PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE®

Updated: Molina Expands Partnership with Evolent Health

Info for Medicaid and Marketplace providers

Molina Healthcare of Ohio, Inc. cares about our members' health and is continually enhancing programs to improve the quality of care. We are pleased to announce our expanding collaboration with **Evolent,** formerly New Century Health, as the administrator of the Molina Oncology Quality Management program.

Effective Aug. 1, 2024, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/ symptom management medications and radiation treatment Prior Authorization (PA) requests for services that will be administered in a physician's office, outpatient hospital or ambulatory setting.

Treatment plans will be reviewed as a whole using nationally recognized evidence-based guidelines. The clinical policies applicable to Evolent reviews are available on the Molina Provider Website by selecting Health Care Professional, then the appropriate line of business. Next, navigate to the Molina Clinical Policy page, under the Policies tab.

Scope: Oncology-related professional services will now require a PA from Evolent if performed in a provider's office, outpatient hospital or ambulatory setting. This PA requirement applies to Medicaid and Marketplace members ages 18 and older for the following professional services:
- Oncology-related infused and injectable chemotherapeutic agents
- Supportive/symptom management medications
- Radiation treatment

Evolent will process in-scope oncology PA requests for:
- **Providers who are in-network*** with Molina for the Medicaid or Marketplace lines of business for members 18 years of age and older. PA requests for members under 18 years of age should be submitted directly to Molina as you do today.
- **Out-of-network providers*** should continue to send all oncology PA requests directly to Molina. Providers should continue to send any Medicare/MyCare Ohio Medicare PA requests for the above-referenced services directly to Molina, regardless of the age of the member.

* Non-participating providers may submit authorization requests as a requesting provider if the servicing provider is participating with Molina.

All PA requirements and codes are posted on Molina's Provider Website:
- Medicaid: On the Provider Forms page, under the Forms tab.
- Marketplace: On the Forms and Documents page, under the Provider tab.

Prior Authorization Submission Process: The requesting provider must complete a PA request using one of the following methods:
- For providers' convenience, logging into the Evolent provider web portal is the preferred submission method: my.newcenturyhealth.com
- Calling (888) 999-7713
  - o Medical Oncology – Option 2
  - o Radiation Oncology – Option 3

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

- o Available Monday through Friday 8 a.m. – 8 p.m. EST
- Fax: Medical Oncology: (877) 230-4493
- Fax: Radiation Oncology: (877) 380-7848

Peer-to-Peer (P2P): P2P will be conducted by Evolent via physician discussions with expanded collaboration to better discuss treatment plans.

Retro-Authorization Requests: All retro-authorization and Extenuating Circumstances reviews should be sent to Molina following the process you use today.

Authorization Denial Disputes/Reconsiderations:

- Upon Evolent implementation, Medicaid authorization appeals for authorization reviews conducted by Evolent should be submitted to Molina following the standard submission process in place today.
- Upon Evolent implementation, the Marketplace 30-day authorization reconsideration process has been modified to exclude all in-scope oncology services based on our partnership with Evolent.

Providers are strongly encouraged to take advantage of Evolent's streamlined P2P process to hold timely conversations related to requested services.

The benefits of Molina partnering with Evolent for oncology services include:

- Real-time authorizations issued for approvable treatment plans submitted to Evolent's online portal my.newcenturyhealth.com
  - o Determine which clinical documentation is necessary for medical review
  - o View real-time status of all submitted requests
  - o Check member eligibility prior to entering a treatment plan
- Reduced documentation requirements
- Evolent has oncology and radiation oncology physicians on staff to answer your questions and conduct P2P discussions
- Fax and telephonic intake available for submitting treatment plans, if needed
- Dedicated Evolent Provider Network Manager to use as a direct point of contact for any issues or questions

An Evolent Provider Network Manager will contact providers in scope for this program to schedule an introductory meeting and training. Should you have any questions prior to the introductory meeting, you may contact Evolent at (888) 999-7713, Option 6 or self-register online at my.newcenturyhealth.com.

We look forward to offering you this program and hope it will enhance your experience with oncology service authorizations.

Live Provider Training Sessions
Info for all network providers

Molina is offering the chance to enter a monthly drawing for a prize! To enter, you must join one of our provider trainings and share your name and email.

You Matter to Molina Forums:
- Cost Recovery: Fri., **July 26, 10 to 11 a.m.**
- Health Equity 101: **Fri., Aug. 23, 1 to 2 p.m.**

General Provider Orientation:
- Tues., **July 9, 11 a.m. to 12 p.m.**
- Mon., **Aug. 5, 2 to 3 p.m.**

Specialized Provider Orientation:
- Quality: Thurs., **July 18, 11 a.m. to 12 p.m.**
- Claims and Billing: Thurs., **Aug. 15, 11 a.m. to 12 p.m.**

Molina Model of Care Training:
- Tues., **July 23, 11 a.m. to 12 p.m.**
- Tues., **Aug. 13, 11 a.m. to 12 p.m.**

Molina Dental Services Training:
- Wed., **July 31, 1 to 2 p.m.**
- Thurs., **Aug. 22, 1 to 2 p.m.**

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

ODM Provider Appointment Access and Availability Surveys
Info for Medicaid providers

The Ohio Department of Medicaid (ODM) has partnered with IPRO, an external quality review company, to conduct provider surveys between July and September 2024. Molina appreciates your participation in these important survey activities. Surveys include:
- Primary Care Provider
- Behavioral Health Specialty
- Appointment Availability

Note: For the Appointment Availability Survey, ODM/IPRO will be targeting medical, dental and behavioral health providers that are enrolled to service the different categories listed in the ODM Provider Agreement's appointment availability table, F.1 Appointment Standards. These Appointment Standards are also available in the [Molina Medicaid Provider Manual](#), on the Provider Website, under the Manual tab.

Observation Status
Info for all network providers

The use of observation is an alternative to all types (Behavioral Health [BH] and Medical) of inpatient admissions that allow for a period of treatment or assessment, pending a decision regarding the need for additional care. Molina's network providers do not need to submit PA request for observation. Non-participating providers only are required to submit a PA for a member in observation status to ensure appropriate payment of claims. The payment policy 34 Appropriate Level of Care Reimbursement can be reviewed on the [Payment Integrity Policies](#) page of our Provider Website.

HCBS Waiver: Assisted Living Update
Info for MyCare Ohio providers

ODM has updated Ohio Administrative Code [(OAC) 5160-1-06.5](#) Home and community based services (HCBS) waivers: assisted living to include changes:

- The assisted living rates collapsed from the previous three tiers into two tiers: basic assisted living service and memory care. A provider is certified to deliver the basic assisted living service, memory care or both.
- The creation of another rate add-on for a critical access assisted living service.
- A provider in the Assisted Living Service Waiver (ALSW) qualifies for the critical access rate when its census consists of 50% or more Medicaid waiver enrollees.

Professional Claims Limit of 50
Info for all network providers

As a reminder, Professional Claims have a limit of 50 lines per submission. For additional information, review the Electronic Data Interchange (EDI) Companion Guides on our Provider Website under the EDI tab on the [Companion Guide](#) page.

Electronic Visit Verification: Live-In Caregivers
Info for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

Effective July 1, 2024, the Electronic Visit Verification (EVV) program will permit an exemption to visit capture requirements when the direct care worker is a resident of the same household as the individual receiving services.

Find additional information at [medicaid.ohio.gov](#), by selecting Programs & Initiatives under the Resources for Providers menu, and then visiting the Electronic Visit Verification page. Details are under the [What's the Latest on Electronic Visit Verification in Ohio?](#) drop-down.

Electronic Visit Verification: GPS Consent Form
Info for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

ODM has posted a [GPS Consent Form](#) as an option for providers. Per ODM, the use of the ODM form is not required, but it is highly recommended. Providers have the option to utilize alternate consent forms as long as elements identified in the OAC rule are met.

Electronic Visit Verification: Training
Info for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

Sandata is offering virtual Enhanced System training. The training will guide you through the EVV system enhancements available on July 1, 2024. Trainings include:
- Sandata Bridge Training: A two-hour training that guides the provider through EVV system enhancements.
- Aggregator Bridge Training: A one-hour training that will guide alternate vendor providers through the changes that will be coming to reporting and sign-in.

Register at: [sandatalearn.com/learners/sign_in?utm_medium=email&utm_source=govdelivery](#)

Itemized Statement Requirements
Info for all network providers

Molina requires an itemized statement to process certain claims for payment. When the itemized statement is not received with the initial claim, the claim will be denied for the missing information, and a corrected claim will be needed. To reduce rework, submit an itemized statement with your initial claim using the Availity Essentials portal either with a direct submission or add your attachment to after the claim has gone through the EDI submission with the PWK process. For more information on submitting attachments reference our [Reference Guide Supporting Documentation for Claims](#) document on the You Matter to Molina page of our Provider Website.

Itemized statements are needed with a claim in the following scenarios:
- Medicare benefits were exhausted
- An authorization date span does not match the claim date span
- The claim is over $100,000 in billed charges
- Global Obstetrics (OB) claim (global code billed to a primary carrier and Molina is secondary)
- Claims where an outlier payment would be applicable

Provider Hours Requirement
Info for Medicaid and MyCare Ohio providers

As a reminder, providers must offer hours to Molina members that are comparable to commercial or Medicaid Fee-for-Services plans if the provider serves only Medicaid members.

Dental Reminder
Info for dental providers

As a reminder, the final step to dental revalidation is to re-affiliate the provider to the location.

Call the SKYGEN provider call center at (855) 609-5156 for all inquiries. If additional assistance is required from the Molina Dental Services (MDS) team, SKYGEN will notify MDS and a member of the team will contact you. Molina Provider Services can be reached at (855) 322-4079.

Q2 Provider Newsletter
Info for all network providers

The [Q2 Provider Newsletter](#) is available on the Provider Website, under the Communications tab. Articles include:
- Updating Provider Information
- Practitioner Credentialing Rights: What You Need to Know
- Molina's Utilization Management
- Drug Formulary and Pharmaceutical Procedures
- Care Management
- Resources Available on Molina's Provider Website
- Translation Services
- Patient Safety
- Care for Older Adults
- Hours of Operation
- Nondiscrimination
- Member Rights and Responsibilities
- Population Health (Health Education, Disease Management, Care Management and Complex Care Management)
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health
- Care Coordination and Transitions
- Health Risk Assessment and Self-Management Tools

Updated: Q3 PA Code Changes for Oncology
Info for all Medicaid and Marketplace providers

Molina posted the following PA Code Change documents under the Provider Website Forms tab for an Aug. 1 effective date:
- [Medicaid: Updated Q3 2024 PA Code Changes with 8/1 Evolent Oncology Codes](#)
- [Marketplace Updated Q3 PA Code Changes with 8/1 Evolent Oncology Codes](#)

Information includes new codes that require PA for each line of business.

Molina posts new PA Code Change documents to our website quarterly. However, changes can be made between the quarterly updates. Providers should always use our PA Lookup Tool to view the most up-to-date information.

Info for all network providers

Recently added or updated documents:
- [Nursing Facility Assignments for Q2 2024](#)
- [Moina Health Equity Badge Program Frequently Asked Questions](#)
- [Marketplace PA Request Form and Instructions](#)
- [Medicaid: Updated Q3 2024 PA Code Changes with 8/1 Evolent Oncology Codes](#)
- [Marketplace: Updated Q3 2024 PA Code Changes with 8/1 Evolent Oncology Codes](#)

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 ( ).

- <u>Availity Essentials Portal: HEDIS® Profile</u>: A new application, HEDIS Profile, is now available in the Molina Payer Spaces. Providers can use this tool to compare their HEDIS rates to national benchmarks. ([June](#))
- <u>Hospice and Vent/Vent Weaning Billing Guidelines</u>: A reminder that in October 2023, Molina provided a Hospice Billing for NF Room and Board and Ventilator/Ventilator Weaning Services notice. ([June](#))
- <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>Reimbursement Policy DME Rental vs Purchase</u>: Molina posted a new DME Rental vs. Purchase policy in alignment with CMS, for a June 1, 2024, effective date. ([May](#))
- <u>PA Requirements: Non-Par Providers</u>: If a provider is non-contracted/non-participating (non-par) for a line of business, all non-emergent services rendered by non-par providers require PA. ([May](#))
- <u>COPE Simulation</u>: Molina is offering free virtual 90-minute COPE Simulations on July 24, Aug. 14, Sept. 11, 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 Essentials. Availity Essentials 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](#))