

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” question! Our winner is Traci Scheuermann from Northeast Cincinnati Pediatric Asc Inc.

The August “It Matters to Molina” question answer is “4”: Prior Authorization (PA) requests for Molina Healthcare members currently being submitted through eviCore Healthcare (eviCore) will transition back to Molina on what date?

1. July 31, 2021
2. August 1, 2021
3. August 31, 2021
4. September 1, 2021
5. September 30, 2021

September Question: Effective for what date of service and forward will Molina begin to deny Medicaid claims submitted by providers who are non-enrolled or inactive with the Ohio Department of Medicaid (ODM)?

1. August 15, 2021
2. August 31, 2021
3. October 15, 2021
4. December 31, 2021

Email your answer to OHProviderBulletin@MolinaHealthcare.com by Sept. 16 to enter the drawing. The correct answer and drawing winner will be announced in the October Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

Updated: Medicaid Enrollment Requirements Provider Bulletin

Information for Medicaid network providers

Update: As of Aug. 15, 2021, any provider who is not enrolled and noted as “active” in Medicaid Information Technology System (MITS) will receive denials for claims submitted to Molina. Claim denials will continue until the provider’s Medicaid enrollment is noted as an “active” status.

For example, if a provider appears in “active” status on Aug. 16, 2021, but appears “inactive” as of Dec. 1, 2021, all claims from this provider will be denied from Dec. 1, 2021 forward until the provider takes action to reactivate their record in MITS.

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

More details on this requirement and process can be found in prior Provider Bulletin communications. Please see below.

On July 16, Molina communicated to our provider network that the ODM requires providers to be enrolled and active with ODM, and that Molina would begin denying claims submitted by non-enrolled or inactive providers starting on Aug. 15, 2021.

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Questions and Quick Links

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

Email us at OHProviderRelations@MolinaHealthcare.com

Visit our Provider Website at MolinaHealthcare.com/OhioProviders

- [Provider Manual](#)
- [PA Code List](#)
- [PA Request Form](#)
- [Provider Bulletin Archive](#)
- [It Matters to Molina Page](#)
- [Molina Provider Portal](#)
- [Availity Provider Portal](#)

How to Join WebEx

To join WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into WebEx.com, click on “Join” and follow the instructions. Meetings passwords are case sensitive. For trouble connecting to a Molina training, email Molina at OHProviderRelations@MolinaHealthcare.com and we'll assist you with getting connected immediately.

In response to provider questions regarding this communication, please see the following additional details:

- Although standard revalidation activities have been suspended by ODM during the Public Health Emergency (PHE), Molina has confirmed with ODM that this waiver period only applies to providers who were active prior to the PHE and whose revalidation date has lapsed during the PHE timeframe. If this applies to you, then your Medicaid ID is still currently active with ODM and no action is needed at this time. Please remember to revalidate your ID once the waiver period concludes.
- However; if your Medicaid ID has become inactive in the Medicaid Information Technology System (MITS) due to the following reasons: "no claims activity in 24 months," "inactive due to license issues," or "revalidation expiration outside of the state of emergency time frame" you must take immediate action to reactivate your Medicaid ID with ODM. These 3 situations were not covered under the PHE waiver and must be addressed to avoid claim denials by Molina starting on dates of service Aug. 15, 2021 and after.

View the [Special Bulletin: Claim Denials for No Medicaid Enrollment – Groups and Individuals](#) Provider Bulletin on the Provider Website, under the Communications tab, on the Provider Bulletin page.

Notice of Changes to Prior Authorization (PA) Requirements

Information for all network providers

On Aug. 31, 2021, the updated PA Code Lists was posted on our website, under the "Forms" tab for an Oct. 1, 2021 effective date.

To view the list of codes that are no longer requiring PA, visit the Provider Website, under the "Forms" tab, under "Prior Authorization Code Lists" and reference the "2021 PA Code Changes 10-1-21" tab in the "Prior Authorization (PA) Code List – Effective 10/1/2021" PA Code List. This tab indicates which codes no longer require PA for all lines of business. All codes that continue to require PA appear on the "PA Code List" tab and are to be submitted to Molina for review.

Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the "Forms" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina's PA requirements.

Prior Authorization Request Form Updated

Information for all network providers

Molina has updated the PA Request Form with a new design and additional information, including:

- Member information is now at the top of the page, including name, date of birth, member identification number and service type
- Removal of eviCore information
- Updated fax numbers for services including Transplant, Radiation Therapy, Imaging & Special Tests

View the updated [Molina Healthcare Prior Authorization Request Form and Instructions](#), on the Provider Website, on the Forms page, under the Prior Authorizations header.

Connect with Us

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

Join Our Email Distribution List

Get this bulletin via email. Sign up at MolinaHealthcare.com/ProviderEmail.

Provider Training Sessions

Information for all network providers

It Matters to Molina Forum: Claim and Authorization Reconsideration Process

- Tues., Sept. 21, 2 to 3 p.m., meeting number 177 252 2809, password 3VvjpskFa38

Model of Care Training Session:

- Tues., Sept. 14, 10 to 11 a.m., meeting number 133 233 1445, password 4wPjZNWkc46
- Wed., Oct. 20, 9 to 10 a.m., meeting number 133 202 2946, password UzFRUivH323
- Fri., Nov. 12 10:30 to 11:30 a.m., meeting number 133 062 6357, password 4ytNUxFqm37

Quarterly Provider Orientation:

- Wed., Oct. 27, 11 a.m. to 12 pm., meeting number 177 287 0814, password Q8rnxi7e3mU

To join WebEx, follow the instructions under "[How to Join WebEx](#)."

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 comprehensive 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 of Molina's Provider Manual.

Website Roundup

Recently updated documents and webpages include:

- [Chronic Conditions page](#)
- [NF Request Form Instructions](#)
- [Reference Guide for Supporting Documentation for Claims](#)

Managed Care Nursing Facility Request Form Instructions

Respiratory Syncytial Virus Season

Information for Medicaid and MyCare Ohio providers

ODM has been monitoring the spike in Respiratory Syncytial Virus (RSV) positivity tests. Based on this analysis, ODM has started the Synagis season effective immediately.

For additional information visit the Centers for Disease Control (CDC) website at www.cdc.gov/surveillance and search "RSV State Trends."

Nursing Facility Ventilator Rates

Information for Medicaid and MyCare Ohio providers

Molina has updated the Nursing Facility (NF) Ventilator Rates based on updates from ODM.

As of July 1, 2021, based on updates to Ohio Administrative Code [5160-3-18](#) Nursing facilities: ventilator program, ODM will pay eligible NFs an enhanced rate for ventilator dependent residents instead of the facility's regular Medicaid per diem rate.

Note: The rates apply to fee-for-service, MyCare Ohio and Managed Care Plan (MCP) individuals participating in the NF Ventilator Program, including individuals receiving hospice services.

Change in Process for Alternative EVV Certification

Information 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

Based on stakeholder feedback, ODM and Sandata are updating the alternative EVV certification process. Effective Sept. 15 the alternative EVV certification process in Ohio will change from requiring each new vendor and provider to pass certification to only requiring this step for new vendors.

Sandata is hosting webinar sessions in September. Participants can ask questions and gain a better understanding of the change. Please click on the below links to register for the webinar(s) you wish to attend.

- Tue., Sept. 7, 1:30 to 3:00 p.m. Register at <https://register.gotowebinar.com/register/6355408522981296143>
- Thurs., Sept. 16, 1:30 to 3:00 p.m. Register at <https://register.gotowebinar.com/register/5772350700889651470>
- Thurs., Sept. 23, 9:30 to 11:00 a.m. Register at <https://register.gotowebinar.com/register/1239485372522703886>

If any questions, view the [Alternate EVV Certification Process Changes](#) notification, available at <https://medicaid.ohio.gov/> under Resources for Providers, then Programs & Initiatives, on the Electronic Visit Verification page, by selecting ODM EVV Outreach. Questions can be directed to the EVV inbox at EVV@medicaid.ohio.gov.

Molina Transitioning Away from eviCore

Information for all network providers

Effective Sept. 1, 2021, PA requests for Molina members currently being submitted through eviCore Healthcare (eviCore) will transition back to Molina. This change will apply to all lines of business (LOB).

This change will impact PA processes for specialized services as outlined below.

Information for MyCare Ohio and Medicare providers

The MyCare Ohio Managed Care Plans (MCOPs) and the Medicaid Managed Care Plans (MCPs) have been working to address and reduce the administrative burden providers experience with the PA and level of care (LOC) process. The [Nursing Facility Request Form](#) was created to assist with this endeavor. The NF Request Form is available on the Molina Provider Website, on the Forms page, under the Prior Authorization header.

Molina has also posted the [Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request Form Instructions](#) training guide on the Molina Provider Website, under the Communications tab, on the It Matters To Molina page, under Tools and Resources.

Reminder: The NF Request Form is not required for Long-Term Care providers to use.

COVID-19 Vaccine Billing Guidelines

Information for Medicaid providers

ODM has updated the COVID-19 Administration Billing Guidelines to include new CPT codes for administration of third vaccine doses.

Read it at <https://medicaid.ohio.gov/>, under Resources for Providers, select COVID-19 and then download the [COVID-19 Vaccine Administration Billing Guidelines](#).

Drug Waste Codes Billed with Modifier JW

Information for Medicaid network providers

Effective Sept. 1, 2021, professional claims for drug waste codes billed with JW modifier will pay zero (\$) in accordance with ODM payment methodology.

Balance Billing

Information for all network providers

Per Ohio Administrative Code (OAC) [5160-26-05 Managed health care programs: provider panel and subcontracting requirements](#) and OAC [5160-1-13 Medicaid consumer liability](#), providers contracted with Molina are

Impacted Specialized Services	Molina PA Submission Method
<ul style="list-style-type: none"> Imaging and Special Tests: <ul style="list-style-type: none"> Advanced Imaging (MRI, CT, PET, Selected Ultrasounds) Cardiac Imaging 	<ul style="list-style-type: none"> Provider Portal (preferred) Fax (877) 731-7218
<ul style="list-style-type: none"> Radiation Therapy Sleep Covered Services and Related Equipment Molecular Genomic Testing 	<ul style="list-style-type: none"> Provider Portal (preferred) Medicaid and Marketplace Fax: (877) 731-7218 Medicare Fax: (844) 251-1450 MyCare Ohio Fax: (844) 251-1451

Additionally, with this transition, certain codes will no longer require PA. The PA Code List reflecting the transition from eviCore back to Molina has been posted on our website, under the “Forms” tab for a Sept. 1, 2021 effective date. To view the list of codes that are no longer requiring PA, reference the “2021 PA Code Changes 9-1-21” tab in the “Prior Authorization (PA) Code List – Effective 9/1/2021” PA Code List. This tab indicates which codes no longer require PA for all lines of business. All codes that continue to require PA appear on the “PA Code List” tab and are to be submitted to Molina for review; rather than eviCore as of Sept. 1, 2021.

On/After Sept. 1, 2021 Providers Must Send Authorizations to Molina:

PA requests should be submitted through the Provider Portal or by using the appropriate fax number for the type of request as listed above. The Provider Portal is the preferred method.

Learn more about Molina’s PA requirements, including where to submit PA requests on the Molina Provider Website. Resources include the PA Code List for services that require PA and Molina’s convenient PA Look-up Tool.

Note: Benefits will vary based on the member’s coverage and the service being rendered. Always check the member’s eligibility through the Provider Portal or by calling Molina at: (855) 322-4079.

Questions on this transition, or PA requirements, can be directed to your Provider Services team at: OHProviderRelations@MolinaHealthcare.com.

Annual Mandatory Medicare Model of Care Training

Information for providers in the Medicare network

The Centers for Medicare and Medicaid Services (CMS) requires all contracted Medicare medical providers complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2021. This includes the following:

- Primary Care Provider (all specialties for PCP Physicians)
- Cardiologists (Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional & Hypertension Specialist)
- Pain Management (Pain Medicine, Interventional Pain Medicine, Pain Medicine – Pain Medicine)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

Note: Providers only participating in the Medicaid, MyCare Ohio and Marketplace LOBs do not need to complete this training.

prohibited from billing a member for any covered benefit. This includes asking the member to pay the difference between the discounted and negotiated fees, and the provider’s usual and customary fees. Providers may not charge members fees for covered services beyond copayments, deductibles or coinsurance. Providers are responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

For additional information view the Balance Billing section of the [Provider Manual](#) on our website, under the “Manual” tab.

Remind Patients about Healthchek

Information for PCPs in the Medicaid and MyCare Ohio networks

Remind your patients, or their parents/guardians, when it’s time to get important Healthchek Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. These services are covered by Molina at no cost to our members. Physicians and advanced practice nurses are eligible to provide Healthchek services.

For additional information visit <https://medicaid.ohio.gov>, and under “For Ohioans,” select “Programs,” then “Young Adults,” and “Healthchek/Early and Periodic Screening, Diagnostic and Treatment” then “[More Information](#).”

Recommended Well Care Visits from the American Academy of Pediatrics Bright Futures™ include the following ages:

- Infancy: Newborn, 3-5 days, 1 month, 2 months, 4 months, 6 months and 9 months
- Early Childhood: 12 months, 15 months, 18 months, 24 months, 30 months, 3 years and 4 years
- Middle Childhood: 5 years, 6 years, 7 years, 8 years, 9 years and 10 years
- Adolescence: 11 years, 12 years, 13 years, 14 years, 15 years, 16 years, 17 years, 18 years, 19 years, 20 years and 21 years

Value Code 80 & 81: Missing/ Invalid Covered Days

WebEx Training: Molina will be hosting monthly MOC provider training sessions to help train you and your staff, and address questions.

- Tues., Sept. 14, 10 to 11 a.m., meeting number 133 233 1445, password 4wPjZNWkc46
- Wed., Oct. 20, 9 to 10 a.m., meeting number 133 202 2946, password UzFRUivH323
- Fri., Nov. 12 10:30 to 11:30 a.m., meeting number 133 062 6357, password 4ytNUxFqm37

To join WebEx, follow the instructions under "[How to Join WebEx.](#)"

Online Training: Our online training is available on the MyCare Ohio Provider website, under the "Communications" tab, on the "Resources & Training" page. Select the "[2021 Model of Care Provider Training.](#)"

After reviewing the training, providers should complete and submit the "[OH MOC Attestation Form](#)" located in the "Select State Form" drop-down menu.

New in 2021, individual providers can fill out and submit the OH MOC Attestation Form online.

If one provider is willing to sign off for a group or clinic, the provider should not fill out and submit the OH MOC Attestation Form online, instead the provider must:

1. Export the OH MOC Attestation Form using the "Export to PDF" button on the Provider Website
2. Fill out an Excel spreadsheet of all the providers in the clinic/group and include:
 - Name of the provider giving the training
 - Clinic/Practice name
 - Clinic/Practice address
 - Tax Identification Number (TIN)
 - The method used to train office staff and providers
 - Date the office staff and providers were trained
 - Date the office staff and providers sign the attestation
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to OHAttestationForms@MolinaHealthcare.com

Find additional information at www.cms.gov under "Regulations & Guidance" then "Manuals" and "Internet-Only Manuals (IOMs)" in the CMS [100-16 Medicare Managed Care Manual](#) Chapter 5 – Quality Assessment, under "Section 20.2.1 – Model of Care Elements" then "3. SNP Provider Network" and "C. MOC Training for the Provider Network." or read the Model of Care Provider Bulletin on our website, under the "Communications" tab.

Submitting Professional Claims When the Billed Amount Exceeds \$99,999.99

Information for Medicaid, MyCare Ohio and Medicare providers

Per the Centers for Medicare and Medicaid (CMS) [Standard Companion Guide Health Care Claim: Professional \(837P\)](#), the maximum number of characters in any dollar amount field is seven characters. Claims containing a dollar amount in excess of \$99,999.99 will be rejected. When a claim has services that exceed \$99,999.99, the claim is to be submitted on separate claims. For example:

Information for Inpatient and Long-Term Care providers in all LOBs

Value code 80 (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.

Claims with non-covered days must bill value code 81 (Non-Covered Days) to indicate the total number of full days that are not reimbursable.

As a reminder:

- If the covered and non-covered day's 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
- This process must be followed by the provider for billing collapsed preventable readmissions

For additional information read the "Updated: Value Code 80 & 81: Missing/Invalid Covered Days" article in the [February Provider Bulletin](#), located on the Provider Bulletin page of the Provider Website, under the Communications tab.

Behavioral Health Centralized Fax Number

Information for behavioral health Medicare and MyCare Ohio providers

Molina has updated the Behavioral Health (BH) and Substance Use Disorder (SUD) centralized fax numbers:

- Medicare PA: (844) 251-1450
- MyCare Ohio PA: (844) 251-1451
- Medicare/MyCare Ohio Inpatient and Discharge PA: (844) 834-2152

There are no changes to the Medicaid or Marketplace BH and SUD PA Fax numbers:

- Marketplace: (833) 322-1061
- Medicaid: (866) 449-6843

The process for obtaining PA has not changed.

SUD Services PA Request Form Information for SUD providers

ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) implemented a new [Substance Use Disorder Services Prior Authorization Request](#) form.

Claim 1:

- Submit the service with an acceptable dollar amount (< \$99,999.99). The Claim Charge Amount (header 837P 2300 CLM02 and line 2400 SV102) cannot exceed \$99,999.99
- In the documentation field, identify this as “Claim 1 of 2; Dollar amount exceeds charge line amount.”

Claim 2:

- Submit the service with Current Procedural Terminology (CPT) modifier 59.
- Enter the charge as the remaining dollar amount.
- In the documentation field, identify this as “Claim 2 of 2; Remaining dollar amount from Claim 1 amount exceeds charge line amount.”

If the claim does not include the description of why the claim is split in the documentation field, the claim may be denied as a duplicate.

Note: When billing two or more claims, the total dollar amounts are required to be different on each claim to avoid claim duplication rejections. For example, if the charge for a service is \$100,000.00:

- Claim 1: Submit the charge as \$51,000.00
- Claim 2: Submit the charge as \$49,000.00

For additional information read section “7.2 General Transaction Notes,” at https://www.cgsmedicare.com/pdf/edi/837p_compguide.pdf, starting on page 14 of the Standard Companion Guide Health Care Claim: Professional (837P).

MCG Health: Cite for Care Guideline Transparency

Information for all network providers

Molina is pleased to announce a partnership with MCG Health to implement Cite for Care Guideline Transparency. Providers can access this feature on the Provider Portal.

Utilizing MCG for Cite for Care Guideline Transparency, Molina is able to share clinical indications with providers. This tool operates as a secure extension of Molina’s existing MCG tool and helps meet regulations around transparency for care delivery. Its benefits include, but are not limited to:

- Delivers industry-leading medical determination transparency
- Provides access to MCG clinical evidence that Molina uses to support member care decisions
- Ensures easy and flexible access via secure web access

MCG Cite for Care Guideline Transparency will not affect the process for notifying Molina of admissions or for seeking PA approval. For additional information visit the MCG website at <http://www.mcg.com> or call (888) 464-4746.

Diabetes Self-Management Education for Medicaid

Information for all Medicaid network providers

Effective June 1 through December 31, 2021, Molina has added the Diabetes Self-Management Education (DSME) value-added benefit for Medicaid members with diabetes. Eligible members will have access to up to 10 hours of initial training. DSME is provided by educators in an American Diabetes Association (ADA)-recognized and/or Association of Diabetes Care and Education Specialists (ADCES)-accredited program.

The goals of the form include:

- Improve/support adherence to ASAM criteria
- Increase consistency in the PA process
- Standardize required documentation and align with OhioMHAS documentation requirements
- Ensure the member perspective is considered

Training on the SUD PA Request form is available at BH.Medicaid.Ohio.gov.

Ordering, Referring and Prescribing Providers NPI

Information for all network providers

Effective July 1, 2021, Molina requires the billing of Ordering, Referring and Prescribing (ORP) providers based upon the requirements developed by the ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410.

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

- Physicians
- Physician Assistants
- Advanced Practice Registered Nurse
- Optometrists
- Psychologists
- Podiatrists
- Chiropractors
- Dentists

For providers with notable ORP billing errors, Molina team members will be reaching out to address and educate. Molina will continue to share updates on these billing requirements in future Provider Bulletins.

EVV Updates

Information 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 Mobile Connect® (SMC) application (app): As of July 31, 2021, the app will not function without being updated to version 1.1.573 or higher. Providers are able verify the app version on the app login screen. Providers who still need to update the

The core content includes these self-care behaviors:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient health data
- Preventing, detecting and treating acute and chronic complications
- Healthy coping with psychosocial issues and concerns
- Problem solving

Healthcare Common Procedure Code System (HCPCS) code G0108 should be utilized for individual DSME and G0109 for group DSME. Hospitals are strongly encouraged to bill G0109/G0108 separately when submitting a UB-04 claim form to Molina for quicker processing.

For more information about when to refer to DSME and to locate a Medicaid DSME provider in the Molina network, view the [Diabetes Chronic Conditions Resources](#) on the Molina Provider Website, under the “Health Resources” tab. Reminder: Providers should verify a member’s eligibility each time the member receives services.

Diagnosis Related Group (DRG) Validation

Information for all network providers

Molina has a continued commitment to program integrity and accurate claims payment through ongoing analysis of claims submitted and review of billing trends to identify unusual billing behavior inconsistent with widely acknowledged national guidelines for billing practices and uniform billing.

As part of these program integrity activities, Molina has historically conducted Diagnosis Related Group (DRG) (both Medicare Severity-Diagnosis Related Group [MS-DRG] and All Patient Refined-Diagnosis Related Group [APR-DRG]) clinical validations through a vendor, Change Healthcare, to confirm DRG assignments and appropriate payment. Effective Sept. 1, 2021, Molina will perform these validations through coordinated activities performed by Molina and our new vendor, Cotiviti.

Correct DRG assignment will continue to be in accordance with industry coding standards:

- Official International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Coding Guidelines,
- Applicable ICD Coding Manual,
- Uniform Hospital Discharge Data Set (UHDDS), and/or
- Coding Clinics.

For additional information read the full [DRG Validation](#) article in the August 2021 Provider Bulletin.

app received an email with instructions from ODM/Sandata.

Zendesk Ticket Portal: The Zendesk Ticket Portal links to the Sandata EVV Knowledge Center where users can find valuable information. All EVV users, including Alternate EVV system vendors, have access to the Zendesk Ticket Portal. The Zendesk email address is ODMEVV@Sandata.com.

Training: Providers may utilize the video library for assistance on the EVV system:

- Agency: <https://sandata.wistia.com/projects/vkywg2l6bp/channel>
- Non-Agency: <https://sandata.wistia.com/projects/gkz324kz0p/channel>

For questions on the app, Zendesk Ticket Portal or training, reach out to the EVV Provider Hotline at (855) 805-3505.

Reminder: It is important to log visits via the EVV system and verify before billing the services.

Fighting Fraud, Waste & Abuse

Information for all network providers

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.