PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE®

Availity Essentials Portal Reconsiderations vs. Appeal Options

Info for all network providers

Molina Healthcare of Ohio, Inc. and Availity Essentials (Availity) are offering providers new features to help facilitate the timely processing of your claims. There are two categories for managing claims described below —claims reconsideration and claims appeal. Reconsiderations are a quick and efficient way to get a response for your finalized claim for an inquiry or basic adjustment.

Claim Reconsideration: 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. After submission, an ANG identification number (ID) will be provided. Within one business day this will be updated to a SFC ID. This bulleted list encompasses examples of when the reconsideration process should be utilized.

- Claim denied for no authorization on file, but an approved authorization is on file for the member/provider/services with available units.
- Claim denied for no enrollment, but the member has active enrollment for the date(s) of service.
- Claim denied as duplicate in error. The claim was submitted with corrected claim indicators or no duplicate or related claim in history.

- Claim denied for Explanation of Benefits (EOB) incorrectly, but the EOB is attached with appropriate information to coordinate benefits.
- Optical Character Recognition Error occurs during the paper-paper-to-data process where units, billed charges or Current Procedural Terminology (CPT) may have been improperly scanned in the system.

Reminder: Paper claims are not accepted for Medicaid.

Claim Appeal: 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. The standard turnaround time for Medicaid is 15 days or less. After submission, an ANG ID will be provided. Within one business day this will be updated to a PRV ID.

Providers can refer to the Provider Manuals for turnaround times for the other lines of business. A claim appeal on Availity should be used when disputing anything not listed on the live adjustment criteria and for reviews that require attachments. To learn more about the Medicaid dispute process, review the Medicaid Authorization Appeal, Clinical and Non-Clinical Claim Dispute Guide on the Quick Reference Guides & FAQs page, under the Manual tab of our Provider Website.

Note: Corrected claims will not be accepted through either the reconsideration or appeal process.

Open Enrollment: January 2025
Info for all network providers

Medicaid and MyCare Ohio: Open enrollment period will run from Nov. 1, 2024 – 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.

Note: If a member does not wish to change their current plan, then no action is required.

Reminder: **redetermination and open enrollment are NOT the same**. Members must complete redetermination requests or risk losing coverage.

Open Enrollment vs. Redetermination:
- Open Enrollment is an annual voluntary event that provides patients the opportunity to change their managed care plan.
- Redetermination is an annual required activity that confirms your patients are still Medicaid eligible.

How can Molina help with redetermination? Molina can provide:
- Patient literature about Medicaid renewal.
- Lunch and Learn for staff with redetermination education.
- Monthly redetermination files for Molina members/patients your practice cares for.
- Onsite (and patient outreach) support on Application Assistance Days.

For more information, contact your local Community Engagement Specialist. If you need assistance identifying your Community Engagement representative, email MHO CommunityOutreach@MolinaHealthcare.com.

Marketplace: Open enrollment will run Nov. 1, 2024 – Dec. 15, 2024.

Medicare: Open enrollment will run Oct. 15, 2024 – Dec. 7, 2024.

Behavioral Health Peer Support Service
Info for behavioral health providers

Per ODM, the new Ohio Administrative Code (OAC) rule 5160-27-14 Behavioral Health Peer Support Services went into effect on Sept. 1, 2024. The information included in the new rule includes:
- Newly covered Medicaid services that include the provision of peer support services for

both mental health and substance use disorder conditions.
- The coverage, limitation and reimbursement policies, as well as the eligible provider requirements.

Note: Molina is aligning with ODM's guidance.

Structured Family Caregiving Waiver Rates
Info for MyCare Ohio providers

Per ODM, effective Oct. 1, 2024, the new Structured Family Caregiving (SFC) services will be added to the Ohio Home Care Waiver (OHWC), PASSPORT and MyCare Ohio programs.

Find additional information on these services in OAC 5160-44-33 Nursing Facility-Based Level of Care Home and Community-Based Services Programs: Structured Family Caregiving Services, including definitions, provider requirements, limitations for SFC services and reimbursement policies.

Note: Molina is aligning with ODM's guidance.

2024/2025 Flu Season Recommendations
Info for all network providers

Molina has adopted the Advisory Committee on Immunization Practices (ACIP) Influenza Vaccination Recommendations that stipulate all people six months of age and older who do not have contraindications should receive licensed, recommended and age-appropriate flu vaccinations.

You can review the entire set of recommendations, including information about persons at risk for medical complications due to severe flu, on the Centers for Disease Control (CDC) website at cdc.gov/flu. View helpful information on the 2024-2025 season by selecting "About Flu" and then "This Flu Season" and "Information for the 2024-2025 Flu Season." Find Ohio resources at odh.ohio.gov/know-our-programs/seasonal-influenza/resources.

The flu vaccine is a covered benefit for Molina members. Members can receive the vaccine at an Ohio Medicaid contracted pharmacy and/or Primary Care Provider (PCP) office. For more information about the flu vaccine benefit, members can contact Member Services using the number on the back of their member ID cards. Thank you for helping keep your patients healthy during this flu season.

Members may receive one or more of the following communications:

- Verbal flu shot reminder when members contact Molina
- Newsletter article about the importance of getting a flu shot
- Preventive tips available on the Molina Member Website
- Calls from Molina Care Managers and Pharmacists encouraging members to receive a flu shot
- Social media messages encouraging members to get a flu shot
- A planner to track recommended preventive care services

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:
- Provider Website Navigation: Fri., **Oct. 25, 2 to 3 p.m.**
- Open Q&A: Wed., **Nov. 20, 10 to 11 a.m.**
- Cost Recovery: Fri., **Dec. 20, 10 to 11 a.m.**

General Provider Orientation:
- Mon., **Oct. 7, 11 a.m. to 12 p.m.**
- Mon., **Nov. 4, 11 a.m. to 12 p.m.**
- Tues., **Dec. 3, 11 a.m. to 12 p.m.**

Specialized Provider Orientation:
- Nursing Facility and Assisted Living: Thurs., **Oct. 17, 1 to 2 p.m.**
- Quality: Thurs., **Nov. 14, 11 a.m. to 12 p.m.**
- Claims and Billing: Thurs., **Dec. 12, 3 to 4 p.m.**

Molina Model of Care Training:
- Tues., **Oct. 1, 1 to 2 p.m.**
- Tues., **Nov. 12, 11 a.m. to 12 p.m.**

Molina Dental Services Training:
- Tues., **Oct. 29, 10 to 11 a.m.**
- Tues., **Nov. 19, 10 to 11 a.m.**
- Wed., **Dec. 11, 9 to 10 a.m.**

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

The New Diabetes Care Hub
Info for Medicaid providers

The new Diabetes Care Hub, the result of a unique collaboration among Ohio's Managed Care Organizations, quickly gives providers the answers and information they need for Diabetes Self-Management Education (DSME) questions.

DSME referrals and resources can be complicated. The Diabetes Care Hub has resources to help, including:

- Help to find a local provider for referrals
- Help with assisting patients, including guides that align with the American Diabetes Association Standards of Care
- Information on billing codes

Built for quick access and ease of use, the Diabetes Care Hub can help ensure that patients have the ability to successfully manage their diabetes. Visit the Diabetes Care Hub today.

Q3 Provider Newsletter
Info for all network providers

The Q3 Provider Newsletter is available on the Provider Website, under the Communications tab. Articles include:

- SSI Claimsnet, LLC is Molina's Clearinghouse
- Update Provider Data Accuracy and Validation
- Provider Communication Survey
- NPPES Review for Data Accuracy
- Cultural Competency Resources for Providers and Office Staff
- 2024 Molina Model of Care Provider Training
- Helping Members in Their Language
- New Medicare Benefit
- Clinical Policy Updates

Access Standards
Info for all network providers

Find Molina's appointment availability standards in our Provider Manual on our Provider Website.

Based on regulatory, industry and National Committee for Quality Assurance (NCQA) guidelines, our standards are approved by our Quality Improvement Committee. In addition to other ongoing monitoring activities, we conduct a survey at least annually to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

Americans with Disabilities Act
Info for all network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with

disabilities access to services. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to healthcare access, we can improve the quality of life for people with disabilities.

Learn more in the [Molina Provider Education Series Americans with Disability Act (ADA)](#) on our website, on the Culturally and Linguistically Appropriate Resources/Disability Resources page under the Health Resources tab, or the [Americans with Disabilities Act FAQ](#) on our MyCare Ohio website under the Manual tab, on the Quick Reference Guides & FAQs page.

Updated: Doula Services
Info for Medicaid providers

ODM will implement the new OAC [5160-8-43](#) Doula Services on Oct. 3, 2024, in accordance with [House Bill 101](#).

This rule will set forth coverage and payment policies for services provided by a doula. Payment amounts will be reflected in Appendix DD of OAC [5160-1-60](#) Medicaid Payment.

ODM will be adopting the following Healthcare Common Procedure Coding System (HCPCS) codes for doula-rendered services:

- T1032 is for antepartum and postpartum support services, including consultation and telehealth visits, provided in fifteen-minute units up to a maximum of forty-eight units. PA is required after forty-eight units.
- T1033 is for one comprehensive support service, regardless of duration, provided during labor and delivery.

ODM, the Ohio Board of Nursing (BON) and MCOs are hosting a series of trainings for individuals interested in becoming a certified doula in the State of Ohio. Upcoming trainings:

- MCO claims billing and PA process: Tues., Oct. 29, 1:30 to 3:30 p.m.
- Fee-for-service billing and PA process: Thurs., Nov. 7, 10 a.m. to 12 p.m.
- Related maternal health topics overview: Thurs., Nov. 21, 12:30 to 2 p.m.

Register by visiting the [ODM Doulas](#) page at [medicaid.ohio.gov](#), and then selecting Programs & Initiatives under the Families & Individuals header, and then Maternal and Infant Support tab. Find the Doulas page under Resources.

[To join Molina's provider network, please complete and submit the Ohio Provider Contract Request Form found on the Provider Website](#).

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 Cotiviti Edits: Effective Nov. 1, 2024, based on guidance from CMS the following will be denied:
  - Services billed with a principal diagnosis that is on the OPPS unacceptable principal diagnosis list
  - Claims billed with CPT Codes 87631, 87636, 87637, 0240U or 0241U without an approved supporting diagnosis
  - Claims with any procedure appended with modifier QW that is not designated as a CLIA waived test on the clinical laboratory fee schedule ([September](#))
- Oct. 1, 2024: Optum Prepayment Claim Review: Effective Oct. 1, 2024, Optum will be expanding its review process for specific outpatient claims. ([September](#))
- EVV: Claims Adjudication Process: ODM has postponed the EVV program enhancements effective date until no earlier than Jan. 1, 2025. ([September](#))
- Molina Expands Partnership with Evolent Health: Effective Sept. 1, 2024, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatment PA requests for adults (18 years of age and older). The PA Lookup tool contains information specific to age requirements.
  - Note: The PA Lookup Tool can assist in determining when a service requires a prior authorization (PA) and where to submit the request. The PA Lookup Tool does not reflect benefit coverage. All inpatient services and non-participating providers always require PA. ([August](#))
- Advanced Imaging PA Submission Change: Effective Oct. 1, 2024, advanced imaging PA requests must be submitted via Availity utilizing MCG-Cite Auto Auth functionality. The PA Lookup tool contains information specific to age requirements. ([August](#))
- PNM Inactive Status: Reminder from ODM: If a provider goes into inactive status on the PNM system, it will automatically term all group affiliations with that provider. ([August](#))

- <u>Sept. 1, 2024: Optum Prepayment Claim Review</u>: Effective Sept. 1, 2024, Optum will be expanding its review process for specific outpatient claims. ([August](#))
- <u>ODM Update</u>: 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](#))
- <u>COPE Simulation</u>: Molina is offering free virtual 90-minute COPE Simulations on Oct. 10, Oct. 23 and Nov. 13 to help provide a greater understanding of poverty in the United States by exploring it through the eyes of real families. ([April](#))
- <u>Annual Mandatory MOC Training</u>: CMS requires contracted Medicare medical providers to complete training on the D-SNP MOC by Dec. 31, 2024. Molina hosts training sessions for providers and their staff. ([April](#))
- <u>PA Request</u>: 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. ([March](#))
- <u>Medicaid Enrollment Requirements</u>: 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 <u>Fighting Fraud, Waste and Abuse</u> 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.