

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

Note: The concepts utilized for the pre-pay audit align with correct coding practices and incorporate a review of medical records to determine if they support the services and codes billed.

New Century Health Fax Number Update
Information for Medicaid and Marketplace providers

Effective June 30, 2023, New Century Health will be implementing a new fax number for cardiology services. The new fax number is (714) 582-7547 and replaces fax number (877) 622-6879. Providers are encouraged to begin using the new fax number prior to the June 30th transition date.

Appeals and Grievances (A&G) Mailing Address Update
Information for Medicaid, MyCare Ohio Medicaid, and Marketplace providers

Effective May 1, 2023, the Molina of Ohio Appeals and Grievances team will begin using a centralized mailroom for Medicaid, MyCare Ohio Medicaid, and Marketplace lines of business. The new mailing address for the centralized mailroom is:

Molina Healthcare of Ohio, Inc.
Grievance and Appeals Unit
PO Box 182273
Chattanooga, TN 37422

It is important to send all appeal and grievance requests to the appropriate mailing address to avoid delays in processing. You may also submit appeal and grievance requests via fax and the Availity Essentials Portal. More information on how to submit appeal and grievance requests is available on MolinaHealthcare.com. You may also contact your Provider Services Representative for additional assistance.

Filing Expedited Service Requests or Appeals
Information for Medicare providers

An Expedited/Urgent service request, including an appeal, should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent (pursuant to Medicare 42 CFR § 422). If the request meets the criteria for Expedited/Urgent, indicate the reason at the time of the submission to avoid delays and follow all CMS guidelines. As a reminder, request services in a timely manner and provide necessary information for review so appropriate and timely decisions can be made.

Revenue Code 0120 Update
Information for Medicaid providers

Effective May 1, 2023, for long-term custodial and skilled care, revenue code 0120 will no longer be accepted when Medicaid is the primary payer. The following revenue codes should be used:
- 0101 All-Inclusive Room and Board
- 0160 Room & Board – Other (this category is used by ODM to identify a short term stay of a waiver enrollee)
- 0169 Room & Board – Other (this category is used by ODM to identify a flat fee for a low acuity waiver enrollee)

practice ensures you access the most up-to-date versions.

Website Roundup
Recently added or updated documents:
- [Authorization Reconsideration Form (Authorization Appeal or Clinical Claim Dispute Form)](#)
- [Medicaid Auth Appeal, Clinical and Non-Clinical Guide](#)

Did You Know: Molina Help Finder
Information for Medicaid providers

Did you know Molina introduced the Molina Help Finder in December 2022?

The Molina Help Finder, available at MolinaHelpFinder.com, is a one-stop resource powered by Findhelp that assists Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, providers have the ability to refer patients in real-time. Search by category for the types of services needed, such as food, child care, education, housing, employment, and more. Results can then be narrowed by applying personal and program-specific filters.

Behavioral Health QMHS Billing Modifier
Information for behavioral health providers

Reminder Behavioral Health providers with a Qualified Mental Health Specialty (QMHS) should be billing the appropriate modifier for the level of licensure as shown below.
- High School (QMHS): Practitioner Modifier HM
- Associate's (QMHS): Practitioner Modifier HM
- Bachelor's (QMHS): Practitioner Modifier HN
- Master's (QMHS): Practitioner Modifier HO
- 3 Years' Experience (QMHS): Practitioner Modifier UK

Claims could deny if the appropriate specialty and modifier is not billed accurately and updated in ODM's PNM system.

Women, Infants, and Children (WIC)
Information for all network providers

Women, Infants, and Children (WIC) is a Special Supplemental Nutrition Program that provides nutrition education,

- 0183 Therapeutic Leave Day – charges for holding a room while the patient is temporarily away from the nursing facility provider
- 0185 Hospitalization Leave Day – charges for holding a room while the patient is temporarily hospitalized
- 0189 Other Leave of Absence (this category is used by ODM to identify a leave day for a PA1/PA2 low acuity resident)
- 0220 Flat Fee – PA1/PA2 low acuity covered day
- 0410 Ventilator-Weaning Day
- 0419 Ventilator Dependent Day

These are revenue center codes from the National Uniform Billing Committee official "UB-04 Data Specifications Manual." All other revenue center codes used on Medicaid nursing facility encounters will be considered outpatient or for informational purposes only and not for purposes of Medicaid reimbursement for room & board.

Payer ID Reminder
Information for all network providers

Please remember to submit the correct Payer ID on a claim based on the line of business and date of service.

Payer Name (NM103)	837 2010BB NM109	276/277 2100A NM109	270/271 2100A NM109	275 1000A NM109
Molina Ohio Medicaid	0007316	0007316	0007316	0007316
Molina SKYGEN Dental	D007316	D007316	N/A	D007316
Molina March Vision	V007316	V007316	N/A	V007316

Note: Payer ID 20149 must still be used for Molina's MyCare Ohio, Medicare, and Marketplace lines of business, as well as for Medicaid claims prior to Feb. 1, 2023, dates of service.

Medicaid Enrollment Requirements
Information for Medicaid providers

As a reminder, any provider who is not enrolled and noted as "active" in the Ohio Department of Medicaid (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.

For additional information visit medicaid.ohio.gov and under "Resources for Providers" select "Managed Care" then "Policy" and "Managed Care Policy Guidance." Please note that Medicaid enrollment is also required by the Code of Federal Regulations (CFR) rule 42 CFR 438.602.

breastfeeding education, and support to eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to 5 years of age.

The WIC Program helps to improve pregnancy outcomes and provides infants and children with adequate diets for a healthy start. Additional benefits include:

- Access to supplemental, highly nutritious foods such as cereal, eggs, milk, whole grain foods, fruits, and vegetables
- Access to iron-fortified infant formula
- Referral to prenatal and pediatric health care and other maternal and child health and human service programs

Member Eligibility and How to Apply: Visit the Ohio Department of Health website at odh.ohio.gov/know-our-programs/Women-Infants-Children, then select "Resources" and Ohio WIC Program Eligibility to locate the tabs "Who is eligible?" and "How to Apply."

Molina of Ohio Check Runs
Information for all network providers

Molina makes regular check runs during the week. Molina currently runs all lines of business every day.

Q1 Provider Newsletter
Information for all network providers

The Q1 2023 Provider Newsletter is available on the Provider Website on the "Communications" tab. Articles in this edition include:

- Claim Submission
- CAHPS/QHP Enrollee Experience Survey
- Molina's 2022 Quality Improvement Results
- Requirements for Submitting PA
- Molina's Portal Access
- Encourage your Patients to use My Health Perks
- Molina's 2023 Medicare Advantage Products Designed to Meet Members Needs
- Our Gift to Network Providers: PsychHub Subscription
- Clinical Policy Updates Highlights from Fourth Quarter 2022

Updated: Important Information Regarding the Resumption of Medicaid Renewals

Information for Medicaid and MyCare Ohio providers

During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility requirements.

On Dec. 29, 2022, President Joe Biden signed the **Consolidated Appropriations Act of 2023**[1] (also known as the omnibus spending bill) into law, which included the resumption of Medicaid renewals (also referred to as "Medicaid redeterminations").

ODM restarted the renewal process on Feb. 1, 2023. The first disenrollments for non-renewal, or loss of eligibility, will occur on April 30, 2023, with a May 1, 2023 effective date.

It is imperative that we all direct Medicaid recipients to resource information about how to renew their benefits, so they don't lose their health care coverage or give them time to seek other coverage if they are no longer eligible. Providers should encourage Medicaid members to ensure their contact information is updated with the County Job and Family Services office and to take timely action on any renewal information they receive in the mail.

To find member-facing, as well as stakeholder and partner information please access resource materials on ODM's website: medicaid.ohio.gov/stakeholders-and-partners/covidunwinding/covidunwinding.

Please visit the FAQs on Molina's website Medicaid Renewals (molinahealthcare.com) to learn more and find instructions on how to access Medicaid Renewal dates for your patients by performing an Eligibility and Benefits inquiry via the Availity Essentials Portal. Primary Care Providers may also access Renewals information on their member rosters located in Availity.

Updated: Partnership with Avalon for Laboratory Benefit Management

Information for Medicare, Medicaid, and Marketplace network providers

Molina communicated Avalon Healthcare Solutions (Avalon) effective dates for Medicaid, Medicare, and Marketplace in previous Provider Bulletins. Please note the changes in effective dates:

- Medicare will go live on May 1, 2023
- Marketplace went live on March 1, 2023
- Medicaid will go live in 2024

As a reminder, Molina is collaborating with Avalon on a new laboratory benefit management program. Avalon provides 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.

Reminder: Behavioral Health Codes: H2020, H0038, and H0048

Information for behavioral health Medicaid providers

Effective April 1, 2023, based on guidance from ODM, Molina updated the following Healthcare Common Procedure Coding System (HCPCS) codes:

- H2020: Max units on one date of service is 1: Explanation of Benefits (EOB) message: Therapeutic Behavioral Services (TBS) group per diem service cannot be billed more than once per day
- H0038 Substance Use Disorder (SUD) cannot exceed 16 units in a day: EOB message: SUD peer recovery services cannot exceed 16 units (4 hours) per day
- H0048 max unit on one date of service is 1 (ALCRX only): EOB message: Urine drug screening service cannot be billed more than once per day

View the ODM BH Workgroup Limits, Audits, and Edits document and the ODM Behavioral Health Provider Manual at bh.medicaid.ohio.gov/manuals for additional information.

Reminder: Provider Demographic Information: Fax Number for Dispute Resolution

Information for all network providers

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

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

Providers are also encouraged to validate their fax, phone, and mailing address with Molina via the Provider Online Directory. Updates to demographic information for all lines of business may be submitted to Molina via the Provider Information Update Form found under the "Forms" tab of our Provider Website. Medicaid providers must make necessary updates in the ODM PNM

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[1] https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF

For dates of service on and after the respective line of business launch date, 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
- 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 the Avalon go-live date for the applicable line of business.

Updated: Molina Legacy Provider Portal Sunsetting
Information for all network providers

Molina communicated in the January Provider Bulletin that the Molina Provider Portal would sunset on March 28, 2023. Given the various levels of provider readiness, Molina of Ohio's transition will occur at a future date and we will communicate the new date to providers prior to the sunset.

Although Molina of Ohio did not sunset the Molina Provider Portal on March 28, there will soon come a time that providers will no longer be able to access the Molina Provider Portal and its functions directly. Availity Essentials (Availity) is 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.

system in addition to applicable notifications directly to Molina.

Reminder: Availity Overpayments Process
Information for all network providers

On Feb. 20, 2023, Availity and Molina rolled out a new Essentials workflow that is creating a better way for provider offices to manage overpayments. This new streamlined electronic process will help eliminate mail and fax for faster dispute resolution and keep you current with overpayment requests. Providers also have the option to file a verbal dispute (limited to Medicaid line of business) by contacting the Provider Services Contact Center.

To ensure you have access, check to see if you have the Claim Status role. If you don't have access, contact the Essentials administrator for your office to decide if you need this role. Availity offers recorded training sessions for Providers.

Reminder: 2023 HEDIS® Data Collection
Information for all network providers

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

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

Molina will reach out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:
- Providers allow Molina access to their Electronic Health Records (EHR) for quick access to records pertaining to the HEDIS® project
- Secure email, fax, or mail

- Prior Authorizations: Manage your Molina PA on Availity and use the Auth/Referral Dashboard to follow up on the status of the PA.

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.

Updated: Ordering, Referring, and Prescribing Providers NPI
Information for all network providers

Effective May 1, 2023, Molina will begin denying claims missing an Ordering, Referring, and Prescribing (ORP) provider based on the guidance below.

As a reminder, Molina announced in the [July 2021 Provider Bulletin](#) that as of July 1, 2021, Molina began to require 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. Claims billed with the attending field information will also be used to satisfy the ORP requirements.

Molina announced in the [December 2021 Provider Bulletin](#) that Molina's system started to include the following CARC/RARC remit messaging:

Scenario	Referring	Ordering	Attending
Remit	N286	N265	N253
CARC	16	16	
CARC Description	Claim/service lacks information or has submission/ billing error(s)	Claim/service lacks information or has submission/ billing error(s)	Missing/ incomplete/invalid attending provider primary identifier
RARC	N286	N265	N253
RARC Description	Missing/ incomplete/invalid referring provider primary identifier	Missing/ incomplete/invalid referring provider primary identifier	Missing/ incomplete/invalid referring provider primary identifier

Consistent with these rules, a valid National Provider Identifier (NPI) is required on claims for select ORP provider types which are eligible to order, refer or prescribe including:

Hospital	Independent Diagnostic Testing Facility
Psychiatric Hospital	Waivered Services Organization
Nursing Facility	Medicare Certified Home Health Agency
Professional Medical Group	Other Accredited Home Health Agency
Hospice	OMHAS Certified/Licensed Treatment Program
Pharmacy	Psychiatric Residential Treatment Facility
FQHC	Certified OH Behavioral Analyst
Clinic	Occupational Therapist Individual
Independent Laboratory	Certified RN Anesthetist Individual
Waivered Services Individual	Durable Medical Equip Supplier
Audiologist Individual	Speech Language Pathologist

- An onsite visit by Molina, based on the volume of records

For EHR setup, email RegionB_EMRSupport@MolinaHealthcare.com.

Reminder: 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](#)

Reminder: 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 submitted via the provider portal at [provider.molinahealthcare.com/provider/login](#).

Reminder: Authorization Appeal New Century Health or ProgenyHealth
Information for Medicaid providers

Effective for dates of service, Feb. 1, 2023, and after, Molina allows an authorization appeal for authorization reviews conducted by New Century Health or ProgenyHealth. The authorization appeal 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:

Anesthesia Assistant Individual	Ohio Department of Mental Health Provider
Physical Therapist Individual	Non-Agency Personal Care Aide
Wheelchair Van	Non-Agency Nurse – RN or LPN
Portable X-Ray Supplier	Non-Agency Home Care Attendant

"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 Bethany Chime from Clear Minds Coaching & Counseling.

The March "It Matters to Molina" question answer is "2." Where can you find the Next Generation Molina Medicaid Provider Manual?
1. Molina Medicaid and MyCare Ohio Provider Websites, under the "Manual" tab
2. Molina Medicaid Provider Website, under the "Manual" tab
3. Molina MyCare Ohio Provider Website, under the Manual" tab
4. ODM Provider Website, under "Resources for Providers"
5. CMS Provider Website, under "Regulation & Guidance"

April Question: Molina has an abundance of online resources available for our providers to assist with claim submissions, PA requests and training. These resources include which of the following?
1. Availity Essentials Provider Portal
2. Molina Provider Website
3. Provider Manuals
4. PA Code List and Prior Auth LookUp Tool
5. Provider Trainings on the It Matters to Molina page
6. All of the above

Email your answer to OHProviderBulletin@MolinaHealthcare.com by April 15 to enter the drawing. Molina will announce the winner and the correct answer to the question in the May 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.

ProgenyHealth (888) 832-2006 and New Century Health (888) 999-7713.

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.

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.