

ALL PROVIDERS: Medicaid Enrollment ID Requirements

In order to comply with federal rule 42 CFR 438.602, effective Jan. 1, 2018, providers are required to be fully enrolled with the Ohio Department of Medicaid (ODM) with an active Medicaid ID to receive payment for submitting clean claims to Molina Healthcare. To allow time to enroll with ODM, providers will have a 120 day grace period from Jan. 1, 2018 to comply with federal rule 42 CFR 438.602.

Molina Healthcare is taking this opportunity to reach out to Molina Healthcare contracted providers without a documented Medicaid ID number on file. If you receive this communication and have a valid Medicaid ID number, please complete the “Provider Information Update Form” available under the “Forms” tab at www.MolinaHealthcare.com.

Once completed, the “Provider Information Update Form” can be:

- Emailed to MHOProviderUpdates@MolinaHealthcare.com
- Faxed to (866) 713-1893
- Mailed to:

Molina Healthcare of Ohio
Attn: PIM
P.O. Box 349020
Columbus, Ohio 43234-9904

Providers without a Medicaid ID number will need to submit a new application to ODM to continue as a contracted provider with Molina Healthcare and receive payment for submitted clean claims.

The enrollment process is electronic and only takes a few minutes to complete. Enrollment is available through the MITS portal or providers can start the process at <http://medicaid.ohio.gov> by selecting “Enrollment and Support” from the “Provider” heading, then “Provider Enrollment” and “Enroll as a New Provider.”

Providers can view application status online using provider’s Application Tracking Number (ATN). The requirement to submit a new application to Ohio Medicaid will not require Molina contracted providers to also submit a new contract application to Molina Healthcare.

For questions please reach out to your Molina Healthcare Provider Representative at OHProviderRelations@MolinaHealthcare.com.

Questions?

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

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