

## New Provider Claim Disputes Process

### Information for all network providers

Effective Feb. 1, 2023, Provider Services will no longer accept claim disputes via email. All claim disputes for a denial, payment amount, or code edit must be submitted following the Claim Dispute Process. Any disputes sent to the Provider Services email boxes will not be logged or worked and will be returned advising the submitter of the correct process for filing a dispute.

Please see the details below regarding the correct submission processes.

**Why is this process changing?** Molina is adjusting our internal processing and policies to ensure our alignment with requirements for the Next Generation Medicaid Program. This change allows Molina to better research, track and trend, report, and resolve inquiries received by providers for claim-related disputes. Our commitment is to address provider disputes quickly and thoroughly, and this new process assures we will meet ODM's expectations and provide a consistent process for all lines of business to reduce the administrative burden on our provider partners.

**What does this mean for our providers?** Providers must file their initial disputes on a claim through the Availity Essentials Portal, fax, or the upcoming verbal dispute process (verbal disputes will only be accepted for claim disputes for the Medicaid line of business). Through these channels, providers will receive an acknowledgment of their dispute, and a resolution.

**What is not changing?** Molina's commitment to providing excellent service to our provider partners. Your Provider Services Representative is still your escalation point for disputes that are not resolved timely or as your next step if you believe the dispute resolution is not correct. We are also here to provide education and training to our network. Please visit the [It Matters to Molina](#) page on the Provider Website to find training resources and more information on upcoming live training sessions.

### What are the Claim Dispute Submission channels?

**Availity Essentials Portal:** Please submit requests by our preferred method, the Availity Essentials Portal, by visiting [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare).

**Fax:** If submitting via fax, you must use the [Claim Reconsideration Request Form](#) located on the Provider Website under the "Forms" tab, or the submission will be returned to the submitter.

- Medicaid, Marketplace, and MyCare Ohio Medicaid Post Claim: (800) 499-3406
- MyCare Ohio Medicare-Medicaid Post Claim: (562) 499-0610
- Molina Medicare D-SNP Post Claim: (562) 499-0610
- Cost Recovery: (888) 396-1517

### New In This Issue – January 2023

- [New Claim Disputes Process](#)
- [Rendering Provider Claim Submission](#)
- [Partnership Avalon Healthcare](#)
- [Claims Hold on PPS](#)
- [New Century/ProgenyHealth](#)
- [Drugs Carved Out: Fee-for-Service](#)
- [Columbus Measles Outbreak](#)
- [BH: Other Licensed Professionals](#)
- [ODM Notification: Next Gen](#)
- [MCG Auto-Authorization](#)
- [Behavioral Health Provider Manual](#)
- [Oxygen Rental Codes](#)
- [Q4 Provider Newsletter](#)
- [COVID-19 \(Coronavirus\) Codes](#)

### Updated In This Issue

- [Annual Model of Care](#)
- [Next Gen: Dec. 1 Launch Delay](#)
- [It Matters to Molina Corner](#)
- [You Matter to Molina: Contracting](#)
- [Provider Training Sessions](#)
- [Website Roundup](#)
- [PsychHub Information](#)
- [Changes to PA Code List](#)
- [Changes to Provider Manual](#)

### In Case You Missed It

- [ProviderNet Sunsetting](#)
- [Molina Legacy Portal Sunsetting](#)
- [Claim Submission: Electronic/Paper](#)
- [2022-2023 Open Enrollment](#)
- [Molina Help Finder](#)
- [EOP Refund Reporting](#)
- [Provider Contract Next Generation](#)
- [Tips for Telehealth Visits](#)
- [Next Gen: PNM, SPBM, OH | ID](#)

### Questions and Quick Links

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

- Email us at [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)
- Visit our Provider Website at [MolinaHealthcare.com/OhioProviders](https://www.MolinaHealthcare.com/OhioProviders)
  - [Provider Manual](#)
  - [PA Code List](#)
  - [PA Request Form](#)
  - [Provider Bulletin Archive](#)
  - [It Matters to Molina Page](#)
  - [Provider Portal](#)

### Join Our Email Distribution List

Get this bulletin via email. Sign up at [MolinaHealthcare.com/ProviderEmail](https://www.MolinaHealthcare.com/ProviderEmail).

**Verbal:** For Medicaid claims only, providers may contact Provider Services at (855) 322-4079 to submit a dispute verbally on and after Feb. 1, 2023.

For all lines of business, the [Authorization Reconsideration Request Form](#) can be found on the Provider Website under the "Forms" tab.

#### Authorization and Claim Reconsideration Guides:

- [Medicaid and Marketplace Authorization and Claim Reconsideration Guide](#)
- [MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide](#)

Please contact your Provider Services Representative if you have any questions or would like a training session on how to submit Claim Disputes via the Availity Essentials Portal.

#### Updated: December 31 Deadline for Annual Model of Care Training Information for Medicare providers

The Centers for Medicare and Medicaid Services (CMS) requires all contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) **by Dec. 31, 2022.**

**Online Training:** The Molina "2022 Model of Care Provider Training" is on the Medicare Provider Website under the "Model of Care" header.

**Attestation Form:** After reviewing the training, providers should complete and submit the "OH MOC Attestation Form" located in the "Select State Form" drop-down menu.

- 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 should follow the directions in the [Model of Care Training Provider Bulletin](#).

Find additional information in the Model of Care Training Provider Bulletin.

#### Rendering Provider on Professional Claims Submissions Information for Medicaid providers

ODM is providing additional clarification relevant to Electronic Data Interchange (EDI)-related claims submissions on Feb. 1, 2023, and later, concerning rendering providers. **ODM will require one rendering provider per claim at the header level, rather than the detail level, for professional claims** for both fee-for-service (FFS) and managed care recipients in order to ensure claims can be properly priced and paid.

Examples of claims submissions with the rendering practitioner include:

- A client receives one service during the visit. The rendering practitioner's National Provider Identifier (NPI) is recorded in the header field on the claim. The service is recorded at the detail level on the claim without the rendering practitioner's NPI.
- A client receives multiple services from the same rendering practitioner during the visit. The rendering practitioner's NPI is recorded in the header

#### Reminder: 2022-2023 Open Enrollment Information for all network providers

Medicaid and MyCare Ohio: Open Enrollment for all eligible Medicaid recipients ended on Nov. 30, 2022.

In late November, the state released an update indicating the renewal of the Public Health Emergency (PHE) and postponing the December 1 launch of the Next Generation Medicaid program to Feb. 1, 2023.

During this time, Medicaid beneficiaries still have options available to them.

- Newly eligible members can enroll in Medicaid and choose a health plan.
- Those who have recently selected a managed care plan have an additional 90 days to change plans if they find their current managed care plan does not meet their current needs.

Marketplace: The Marketplace open enrollment period began on Nov. 1, 2022, and will end on Jan. 15, 2023.

Medicare: The Medicare open enrollment period began on Oct. 15, 2022, and ended on Dec. 7, 2022.

#### Provider Training Sessions

##### It Matters to Molina Forums:

- Next Gen Q&A, Legacy Portal Sunsetting, Accessing Availity: Mon., **Jan. 23, 11 a.m. to 1 p.m.**
- MCG Auto-Auth Functionality: Thurs., **Jan. 26, 10 to 11 a.m.**
- Pregnancy Related Services and Billing: Tues., **Feb. 28, 12 to 1 p.m.**

##### General Provider Orientation:

- Thurs., **Jan. 5, 2 to 3 p.m.**
- Tues., **Feb. 7, 2:30 to 3:30 p.m.**

##### Managed Long-Term Services and Supports (MLTSS) Provider Orientation

- Tues., **Jan. 17, 8:30 to 9:30 a.m.**

##### Claims and Billing Orientation:

- Thurs., **Feb. 16, 8 to 9 a.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 Training:

Register in the Availity Essentials Portal. Under "Help & Training," select "Get Trained." Select to the "Sessions" tab and choose one of the following:

field on the claim. Each service is recorded at a separate detail level without a rendering practitioner NPI.

- The client receives multiple services, each from a different rendering practitioner, during the visit. The billing provider must create separate claims for each service provided by each rendering practitioner during the visit. Each claim must record the rendering practitioner NPI at the header level on each claim, and the service they rendered to the client is recorded at the detail level.

### **There is one exception to this rule for services provided by FFS Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers.**

FQHC/RHC claims submitted to ODM for payment may include multiple rendering providers at the detail level because ODM pays FQHC/RHC providers based on an encounter. In these specific scenarios, multiple rendering providers on a claim will not cause a pricing/paying issue because the rendering providers are not utilized in determining payment for FFS FQHC/RHC wraparound claims. For additional guidance related to FQHC/RHC providers, please review the "[MAL 622A: Update: Requirement to Report Individual Practitioners' NPIs in the Rendering Fields of FQHC and RHC Claims](#)" Medicaid Advisory Letter (MAL) located at [medicaid.ohio.gov](#) under "Resources for Providers" by selecting "Policies & Guidelines" then "Medicaid Advisory Letters (MALs)."

### **Partnership with Avalon Healthcare for Laboratory Benefit Management**

#### **Information for all network providers**

Beginning March 1, 2023, Molina will collaborate with Avalon Healthcare Solutions (Avalon) on a new laboratory benefit management program. Avalon will provide 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.

For dates of service on and after March 1, 2023, 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

- Thurs., Jan. 12 at 11:30 a.m.
- Mon., Jan. 23 at 3 p.m.
- Tues., Feb. 7 at 10 a.m.
- Wed., Feb. 15 at 12:00 p.m.
- Fri., Feb. 24 at 1:00 p.m.
- Contact [training@availity.com](mailto:training@availity.com) at any time to receive Availity Portal training

### **Website Roundup**

#### **Information for all network providers**

Recently added or updated documents:

- [Q1 2023 PA Code List 1/1/23-1/15/23](#)
- [Q1 2023 PA Code List 1/16/23](#)
- [2023 Marketplace Provider Manual](#)
- [2023 Medicare Provider Manual](#)
- [You Matter to Molina YouTube Video](#)

### **MCG Auto-Authorization**

#### **Information for Medicaid, Medicare, and Marketplace providers**

MCG Auto-Authorization services for Medicare will be available on Jan. 11, 2023.

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

This submission method is an alternative to the existing submission process. The status of each authorization will be available immediately upon completion of the submission. The clinical documentation will be submitted for review by Molina.

The MCG Auto-Authorization service is available for Marketplace and Medicaid.

- Note: MCG Auto-Authorization for Medicaid is to-be-determined as Molina works with ODM on processes once the Next Generation Medicaid Program Phase 3 is implemented.

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

### **Behavioral Health Provider Manual**

#### **Information for BH providers**

On Dec. 19, 2022, ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) updated the BH Provider Manual with Current Procedural Terminology (CPT) coding changes effective Jan. 1, 2023, and other updates. To view the updated manual visit [bh.medicaid.ohio.gov/manuals](http://bh.medicaid.ohio.gov/manuals).

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 March 1 and later.

If you have questions regarding this program, please reach out to your Molina Provider Services Team.

**Claims Hold on Prospective Payment System**

**Information for Marketplace providers**

Molina will be implementing a Prospective Payment System (PPS) Hold for the impacted Marketplace claims in the table below.

Optum is releasing version V2301.00 for the Outpatient payment system. Based on the updates from the release of the payment system's new version, Molina is implementing a claims hold in order to ensure claims are processed appropriately with the software update.

Line of Business	Impact	Hold Start Date	Hold End Date
Marketplace	Outpatient	Jan. 12, 2023	Jan. 24, 2023
	End-Stage Renal Disease (ESRD)	Jan. 26, 2023	Feb. 7, 2023

We ask that all providers continue to submit their claims, as usual, to ensure timely receipt and processing once these updates have been made.

**Authorization Reconsiderations New Century Health or ProgenyHealth**

**Information for Medicaid and Marketplace providers**

Effective for dates of service, Feb. 1, 2023, and after, Molina allows an authorization reconsideration for authorization reviews conducted by New Century Health or ProgenyHealth. The authorization reconsiderations 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: ProgenyHealth (888) 832-2006 and New Century Health (888) 999-7713.

**Drugs Carved Out: Fee-for-Service**

**Information for Medicaid providers**

Based on ODM guidance, Zolgensma, Skysona, and Zytenglo will be carved out of managed care and covered under the fee-for-service hospital benefit.

Skysona:

Outpatient Hospital Setting

- The hospital submits all services, except for Skysona, provided on the date of service on an outpatient claim to the Managed Care Organization (MCO).
- The hospital submits a **fee-for-service outpatient claim** for Skysona and only bills for drug acquisition charges on revenue code 631 with C9399 and Skysona product-specific National Drug Code (NDC).

Inpatient Hospital Setting

**Oxygen Rental Only Codes**

**Information for Medicaid providers**

Payment for oxygen is made on a monthly basis and includes the below-related items and services.

- Setup and instruction on the use
- Equipment and supplies
- Maintenance and repair, including the replacement of any part or attachment (such as tubing, cannula, mask, or filter) that is integral to the oxygen system or the operation of the system
- Transportation or delivery charges
- Emergency service, including provision of backup equipment and supplies
- Oxygen consumed (when applicable)
- Equipment monitoring visits

As a reminder, rental only codes, listed in the [Appendix of \(OAC\) 5160-10-13: DMEPOS: oxygen](#), are limited to one per month. Claims received exceeding this limit will be denied.

**Q4 Provider Newsletter**

**Information for all network providers**

The [Q4 2022 Provider Newsletter](#) is available on the Provider Website on the "Communications" tab. Articles in this edition include:

- "My Health Perks" Program is Live
- Get Automatic Approval for Advanced Imaging PA Requests
- New PsychHub Course Available, Offers CEUs
- Model of Care Training is Underway
- Molina's Special Investigation Unit Partnering with You to Prevent Fraud, Waste, and Abuse
- Biosimilars-What to Watch
- Balance Billing
- EPSDT Program
- 2022-2023 Flu Season
- Clinical Policy Updates Highlights from Third Quarter 2022

**Updated: PsychHub Information on Provider Website**

**Information for all network providers**

Our PsychHub partners have recently launched their newest online course, Acceptance and Commitment Therapy (ACT) Foundations. The ACT Foundation's

- The hospital submits an inpatient claim for the admission, except for Skysona, to the MCO.
- The hospital submits a **fee-for-service outpatient claim** for Skysona and only bills for drug acquisition charges on revenue code 631 with C9399 and Skysona product-specific NDC.

#### Zolgensma:

##### Outpatient Hospital Setting

- The hospital submits all services, except for Zolgensma, provided on the date of service on an outpatient claim to the MCO.
- The hospital submits a **fee-for-service outpatient claim** for Zolgensma and only bills for drug acquisition charges on revenue code 631 with J3399 or J3490 and Zolgensma product-specific NDC.

##### Inpatient Hospital Setting

- The hospital submits an inpatient claim for the admission, except for Zolgensma, to the MCO.
- The hospital submits a **fee-for-service outpatient claim** for Zolgensma and only bills for drug acquisition charges on revenue code 631 with J3399 or J3490 and Zolgensma product-specific NDC.

#### Zynteglo:

##### Outpatient Hospital Setting

- The hospital submits all services, except for Zynteglo, provided on the date of service on an outpatient claim to the MCO.
- The hospital submits a **fee-for-service outpatient claim** for Zynteglo and only bills for drug acquisition charges on revenue code 631 with C9399 and Zynteglo product-specific NDC.

##### Inpatient Hospital Setting

- The hospital submits an inpatient claim for the admission, except for Zynteglo, to the MCO.
- The hospital submits a **fee-for-service outpatient claim** for Zynteglo and only bills for drug acquisition charges on revenue code 631 with C9399 and Zynteglo product-specific NDC.

Reminder: Regardless of the setting and the payer (FFS or MCO), Zolgensma, Skysona, and Zynteglo must be prior authorized through FFS.

Find additional information at [medicaid.ohio.gov](https://www.medicaid.ohio.gov) under "Resources for Providers" by selecting "Managed Care," then "Policy," and "Managed Care Policy Guidance."

### Columbus Measles Outbreak

#### **Information for all network providers**

Columbus and Franklin County, Ohio, are experiencing the first measles outbreak in 20 years. Columbus Public Health and Franklin County Public Health are actively monitoring the outbreak and working with providers and community partners to share detailed information on recognizing measles symptoms and immunization administration guidance. For current information about the outbreak, including resource materials, a dashboard of known cases, where to

[course explores the construct of psychological flexibility.](#)

[Learn the action-oriented, empirically based approach to therapy that invites clients to process their feelings while empowering and educating #mentalhealth practitioners.](#)

[Molina network providers can access this and other courses that offer Continuing Education Units \(CEUs\) on the PsychHub platform.](#)

Reminder: PsychHub is an online platform for digital mental health education, including a library with more than 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care. Providers can sign up for free to access content and videos at [app.psychhub.com/signup/molina-mhp](https://app.psychhub.com/signup/molina-mhp) and access behavioral health-focused learning hubs. Some courses have Continuing Education Credits available for Clinical Psychologists, Clinical Social Workers, and Licensed Professional Counselors. With the successful completion of courses, the provider will unlock industry-recognized certificates delivered electronically.

View the "[Psych Hub: Access Your Mental Health Practitioner HUB](#)" document on the "It Matters to Molina" page of the Provider Website for more details.

### COVID-19 (Coronavirus) Codes

#### **Information for Medicaid providers**

ODM updated the COVID-19 Billing Guidelines on Dec. 21, 2022, view the guidelines at [medicaid.ohio.gov/resources-for-providers/covid](https://www.medicaid.ohio.gov/resources-for-providers/covid).

### Reminder: Molina Help Finder

#### **Information for all network providers**

Molina is proud to introduce Molina Help Finder, a new, 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 right from the Provider Portal. Search by category for the types of services needed, such as food, child care, education, housing, employment, and more. Results

get the vaccine, and education cards in several languages, please visit [columbus.gov/measles](https://columbus.gov/measles).

## Behavioral Health Services: Other Licensed Professionals

### Information for Medicaid providers

As a reminder, in accordance with Ohio Administrative Code (OAC) rule [5160-8-05](#) Behavioral health services-other licensed professionals, the payment amount for a behavioral health service rendered by a community behavioral health center that meets the requirements found in OAC [5160-27-01](#) is the lesser of the provider's submitted charge or the amount specified in OAC [5160-27-03](#). For all other providers of behavioral health services, the payment amount is the lesser of the provider's submitted charge or the applicable percentage of the amount specified in the appendix to OAC [5160-1-60](#):

1. For testing, one hundred percent;
2. For a behavioral health service other than testing, the percentage differs according to the provider who rendered it:
  - For a service rendered by a physician, an advanced practice registered nurse, a physician assistant, or a licensed psychologist, it is one hundred percent.
  - For a service rendered by a licensed practitioner or a supervised practitioner, it is eighty-five percent.
  - For a service rendered by a supervised trainee/assistant under direct supervision, the rate of their supervising practitioner.
  - For a service rendered by a supervised trainee/assistant under general supervision, it is eighty-five percent of the rate of their supervising practitioner.

## Updated: Next Generation Medicaid December 1 Launch Delay

### Information for Medicaid and MyCare Ohio providers

As previously communicated, ODM announced the Dec. 1, 2022, Phase 3 launch of the Next Generation Medicaid Program has been postponed as detailed in the timeline below.

**Providers:** Providers should continue conducting business as they do today – including the processes, procedures, and systems used today to submit claims, submit PA, and complete other administrative functions.

**Medicaid Members:** There will be no disruption in services for members.

Members will continue to receive healthcare benefits until Feb. 1, 2023.

- Molina members: Members who are continuing with Molina or selected Molina for the Next Generation Medicaid program began receiving services from Molina on Dec. 1, 2022
- Medicaid fee-for-service members: Members were advised to continue using their fee-for-service member ID card until Feb. 1, 2023, when they are transitioned to Molina.

The new timeline for implementation is as follows:

- Feb. 1, 2023: ODM will launch the Next Generation managed care plans and program requirements, including exciting improvements that will support members in accessing the healthcare services and supports they need. ODM will also implement the new Electronic Data Interchange (EDI), increasing transparency and visibility of member care and services.

can then be narrowed by applying personal and program-specific filters.

For questions about Molina Help Finder, reach out to your Provider Services Team, or visit [MolinaHelpFinder.com](https://MolinaHelpFinder.com).

## Reminder: Explanation of Payment Refund Reporting

### Information for all network providers

As part of the transition to the new payment platform, refunds received from the provider, or a third-party payer that was not previously listed on remits, are now being reflected on the Explanation of Payment. These refunds are reflected on both the Explanation of Payments and 835 files. Below we have outlined how to review and account for this detail.

EOP and 835 files:

- A refund that has been received will be reflected on the reversed claim in the Refund column. A remit message is included indicating receipt of a refund.
- If the refund received was a partial refund, the remaining balance owed to the provider will be processed on an adjustment claim ending in "A."
- Recent updates to the EOP were implemented on Nov. 7, 2022, to make this information clearer. The update reflects a Net Plan Payable amount on the reversal claims. The Net Plan Payable amount is the difference between the paid amount and the refund. This update was a display update only. Prior payments related to refund postings were paid correctly and were not recouped from your payments.

Molina is continuing to work with our vendor partners for additional enhancements and revisions to this process to make these transactions clearer for providers. These high-priority items we are reviewing are:

- Enhancements to the 835 files to better indicate the recording of a refund, such as a WO or 72 segment.
- Exploring options to exclude some refund types from EOP and 835 files, such as refunds received directly from primary payers due to coordination of benefits (pay and chase) or subrogation settlements (auto-accidents, malpractice, etc.).

- Subsequently, ODM will fully launch OMES modules to provide streamlined processes for claims, prior authorizations (PA), and other administrative tasks for providers.

Note: Some members received a new member ID card or other communication indicating a different Next Generation start date than what is explained above. These materials were sent to members ahead of ODM changing the Next Generation Medicaid start date. Members are able to verify their current managed care plan by contacting the Ohio Medicaid Consumer Hotline at (800) 324-8680 or by visiting [ohiomh.com](http://ohiomh.com).

Please refer to the Next Generation Medicaid Program Feb. 1 resources article at the end of this Provider Bulletin for additional Phase 3 information.

### **Reminder: ProviderNet Sunsetting**

#### ***Information for all network providers***

Molina's contracted vendor, Change Healthcare, will be sunsetting their ProviderNet portal as of Jan. 1, 2023. If a provider or providers' clearinghouse was accessing 835 files and Explanation of Payments (EOP) from this portal for payments issued prior to Molina's migration to the ECHO Health portal, they will no longer have access to these documents through ProviderNet and will need to request them from Molina (for 835s) or access the EOP through the Availity Essentials Portal.

What do providers need to do?

- Before Jan. 1, 2023, please log in to ProviderNet and download all 835 files, EOP, and capitation summary documents you may be missing.
- After ProviderNet sunsets, if you require historical 835 files, EOP, or capitation support, please contact Molina at (855) 322-4079.
- When you contact Molina regarding 835 requests, please be sure to include the Secure File Transfer Protocol (SFTP) destination location the 835s should be delivered to, and be ready to provide an IP address if Molina does not have your SFTP information on record. This information is required to send the files via SFTP to you or your clearinghouse. Please note these requests can take 10-14 business days to complete.

### **Reminder: Molina Legacy Provider Portal Sunsetting**

#### ***Information for all network providers***

The Molina Provider Portal will sunset on March 28, 2023, and providers will no longer be able to access the Molina Provider Portal and its functions directly. Availity Essentials (Availity) is now the official, secure provider portal for Molina providers. If your organization is not yet registered for Availity Essentials, visit [Availity.com/MolinaHealthcare](http://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 only the essential fields you need. Use data from prior eligibility and benefits submissions to autofill the claim.

Providers should review their EOP and remit messages when a question arises about a refund posting resulting in recoupment. The posting of a refund on a reversal should not result in recoupment on a payment and is functionally only a reporting process to indicate a refund has been received.

For questions about this transition, please contact Molina at (855) 322-4079.

### **Reminder: Provider Contract for Next Generation Medicaid**

#### ***Information for Medicaid providers***

Molina has received provider inquiries regarding what actions they need to take contractually with Molina in preparation for the Next Generation Medicaid program. No provider action is required at this time. Molina will continue to share information as it becomes available.

### **Reminder: Tips for Preparing Patients for Telehealth Visits**

#### ***Information for Medicaid and MyCare Ohio providers***

Offering telehealth visits can be a great way to ensure your patients receive needed services while removing barriers that may prevent them from keeping scheduled office appointments, such as transportation. Molina developed a resource document to support our members and providers by removing some of the mystery around telehealth to make this service more accessible to our members. Please feel free to print and share this information with your patients or point them to our website. These tips may help your patients feel more knowledgeable about telehealth and have a better understanding of the benefits of this service delivery method.

Visit the Molina Member Website at [MolinaHealthcare.com/members/oh](http://MolinaHealthcare.com/members/oh) to access the materials. Under the "Member" tab, select "Medicaid," then "About Medicaid," and "Member Resources," then select "[Telehealth Appointments](#)." From this page, you can access the link to the [tips](#) document.

### **Notice of Changes to PA Requirements**

#### ***Information for all network providers***

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

- 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.
- 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.

### Reminder: Claim Submission: Electronic and Paper

#### Information for all network providers

Effective Jan. 1, 2023, Molina will no longer accept claims submitted via non-approved submission pathways. Molina accepts claims electronically via clearinghouse and through the [Provider Portal](#). Molina also accepts paper claims on original (red colored) CMS-1500 and 1450 (UB-04) claim forms sent to the Molina Claims PO Box identified below. This PO Box is also found in the Provider Manual and on the Member ID card.

New and/or corrected paper claims must be sent via these approved routes to ensure they are received in a controlled, secure environment and to reduce delays in processing. **Paper claim submissions will not be considered "accepted" by Molina until received at the appropriate Claims PO Box.** Claims submitted to non-approved locations/pathways (e.g., Molina physical office locations) will be returned.

- Medicare and Molina Dual Options MyCare Ohio: PO Box 22664, Long Beach, CA 90801
- Marketplace: PO Box 22712, Long Beach, CA 90801
- Medicaid and Molina MyCare Ohio Medicaid: PO Box 22712, Long Beach, CA 90801. **Note:** Once all Medicaid claims must be submitted via the ODM Medicaid Provider Network Management (PNM) portal or EDI, paper claims will no longer be accepted by ODM or Molina.

#### Paper claim submission requirements:

Submission of paper claims must adhere to the following requirements:

- Must use original Flint OCR red and white CMS 1500 (02/12) and CMS 1450 (UB-04) paper claim forms. Other claim form types will be rejected upfront and returned to the provider. This includes black and white forms, copied forms, and forms with any altering to include claims with handwriting.
- Be typed with either 10- or 12-point Times New Roman font in black ink.
- Must avoid the use of highlights, italics, bold text, or staples.

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

### Notice of Changes to the Provider Manual

#### Information for all network providers

Molina has posted the [2023 Marketplace Provider Manual](#) to the Provider Website for a Jan. 1, 2023, effective date.

Molina has posted the [2023 Medicare Provider Manual](#) to the Provider Website for a Jan. 1, 2023, effective date

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.

### Reminder: Next Generation Medicaid: PNM, SPBM, and OH|ID

#### Information for Medicaid and MyCare Ohio providers

**OH|ID Requirement:** As of Oct. 1, 2022, all Medicaid providers need an OH|ID. Providers must obtain an OH|ID to access Medicaid's PNM module and the Single Pharmacy Benefit Manager (SPBM) secure web portal and do business with Ohio Medicaid.

Get your State of Ohio digital identification (OH|ID) today:

- Create an OH|ID account at: [ohid.ohio.gov/wps/portal/gov/ohid/create-account/create-account](https://ohid.ohio.gov/wps/portal/gov/ohid/create-account/create-account).
- View an in-depth OH|ID account creation user guide at: [medicaid.ohio.gov/static/Providers/Billing/TradingPartners/OMES/OHID-Account-Creation-User-Guide.pdf](https://medicaid.ohio.gov/static/Providers/Billing/TradingPartners/OMES/OHID-Account-Creation-User-Guide.pdf).
- Contact the ODM Integrated Help Desk at (800) 686-1516, Monday-Friday, 8 a.m. - 4:30 p.m. ET. for technical assistance. Medicaid providers can email [PNMCommunications@medicaid.ohio.gov](mailto:PNMCommunications@medicaid.ohio.gov) with questions.

#### Training for PNM and SPBM:

- PNM Training: Visit [managedcare.medicaid.ohio.gov/provi](https://managedcare.medicaid.ohio.gov/provi)

Additional information on claim submission requirements is available in our Provider Manual(s) at [MolinaHealthcare.com](https://www.molinahealthcare.com).

### "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 Kim Kaszowski from The Orthopaedic Surgery Center.

The December "It Matters to Molina" question answer is "2." ODM has postponed the launch of Phase 3 of the Next Generation Medicaid Program. What is the new launch date?

1. Jan. 1, 2023
2. Feb. 1, 2023
3. July 1, 2023

**January Question:** By what date are Medicare medical providers to complete Model of Care (MOC) training and submit an attestation to Molina?

1. Dec. 31, 2022
2. Jan. 1, 2023

Email your answer to [OHProviderBulletin@MolinaHealthcare.com](mailto:OHProviderBulletin@MolinaHealthcare.com) by January 16 to enter the drawing. Molina will announce the winner and the correct answer to the question in the February Provider Bulletin.

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

### You Matter to Molina: Provider Contracting Team

#### Information for all network providers

Molina's Provider Contracting team is here to help with your contracting needs, including new contracts and amendments for acquisitions, changes in ownership, adding products, and more.

- To join the Molina network, submit a completed [Ohio Provider Contract Request Form](#) to [OH\\_Contract\\_Requests@MolinaHealthcare.com](mailto:OH_Contract_Requests@MolinaHealthcare.com). The form is located on the Provider Website, under the "Forms" tab.
- To make updates, including changes to the billing address, adding/removing NPIs or Medicaid IDs, and adding new service locations and new providers to an existing contract, submit a [Provider Information Update Form](#) (PIF) to [MHOProviderUpdates@MolinaHealthcare.com](mailto:MHOProviderUpdates@MolinaHealthcare.com). The form is located on the Provider Website, under the "Forms" tab.

Meet the Provider Contracting team:

- **Ancillary and LTSS/Waiver** – Kristy Springer, Contract Manager - OH Provider Contracts Ancillary and LTSS (all counties) at [MolinaAncillaryandLTSSCorrespondence@MolinaHealthcare.com](mailto:MolinaAncillaryandLTSSCorrespondence@MolinaHealthcare.com)
- **Behavioral Health** – Ellen Landingham, Contract Manager, Community Mental Health Clinic (CMHC) and Substance Use Disorder (SUD) entities (all counties) at [MHOBHProviderTeam@MolinaHealthcare.com](mailto:MHOBHProviderTeam@MolinaHealthcare.com)
- **Physician and Hospital contracts** (including, but not limited to, private/group behavioral health practices, FQHC/RHC, urgent care, etc.) – T Toni Hopewell, Contract Manager (Central/Southeast Region), Alicia Zavala, Contract Manager (West Region), Jessica Kinsey, Contract Manager (Northeast Region) at [OHProviderContracts@MolinaHealthcare.com](mailto:OHProviderContracts@MolinaHealthcare.com)

[ders/provider-webinars-training](#) to register for a self-paced training session or sign up for virtual and/or in-person learning. Training topics include PNM login and access, system navigation, new enrollment applications, demographic updates, revalidations, and PA and claim submissions.

- **SPBM Trainings:** Visit the Gainwell website to view Pharmacy Web Portal training or Prescriber Web Portal training at [spbmedicaid.ohio.gov](https://spbmedicaid.ohio.gov). Training topics include SPBM login and access, system navigation, verifying member pharmacy benefit eligibility, submitting/viewing pharmacy claims, and submitting/viewing pharmacy PA. Note: SPBM only pertains to the Medicaid line of business.

**Credentialing Information:** As of Oct. 1, 2022, ODM is the single point of contact for provider credentialing for Medicaid and MyCare Ohio.

- **Initial Credentialing:** Applications must be directed to ODM via the new PNM module.
- **Recredentialing:** Molina will continue to process recredentialing files for our providers until Jan. 31, 2023.

Reminder: All providers must have an active and valid Medicaid ID at the time of enrollment with Molina.

**Be in the know about Medicaid provider changes coming:** Be sure to stay up to date on all email communications from ODM. Subscribe to the Next Generation provider newsletter by checking the box next to *ODM 2022 Press* at [medicaid.ohio.gov/home/govdelivery-subscribe](https://medicaid.ohio.gov/home/govdelivery-subscribe).

### 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.

### Connect with Us

[facebook.com/MolinaHealth](https://www.facebook.com/MolinaHealth)  
[twitter.com/MolinaHealth](https://twitter.com/MolinaHealth)

**Next Generation Ohio Medicaid Program Feb. 1 Launch Resources*****Information for Medicaid providers***

As ODM moves forward with Next Generation Ohio Medicaid Implementation, they will continue implementing new components and improvements. In the next Phase, ODM is implementing the Next Generation managed care plans, new Electronic Data Interchange (EDI) module, and Fiscal Intermediary (FI) on Feb. 1, 2023.

The Next Generation managed care plan changes and EDI trading partner transactions do not apply to MyCare Ohio plans, which will continue to provide benefits to Ohioans who receive both Medicaid and Medicare benefits, with enhanced coordination of medical, behavioral, and long-term care services.

**What you need to know for the February 1 launch**

Linked below are a variety of helpful resources you can refer to in advance of the Feb. 1 launch:

**What's changing February 1?** To learn about the Next Generation program and the initiatives that have been and will be launched, refer to the [Next Generation Ohio Medicaid Program Overview](#) at [managedcare.medicaid.ohio.gov/providers/about-next-gen-program](https://managedcare.medicaid.ohio.gov/providers/about-next-gen-program).

**Where to get answers for common questions?** The [Ohio Medicaid Managed Care Member frequently asked question \(FAQ\)](#) at [ohiomh.com/resources/nextgenerationmedicaidfaq](https://ohiomh.com/resources/nextgenerationmedicaidfaq) and the [Ohio Medicaid Managed Care Plan Provider FAQ](#) at [managedcare.medicaid.ohio.gov/providers](https://managedcare.medicaid.ohio.gov/providers) will answer questions related to the implementation of the Next Generation plans for both members and providers.

**Where to direct members with questions?** Medicaid members can reach out to the help desk listed below or review the [February 1 Ohio Medicaid Member Help Desk One-Pager](#) at [managedcare.medicaid.ohio.gov/individuals](https://managedcare.medicaid.ohio.gov/individuals).

- Questions related to Medicaid managed care eligibility, coverage, benefits, managed care plan selection, the Next Generation member ID card, or other Ohio Medicaid topics should be directed to the Ohio Medicaid Consumer Hotline at (800) 324-8680 or by visiting [ohiomh.com](https://ohiomh.com).
- Questions related to value-added benefits provided, issues receiving services, assistance finding a provider, or non-emergency transportation should be directed to the member's Next Generation managed care plan.
  - Aetna Better Health of Ohio: (833) 711-0773
  - AmeriHealth Caritas Ohio, Inc.: (833) 764-7700
  - Anthem Blue Cross and Blue Shield: (844) 912-0938
  - Buckeye Health Plan: (866) 246-4358
  - CareSource: (800) 488-0134
  - Humana Healthy Horizons in Ohio: (877) 856-5702
  - Molina Healthcare of Ohio, Inc.: (800) 642-4168
  - UnitedHealthcare Community Plan: (800) 895-2017

**Where can providers find assistance?** Medicaid providers can reach out to the help desk listed below or review the [February 1 Ohio Medicaid Provider Help Desk One-Pager](#) at [managedcare.medicaid.ohio.gov/providers](https://managedcare.medicaid.ohio.gov/providers).

- Questions related to Ohio Medicaid Enterprise System (OMES) submitted claims or PA, or other administrative tasks, should be directed to the ODM Integrated Help Desk (IHD) at (800) 686-1516 or [IHD@medicaid.ohio.gov](mailto:IHD@medicaid.ohio.gov).

As we approach February 1, ODM is currently working on additional member and provider resources that will be available on the [Next Generation website](#), [ODM Press](#), or [ODM Periodical](#).

If you have any questions, please email [ODMNextGen@medicaid.ohio.gov](mailto:ODMNextGen@medicaid.ohio.gov).