

OhioRISE Information

Information for all Medicaid providers

Effective July 1, 2022, ODM launched the OhioRISE (Resilience through Integrated Systems and Excellence) program for eligible Medicaid members.

For information about OhioRISE, read the "[Next Generation Medicaid Program: OhioRISE Implementation Quick Reference Guide](#)" on our Provider Website, on the "Provider Bulletin" page, under the "Communications" tab. Information includes:

- Program Description and Eligibility
- How to check a Molina member's enrollment in OhioRISE
- OhioRISE member information
- How to contact Aetna Better Health of Ohio, the OhioRISE plan
- Who and how to bill for services
- Additional resources

Upcoming MITS Freeze in Preparation of PNM Go-Live

Information for Medicaid providers

On Aug. 1, 2022, the Ohio Department of Medicaid (ODM) will temporarily stop accepting provider enrollment applications or continue any in-progress enrollment applications through the Medicaid Information Technology System (MITS) system. This freeze will continue while ODM transitions to the new Provider Network Management (PNM) portal.

New providers should enroll by July 31 or plan to hold enrollment applications until Oct. 1, 2022. Information about OhioRISE provider enrollment during this time is forthcoming from ODM.

Effective Oct. 1, 2022, all provider enrollment applications must be submitted using Ohio Medicaid's new PNM portal. After its implementation, the PNM portal will be the single point for providers to complete provider enrollment, centralized credentialing, and provider self-service.

- Initial Credentialing: Applications received before Sept. 1, 2022, will continue to be processed by Molina. Applications received on Sept. 1, 2022, and after should be directed to ODM via the new PNM system that goes live on Oct. 1, 2022.
- Recredentialing: Molina will continue to process until January 2023.

Find additional information under the "IMPORTANT UPDATE: Ohio Medicaid is upgrading its provider enrollment system" header at managedcare.medicaid.ohio.gov on the [PNM & Centralized Credentialing](#) page under "Learn About Managed Care."

Note: Molina is unable to process new provider applications during the freeze due to the need to validate the Medicaid ID with ODM. All providers must have an active and valid Medicaid ID at the time of enrollment with Molina. New applications for credentialing and contracting must be submitted by July 31, 2022.

New In This Issue – August 2022

- [OhioRISE Information](#)
- [Upcoming MITS Freeze](#)
- [Molina Provider Bulletin Update](#)
- [Requirements for Type of Bills](#)
- [Provider Hours Requirement](#)
- [External Wheelchair Assessment](#)
- [Sandata EVV Member Validation](#)
- [LTSS Respite Services for Children](#)
- [Quality Living Program Awardees](#)
- [Marketplace Notice of Reg. Updates](#)
- [Website Roundup](#)
- [Genetic Testing Update](#)

Updated In This Issue

- [Updated: COVID-19 Codes](#)
- [It Matters to Molina Corner](#)
- [You Matter to Molina: PS Reps](#)
- [Provider Training Sessions](#)
- [Changes to Provider Manual](#)

In Case You Missed It

- [Clinical Services – Adv. Imaging](#)
- [Changes to PA Code List](#)
- [Provider Contract Next Generation](#)
- [Readmission Payment Policies](#)
- [Institution for Mental Disease Stays](#)
- [Roster: Affiliations with Practitioners](#)
- [MCG Auto-Authorization](#)
- [Annual Model of Care](#)
- [Home Health Prior Authorization](#)
- [Medicare PA Guide and Form](#)
- [Health Care Education](#)
- [DSME for Medicaid](#)

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
- Visit our Provider Website at MolinaHealthcare.com/OhioProviders
 - [Provider Manual](#)
 - [PA Code List](#)
 - [PA Request Form](#)
 - [Provider Bulletin Archive](#)
 - [It Matters to Molina Page](#)
 - [Provider Portal](#)

Connect with Us

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

Molina Provider Bulletin Update

Information for all network providers

Molina of Ohio is working on updating our monthly Provider Bulletin to ensure we continue delivering high quality communications to our provider partners.

Our initial update is to the table of contents (ToC). Molina is splitting out our ToC to show new articles, updated articles, and "In case you missed it" articles from previous Provider Bulletins.

Your feedback is important, and it matters to Molina. Please take 5 minutes and fill out our Provider Bulletin Readership Survey, available at MolinaHealthcare.SurveyMonkey.com/r/LXV6Y6X. Your feedback will help inform future enhancements to this publication.

View all Molina Provider Bulletins on our Provider Website, under the "Communications" tab, on the "[Provider Bulletin](#)" page.

Reminder: Requirements for Type of Bills

Information for Medicaid, MyCare Ohio, and Marketplace providers

Based on guidance from ODM, Molina is providing clarification on differences noted in hospital billing practices. View the Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual for additional billing practice details. View the manual at cms.gov under "Regulations & Guidance" by selecting "Manuals" under the "Guidance" header, then "Internet-Only Manuals (IOMs)," and "100-04 Medicare Claims Processing Manual."

Hospital Laboratory Services Provided to Non-Patients:

Outpatient claims submitted with the type of bill 14X, "Laboratory Services Provided to Non-Patients," should follow the Medicare Claims Processing Manual, [Chapter 16 – Laboratory Services](#). The manual defines a non-patient laboratory specimen as being collected from a recipient that is neither an inpatient nor an outpatient of a hospital on the date of service. The [ODM Hospital Billing Guidelines: Appendix A](#) lists the acceptable types of bills for inpatient and outpatient hospital services. Find it at medicaid.ohio.gov, under "Resources for Providers," on the "Billing" page.

Outpatient Rehabilitation Clinic Bill Types:

Type of Bill 74X (clinic outpatient rehabilitation facilities [ORF]) claims and 75X (clinic comprehensive outpatient rehabilitation facilities [CORF]) are only allowed on claims that automatically cross over from Medicare. Providers can find additional information about ORF and CORF claims in [Chapter 5 – Part B, Outpatient Rehabilitation and CORF/OPT Services](#).

Critical Access Hospital Bill Type:

Critical Access Hospitals (CAHs) should only submit TOB 85X for outpatient services on claims that automatically cross over from Medicare.

National Provider Identifier (NPI) and Claims Submission:

Providers must use the general acute care hospital NPI (Primary NPI) on all claims submitted, including claims where the recipient has Medicare coverage. Claims submitted directly with NPIs other than the general acute care hospital NPI could deny. However, on claims that automatically "cross-over" from Medicare, the claim can process with the "secondary" NPIs associated with a psychiatric unit, rehabilitation unit, or renal dialysis services. Providers must report "secondary" NPIs to have them accepted on automatic cross-over claims from Medicare.

Join Our Email Distribution List

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

Provider Training Sessions

It Matters to Molina Forums:

- Cost Recovery: Tues., **Aug. 30, 12 to 1 p.m.**
- Payment Policies: Sepsis and Readmissions: **Thurs., Sept. 29, 2:30 to 3:30 p.m.**

General Provider Orientation:

- Thurs., **Aug. 4, 12:30 to 1:30 p.m.**
- Tues., **Sept. 6, 2 to 3 p.m.**

Model of Care:

- Tues., **Aug. 9, 2 to 3 p.m.**
- Mon., **Sept. 12, 8 to 9 a.m.**

Provider Portal:

- Wed., **Aug. 17, 9 to 10 a.m.**

Claims and Billing Orientation:

- Wed., **Sept. 21, 9 to 10 a.m.**

Molina has moved provider training sessions to Microsoft Teams. Please visit the IMTM page on our Provider Website and click on the desired training to access meeting details.

Availity Portal Training: Register in the Availity Portal. Under "Help & Training," select "Get Trained." In the training catalog, go to the "Sessions" tab and select one of the following:

- Fri., Aug. 5 at 12 p.m.
- Tues., Aug. 23 at 11 a.m.
- Contact training@availity.com at any time to receive Availity Portal training

Notice of Changes to the Provider Manual

Information for all network providers

On July 29, 2022, Molina added an addendum page to the [Medicaid and MyCare Ohio Combined Provider Manual](#), [Medicare Provider Manual](#), and the [Marketplace Provider Manual](#), noting the inclusion of "Interoperability" language to be added to the Risk Adjustment chapter.

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.

Provider Hours Requirement

Information for Medicaid providers

Providers must offer hours to Molina members that are comparable to commercial or Medicaid Fee-for-Service plans.

External Wheelchair Assessment

Information for Medicaid and MyCare Ohio providers

Effective Sept. 1, 2022, Molina is offering a new process for providers to request an external wheelchair assessment. Once Molina receives the completed assessment form, the assessment will be conducted at no cost to the provider. This assessment helps ensure Molina has access to all the information needed to process the subsequent prior authorization request as quickly as possible.

Situations for submitting an external wheelchair assessment include:

- Over \$15,000 in billed charges for power wheelchairs.
- Over \$10,000 in billed charges for a standard wheelchair/non-power wheelchair.
- All requests for ultralight wheelchairs for members residing in Skilled Nursing Facilities (SNF).
- All requests for power wheelchairs for members residing in SNFs.

The following section outlines the process and steps to complete an external wheelchair assessment:

1. Check the member's insurance information to confirm Molina is the primary insurer.
2. Member must be enrolled in the Ohio Medicaid or MyCare Ohio Medicaid line of business. This process is not applicable to other Molina lines of business.
3. Complete the [Request for External Wheelchair Assessment Form](#).
4. Molina will initiate an in-home assessment with an independent, licensed physical therapist from our vendor, The Periscope Group, who will recommend the wheelchair type and medically necessary parts.
5. Molina will notify the provider of the recommendation.
6. Complete the Molina [Prior Authorization Request Form](#).

Sandata Electronic Visit Verification Member Validation

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

Molina recommends Electronic Visit Verification (EVV) providers log into Sandata prior to a visit to verify the member profile meets the Ohio Medicaid requirements, including confirming:

1. The Ohio Medicaid ID is entered, not the Medicare/MyCare Ohio Medicare ID. Molina has identified several providers who have created profiles using the 20000 series ID (Medicare/MyCare Ohio Medicare). This entry will cause visits to fail validation.
2. The Ohio Medicaid ID entered matches MITS.
3. The member name and date of birth (DOB) entered matches MITS.
4. The service code that is going to be billed is the service code entered into the Sandata EVV system.
5. The number of units to be billed matches what is entered into the Sandata EVV system.

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

Website Roundup

Information for all network providers

Recently added or updated documents include:

- [Medicaid and Marketplace Authorization and Claim Reconsideration Guide](#)
- [MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide](#)
- [Payment Integrity Policies](#)
- [Over-the-Counter and Durable Medical Equipment List](#)
- [July 2022 CPSE Report](#)
- [OhioRISE Banner](#)

Genetic Testing Update

Information for Medicaid and Marketplace providers

Effective immediately Molina will allow genetic laboratories up to 14 days from the initial date of specimen collection to submit PA for genetic testing services.

Provider Contract for Next Generation Medicaid

Information for Medicaid providers

Molina has received provider inquiries regarding what actions they will 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: Molina Readmission Payment Policies

Information for all network providers

Effective Aug. 1, 2022, Molina will begin reviewing admissions within 30 days of an anchor admission for inpatient behavioral health and detox stays. The BH Readmission Policy is posted on our Provider Website under the "Policies" tab

As a reminder: Providers should confirm all entries in EVV have a Verified status. Any visits marked Incomplete or Processed should be reviewed for accuracy to the claim submitted.

Long-Term Services and Supports (LTSS) Respite Services for Children

Information for Medicaid providers

Effective July 1, 2022, ODM updated Ohio Administrative Code (OAC) 5160-26-03.2 Managed Care: Long-Term Services and Supports (LTSS) respite services for children to align with new behavioral health respite services offered through the OhioRISE program. Updates include removing the 100-hour service limit and adding prior authorization (PA). Find out more at codes.ohio.gov/ohio-administrative-code/rule-5160-26-03.2.

Updated: COVID-19 (Coronavirus) Codes

Information for Medicaid providers

ODM has expanded vaccinations for those as young as six months old, as underlined in the following chart. Find additional information in the "[Updated Network Notification](#)," at covidvaxonthespot.com under the "Providers" header.

Applicable CPT codes include:

Billing for those aged 12 and older		
First Dose	0001A, 0051A	Pfizer-BioNTech
	0011A	Moderna
	0031A	Johnson & Johnson's Janssen
Second Dose	0002A, 0052A	Pfizer-BioNTech
	0012A	Moderna
Third Dose	0003A, 0053A	Pfizer-BioNTech
	0013A	Moderna
Booster	0004A, 0054A	Pfizer-BioNTech
	0064A	Moderna
	0034A	Johnson & Johnson's Janssen
Billing for ages 5-11		
First Dose	0071A	Pfizer-BioNTech
Second Dose	0072A	Pfizer-BioNTech
Third Dose	0073A	Pfizer-BioNTech
Booster	0074A	Pfizer-BioNTech
Billing for ages six months-4		
First Dose	<u>0081A</u>	Pfizer-BioNTech
First Dose	<u>0111A</u>	Moderna
Second Dose	<u>0082A</u>	Pfizer-BioNTech
Second Dose	<u>0112A</u>	Moderna
Third Dose	<u>0083A</u>	Pfizer-BioNTech

Note: ODM updated the [COVID-19 Comprehensive Billing Guidelines](#) on July 8, 2022. Notable updates include:

- Addition of new Pfizer-BioNTech and Moderna CPT codes
- New stand-alone vaccine counseling codes (G0312 and G0313)

Molina Quality Living Program Awardees

Information for all network providers

in the same document as the existing [Readmission Payment Policy](#).

Reminder: Institution for Mental Disease Stays

Information for Medicaid providers

Effective Aug. 1, 2022, Molina will deny Institution for Mental Disease (IMD) stays that exceed 15 calendar days per month. By submitting a request for Medicaid coverage of an IMD stay, a provider attests that the length of stay in the IMD facility is intended to be less than 15 days. Per 42 CFR § 438.6 (e) on IMD coverage, Medicaid cannot be used to cover an IMD stay that is intended to be longer than 15 days in a calendar month. Please see the FAQ posted on the ODM website at bh.medicaid.ohio.gov/manuals.

Roster: Affiliations with Practitioners

Information for Medicaid providers

Medicaid-enrolled agencies must maintain an up-to-date roster of employees who are affiliated with the billing agency. As part of the Medicaid Information Technology System (MITS) transition to the new Provider Network Management and Fiscal Intermediary systems, ODM is ending agency affiliations in cases where a practitioner is no longer actively enrolled in Ohio Medicaid. MITS administrators or designees can check the "Group Member" panel in your agency's secure MITS Portal to confirm the current affiliation of employees with an employing/billing agency.

Email medicaid_provider_update@medicaid.ohio.gov if you have a change request regarding an existing Medicaid provider. If you have additional questions about practitioner enrollment, please contact the ODM Provider Enrollment by calling (800) 686-1516, Option 3.

MCG Auto-Authorization

Information for Medicaid and Marketplace providers

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 and will provide efficient processing of authorization requests. The status of each

Molina is proud to announce the most recent quarter's performance for nursing facilities in the Molina Quality Living Program.

Level	Nursing Facility
Platinum Level	Respiratory and Nursing Center of Dayton
Gold Level	Loveland Healthcare Center
Silver Level	Brown Memorial Home
	CHS Huntington Inc
	Crown Pointe Care Center
	Friendship Village of Columbus
	Guardian Elder Care at Columbus
	Trinity Community at Beavercreek

About the Molina Quality Living Program: This program recognizes and awards nursing facility partners that meet or exceed select CMS quality measures when providing care to Molina MyCare Ohio members in custodial care.

"It Matters to Molina" Corner

Information for all network providers

Thank you for the great response to the "It Matters to Molina" question! Our winner is Bethany Chime from Clear Minds Coaching & Counseling.

The July "It Matters to Molina" question answer is "6" How can providers check a Molina member's eligibility for OhioRISE?

1. Access information in the Provider Portal
2. Contact the ODM Interactive Voice Response (IVR) system
3. Check batch eligibility via the 270/271 EDI transaction
4. Access the Ohio Medicaid Information Technology System (MITS)
5. Contact the Molina Provider Services Contact Center
6. All of the above

August Question: On what date will ODM freeze the MITS system for new and in-process enrollment applications as they transition to the new PNM module?

1. Aug. 1, 2022
2. Sept. 2, 2022
3. Oct. 1, 2022

Email your answer to OHProviderBulletin@MolinaHealthcare.com by August 15 to enter the drawing. Molina will announce the winner and the correct answer to the question in the September 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: Get to Know Your Provider Representatives

Information for all network providers

Our Molina Provider Services team is here to help answer your questions and connect you with training opportunities. Throughout 2022 we will introduce you to our team members and how to contact us directly for assistance.

Christopher Jones, Provider Services Team Lead:

- My favorite thing to do is to make and listen to music. While my favorite music style is adult contemporary, I excel at country-pop trivia. I enjoy reading and collecting comic books, action figures, and autographs.

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 as of Feb. 16, 2022, and Medicaid as of May 4, 2022.

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

Annual Mandatory Model of Care Training

Information for Medicare providers

CMS requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care by Dec. 31, 2022.

- Molina hosts a monthly Model of Care provider training via Microsoft Teams throughout the year to help train you and your staff and address questions. Find an upcoming training in the Provider Training Session article.
- Find information on Model of Care requirements in the [Model of Care Provider Bulletin](#).

Home Health Prior Authorization Process Update

Information for Medicare and MyCare Ohio Home Health providers

As a reminder, effective July 1, 2022, Molina will allow a medical necessity review for home health services up to two days before the date of the submitted PA request for the Medicare and MyCare Ohio lines of business.

As noted in the May Provider Bulletin, effective May 9, 2022, Home Health PA requests are faxed to the Molina Medicare UM Department at (844) 251-1451. For faster service, request PA via the Provider Portal at [provider.MolinaHealthcare.com/provider/login](https://provider.molinahealthcare.com/provider/login).

For the Medicaid and Marketplace lines of business, Molina continues to allow a medical necessity review for home health services up to four days before the date of the submitted PA request.

Note: The PA requirements have not changed. Providers should consult the PA Code List for a complete list of all services requiring PA.

- **Interesting Fact:** Growing up on a plant nursery, I specialized in landscaping and raising poultry, including turkeys, ducks, and peafowl (female peacocks). I also grew up singing at weddings. I recall instances where I would be singing at a wedding where my peafowl was rented for either wedding photos or viewing during the reception.
- **Why I serve our Molina providers:** I have worn many different "hats" during my time with Molina. Being a part of positive change and making a difference is extremely important to me. As a member of the Provider Services Team, I feel like I am accomplishing this goal and having a great time in the process!

Crysta Davis, Provider Services Hospital Representative:

- My favorite thing as a new mom is spending my time trying to train my dog Phoenix, a Jack Russell Terrier. I love horror films, especially the original Halloween movie, and true crime documentaries like Making a Murderer. My favorite holidays include Halloween and Christmas. I enjoy decorating throughout the holiday season and making everything cheerful and festive.
- **Interesting Fact:** I am a certified wedding planner.
- **Why I serve our Molina providers:** If I can find a resolution for the items our providers are trying to resolve, that gives the provider more time to work with our members to address their concerns. I approach every situation by imagining one of my loved ones behind the provider issue. Doing so brings the importance of quality service to our providers into focus.

Our Provider Services Representatives are available by email at:

- Hospital or Hospital-Affiliated Physician Group Questions: OHProviderServicesHospital@MolinaHealthcare.com
- General Questions: OHProviderRelations@MolinaHealthcare.com

Molina Marketplace Notice of Regulatory Updates

Information for Marketplace providers and delegates

Effective July 1, 2022, for our Marketplace product, a change in federal regulation requires that we update our agreements to incorporate certain regulatory language related to downstream and delegated entities who are performing obligations on behalf of Molina (also referenced as "QHP" herein). These requirements can be found at 45 CFR 156.340(b) and are also copied below.

- b) Delegation agreement specifications. If any of the QHP issuer's activities or obligations, in accordance with paragraph (a) of this section, are delegated to other parties, the QHP issuer's agreement with any delegated or downstream entity must –
- (1) Specify the delegated activities and reporting responsibilities;
 - (2) Provide for revocation of the delegated activities and reporting standards or specify other remedies in instances where HHS or the QHP issuer determines that such parties have not performed satisfactorily;
 - (3) Specify that the delegated or downstream entity must comply with all applicable laws and regulations relating to the standards specified under paragraph (a) of this section;
 - (4) Specify that the delegated or downstream entity must permit access by the Secretary and the OIG or their designees in connection with their right to evaluate through an audit, inspection, or other means, to the delegated or downstream entity's books, contracts, computers, or other electronic systems, including medical records and

Medicare PA Guide and PA Form

Information for Medicare and MyCare Ohio providers

Molina has posted an updated Medicare PA Guide and PA Forms to the Medicare Provider Website to provide a clear and efficient process for submitting Medicare PA requests. PA Guide improvements include specific Medicare fax numbers to ensure requests are routed correctly and promptly.

Find additional information in the [July Provider Bulletin](#) on our Provider Website, under the "Communications" tab.

Find the PA Guide and Form on the Medicare Provider Website, under Prior Authorization Forms. Molina will also post these documents to the MyCare Ohio Provider Website under the "Forms" tab. Authorization requests should be submitted via the provider portal at provider.MolinaHealthcare.com.

Health Care Education: Improved Outcomes for People with Disabilities

Information for all network providers

Join the Ohio Association of Health Plans, the Ohio Center for Autism and Low Incidence (OCALI), and an amazing lineup of speakers to build your confidence, skill, and ability to improve outcomes for people with disabilities. Find additional information or register for a session at sites.google.com/ocali.org/improving-outcomes-2022.

DSME for Medicaid

Information for Medicaid providers

Diabetes Self-Management Education (DSME) can help patients manage diabetes between office visits. DSME supports the information given by the clinical team; it does not replace it. DSME is provided by educators in an American Diabetes Association (ADA)-recognized or an Association of Diabetes Care and Education Specialists (ADCES)-accredited program.

The core content addresses the following self-care behaviors:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient health data

documentation, relating to the QHP issuer's obligations in accordance with Federal standards under paragraph (a) of this section until 10 years from the final date of the agreement period;

- (5) All agreements between issuers offering QHPs through an Exchange and delegated or downstream entities the issuers engage to support the issuer's activities on an Exchange must include language stating that the relevant Exchange authority may demand and receive the delegated or downstream entity's books, contracts, computers, or other electronic systems, including medical records and documentation, relating to the QHP issuer's obligations in accordance with Federal standards under paragraph (a) of this section until 10 years from the final date of the agreement period.

To the extent that your agreement does not already contain reference to each of these terms, Molina will soon be sending provider contract notice amendments to update the Marketplace regulatory attachment effective July 1, 2022, which may also include some additional regulatory requirements. In the interim, Molina is sending this communication to make you aware of these requirements as soon as possible.

Provider concerns or inquiries regarding this communication should be directed to Molina's Provider Contracting Representative.

Clinical Services – Advanced Imaging Information for Medicaid providers

Molina Clinical Services Advanced Imaging has recently moved to an enhanced Utilization Management (UM) Platform. Due to this transition, Molina has seen a higher than usual fax and call volume, leading to longer than normal provider wait times. Please review the below information on alternatives to calling or faxing.

Authorization Status Check: Utilize the Availity platform to view the authorization status.

Availity/MCG-Cite Auto-Auth Platform: Utilize the Availity platform to submit authorization requests and status checks. Reach out to your Provider Services Team for information or assistance in setting up an account.

Peer-to-Peer Request: Please send a secure email to MCSAdvancedImaging@MolinaHealthcare.com to request a P2P.

Molina requires the following information for a P2P to occur:

- On the Subject Line note "Peer-to-Peer Request (OH)"
- State: Ohio
- Member information: name, date of birth, Molina identification number
- Authorization number
- Current Procedural Terminology (CPT)
- Provider requesting the P2P
- Specialty
- Has this test already been completed?
- Provider's call back number
- Times the provider will be available for the P2P

The above email address can also be utilized to change the service provider, change the service location, or for add-on codes.

- Preventing, detecting, and treating acute and chronic complications
- Healthy coping with psychosocial issues and concerns
- Problem-solving

For more information about:

- **When to refer a patient for DSME:** view the "[Diabetes Self-Management Education](#)" resource on the "Chronic Conditions Resources page" of the Provider Website.
- **Find a local DSME provider in the Molina Medicaid network:** enter "Diabetes Self-Management Education" in the "Search for Care" field of the "[Provider Online Directory \(POD\)](#)." Find a link to the POD on the Provider Website by selecting "Find a Doctor or Pharmacy."
- **Self-Management Education Videos:** Doctor, nurse, and patient-led videos from the Centers for Disease Control and Prevention (CDC) teach patients the skills to manage diabetes, located on the "[Diabetes Education](#)" page of our Member Website.

Self-Management videos include:

- Self-Management Education: Learn More. Feel Better
- Self-Management Education: Skills for Managing Chronic Conditions
- Self-Management Education: Feel More in Control of Your Chronic Condition

Fighting Fraud, Waste & 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.