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Live Provider Training Sessions

Info for all network providers

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

You Matter to Molina Forums:

- Member Value Added Benefits: Fri., June 21, 12 to 1 p.m.
- Cost Recovery: Fri., July 26, 10 to 11 a.m.

General Provider Orientation:

- Mon., June 3, 1 to 2 p.m.
- Tues., July 9, 11 a.m. to 12 p.m.

Specialized Provider Orientation:

- Nursing Facility and Assisted Living: Thurs., June 13, 3 to 4 p.m.
- Quality: Thurs., July 18, 11 a.m. to 12 p.m.

Molina Model of Care Training:

- Tues., July 23, 11 a.m. to 12 p.m.

Molina Dental Services Training:

- Wed., June 12, 9 to 10 a.m.
- Wed., July 31, 1 to 2 p.m.

Molina Dental Services: PNM Training

- Thurs., June 27, 3 to 4 p.m.

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

Q3 PA Code Changes

Info for all network providers

Molina posted the following Prior Authorization (PA) Code Change documents under the Provider Website Forms tab for a July 1 effective date:

- [Medicaid: Q3 2024 PA Code Changes](#)
- [Medicare and MyCare Ohio \(MMP\): Q3 PA Code Changes](#)

- [Marketplace: Q3 PA Code Changes](#)

Information includes non-covered codes, new codes that require PA and which codes no longer require PA for each line of business.

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

Notice of Changes to the Provider Manuals

Info for all network providers

Molina has added an addendum to each of the following Provider Manuals:

- [Medicaid](#)
- [MyCare Ohio](#)
- [Medicare](#)
- [Marketplace](#)

The update includes additional language under Required Elements in the Claims and Compensation chapter. Find the updated Provider Manuals on our Provider Website, under the Manual tab.

Reminder: 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 manuals posted on our website to ensure you are accessing the most up-to-date versions.

UPDL: 30-Day Change Notice

Info for all Medicaid providers

The Ohio Department of Medicaid (ODM) will post their Ohio Unified Preferred Drug List (UPDL) 30-Day Change Notice on June 1 for an effective date of July 1, 2024. Find the list at medicaid.ohio.gov/stakeholders-and-partners/phm.

Availity Essentials Portal: HEDIS® Profile

Info for all network providers

A new application, HEDIS® Profile, is now available in the Molina Payer Space. Providers can use this tool to compare their HEDIS rates to national benchmarks in a new user interface including uploading documentation to show HEDIS gaps being closed for members. Select the header to go to Molinas's Payer Space, then select the HEDIS Profile (New) application.

Molina Provider Surveys

Info for all network providers

Molina Provider/Staff Communication Method Survey: At Molina, we strive to enhance our services and better meet your needs. Your input is invaluable in helping us achieve this goal.

Please take a few minutes to participate in our survey. The goal is to understand how we can improve our communication methods to better suit your preferences. The Molina Provider/Staff Survey will close on June 30, 2024.

The Provider/Staff Survey is available at [Molina Healthcare.surveymonkey.com/r/VS5RGTG](https://MolinaHealthcare.surveymonkey.com/r/VS5RGTG).

Your feedback will directly influence how we engage with you, ensuring a more seamless and efficient communication experience.

Molina Provider Bulletin Survey: Molina wants to hear from you. We strive to produce our Provider Bulletin as a valuable resource for our network. As a valued partner, please fill out the Molina survey at MolinaHealthcare.surveymonkey.com/r/LXV6Y6X, requesting information on how we can improve our Provider Bulletins.

Balance Billing

Info for all network providers

Reminder: Providers are prohibited from balance billing members for covered services other than the member's applicable copayment, coinsurance or deductible amounts. Covered services include health care services and supplies, including emergency services provided to members that are medically necessary and covered by Molina as a member benefit.

Providers are responsible for:

- Verifying Eligibility: The Availity Essentials portal can be utilized to verify membership and coverage.
- Obtaining Approval for Services that Require PA: Molina's Provider Website features

several resources, including the PA LookUp Tool and quarterly PA Code Change documents.

Providers agree that under no circumstance shall a Molina member be liable to the provider for any payment owed that is the legal obligation of Molina.

Note: Molina strongly recommends that providers ask patients if they have multiple forms of health insurance when verifying their coverage.

Examples of balance billing include:

- Holding members who are dually eligible for Medicare and Medicaid liable for Medicare Part A and B cost-sharing
- Requiring Molina members to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees
- Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance
- Requiring members to pay for a covered service that was denied or rejected by the health plan for valid/appropriate reasons

Providers are encouraged to review balance billing material in the Provider Manual(s) and in their agreement with Molina. Please reach out to your Provider Relations Team with questions.

Medicaid Reminder: 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 prohibited from billing a member for any covered benefit.

OhioRISE Mixed Services Protocol

Info for Medicaid providers

ODM has updated the [OhioRISE Mixed Services Protocol](#) document to define the responsibility of coverage for Applied Behavioral Analysis (ABA) Services for Autism Spectrum Disorder as applying to the Managed Care Organization or Fee-for-Service.

Find the updated document on the Resource for Community Partners and Providers page at managedcare.medicaid.ohio.gov by selecting Learn About Managed Care, then OhioRISE.

Did You Know: LGBTQ+ Covered Services

Info for all network providers

Molina believes everyone deserves to feel their best. We offer programs and services to help members take care of their health.

Molina offers LGBTQ+ programs and services for our members. LGBTQ+ is an acronym meaning “lesbian, gay, bisexual, transgender and queer.” The “+” sign means that there are many other sexual orientations and gender identities in addition to LGBTQ.

Member’s Mental Health: People in the LGBTQ+ community are at a higher risk for having a mental health condition, especially depression and anxiety disorders. This is due to social and cultural impacts that negatively affect LGBTQ+ people’s mental health. Molina covers mental health services, including evaluation, diagnosis and assessment, crisis intervention and more.

Gender-Affirming Care: Molina covers the following gender-affirming care services:

- Hormone therapy
- Puberty-blocking agents
- Surgical services

Note: Molina may need PA for some types of services. Some services may have age limits or require previously completed services.

Find additional information about LGBTQ+ Covered Services on our Medicaid Member Website by selecting LGBTQ+ Covered Services under the What’s Covered drop-down menu.

Topics include:

- Resources for LGBTQ+ Members
- Talking to your Provider about being LGBTQ+
- What Does Molina Cover?

Health equity exists when everyone has the opportunity to be as healthy as possible. Molina is committed to advancing health equity and providing high-quality health care for all our members. Everyone deserves to feel their best and have equitable access to quality care services, and resources.

Molina Expands Partnership with Evolent Health

Info for Medicaid and Marketplace providers

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

In the near future, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatment PA requests for services that will be administered in a physician’s office, outpatient hospital or ambulatory setting.

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

Scope: Oncology-related professional services will now require a PA from Evolent if performed in a provider’s office, outpatient hospital or ambulatory setting. This PA requirement applies to Medicaid and Marketplace members ages 18 and older for the following professional services:

- Oncology-related infused and injectable chemotherapeutic agents
- Supportive/symptom management medications
- Radiation treatment

Evolent will process in-scope oncology PA requests for:

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

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

All PA requirements and codes will be posted on Molina’s Provider Website. Providers will be alerted when the impacted codes are posted:

- Medicaid: On the Provider Forms page, under the Forms tab.

- Marketplace: On the Forms and Documents page, under the Provider tab.

Prior Authorization Submission Process: The requesting provider must complete a PA request using one of the following methods:

- For providers' convenience, logging into the Evolent provider web portal is the preferred submission method:
 - my.newcenturyhealth.com
- Calling (888) 999-7713
 - Medical Oncology – Option 2
 - Radiation Oncology – Option 3
 - Available Monday through Friday 8 a.m. – 8 p.m. EST
- Fax: Medical Oncology: (877) 230-4493
- Fax: Radiation Oncology: (877) 380-7848

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

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

Authorization Denial

Disputes/Reconsiderations:

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

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

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

- Real-time authorizations issued for approvable treatment plans submitted to Evolent's online portal
 - my.newcenturyhealth.com
 - Determine which clinical documentation is necessary for medical review
 - View real-time status of all submitted requests
 - Check member eligibility prior to entering a treatment plan

- Reduced documentation requirements
- Evolent has oncology and radiation oncology physicians on staff to answer your questions and conduct P2P discussions
- Fax and telephonic intake available for submitting treatment plans, if needed
- Dedicated Evolent Provider Network Manager to use as a direct point of contact for any issues or questions

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

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

Website Roundup

Info for all network providers

Recently added or updated documents:

- [How to Submit Quick Claims – Atypical Provider](#)
- [May CPSE Report](#)

Diabetes Benefits Update in 2024

Info for Medicaid providers

Molina and the Ohio Medicaid Managed Care Organizations (MCOs) are working collaboratively to make diabetes management easier for providers and their patients. Diabetes education and support and the use of continuous glucose monitors (CGMs) have proven to be effective in diabetes care management.

To facilitate increased utilization of these important tools, Molina and the other MCOs will pay an enhanced reimbursement rate to providers rendering Diabetes Self-Management Education (DSME) and billing the appropriate codes: G0108 and G0109. In addition, PA is **not** required for members who receive a covered CGM device through durable medical equipment (DME) providers or through their pharmacy.

Providers must use Healthcare Common Procedure Coding System (HCPCS) codes A4239 and E2103 for CGMs provided through DME.

For additional information regarding these updates, including who to contact at each MCO for questions, see the quick reference guide on our Provider Website, on the [Quick Reference Guides & FAQs](#) page, under the Manual tab.

Hospice and Vent/Vent Weaning Billing Guidelines

Info for Medicaid providers

In October 2023, Molina provided the following Hospice Billing for Nursing Facility (NF) Room and Board (HCPC T2046) and Ventilator/Ventilator Weaning Services notice.

Highlights

- Only accepting Health Care Financing Administration (HCFA) form (CMS-1500) for Hospice NF Room and Board (NF R&B).
- Only accepting UB04 form for ventilator and ventilator weaning.
- Must include diagnosis code Z99.11 for ventilator and ventilator weaning services (does not have to be primary).

Hospice NF R&B (HCPC T2046): Hospice providers billing for NF room and board must bill using the HCFA form (CMS 1500). The name **of the NF** in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the NF must be placed in 32a.

Hospice Ventilator and Ventilator Weaning

Claims: Ventilator Dependent and Ventilator Weaning (i.e., 0410, 0419) claims must be billed using the UB04 Institutional form.

Type of Bill – 81X/081X: If the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.

When billing Ventilator Dependent and Weaning claims, the hospice provider is required to include the Name and NPI of the nursing facility in which the services were delivered in Box 80 (Remark code). When billing for Ventilator and/or Ventilator Weaning services, the diagnosis code **Z99.11** must be included.

Any claims for NF R&B or Ventilator/Ventilator Weaning that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim. NF hospice (T2046) and vent/vent weaning services are not billable on the same date of service.

Note: The current listing of facilities with Medicaid IDs can be found at medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-types/nursing-facilities/nursing-facilities under Nursing Facility Rates. This information will allow claims to be properly priced avoiding backend work and delay.

In Case You Missed It: View the complete articles on the Provider Bulletin page under the Communications tab of our Provider Website, under the identified month, noted in parentheses ().

- ODM Update: Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM: On Jan. 23, 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. ([May](#))
- Reimbursement Policy DME Rental vs Purchase: Molina posted a new DME Rental vs. Purchase policy in alignment with CMS, for a June 1, 2024, effective date. ([May](#))
- Home Health Authorization Requests for Special and Complex Needs: Molina will not apply a hard certification limit of 60 days when members with special, complex needs are identified and those needs are not expected to change over an extended period. Providers may request a longer period of time along with supporting clinical documentation. ([May](#))
- MCOs Reinvest in Ohio Communities: MCOs announced a new yearly collaborative initiative to reinvest in Ohio communities. In 2024, MCOs will provide \$6.5 million in grants to help build communities. ([May](#))
- Requests for Retrospective Authorization: Requests must meet one of the extenuating circumstances outlined in our Provider Manual to be considered for a medical necessity review. ([May](#))

- **PA Requirements: Non-Par Providers:** If a provider is non-contracted/non-participating (non-par) for a line of business, all non-emergent services rendered by non-par providers require PA. ([May](#))
- **CMS Final Rule for CY24: BH Changes:** Once a provider enrolls with CMS, they should submit a PIF to Molina identifying the new Medicare identification number in Section C. ([May](#))
- **COPE Simulation:** Molina is offering free virtual 90-minute COPE Simulations on June 26, July 24, Aug. 14, Sept. 11, Oct. 10, Oct. 23 and Nov. 13 to help provide a greater understanding of poverty in the United States by exploring it through the eyes of real families. ([April](#))
- **Annual Mandatory MOC Training:** CMS requires contracted Medicare medical providers to complete training on the D-SNP MOC by Dec. 31, 2024. Molina hosts training sessions for providers and their staff. ([April](#))
- **PA Request:** The preferred method of PA submission is through Availity Essentials. Availity Essentials offers a more streamlined provider experience compared to faxing. Contact training@availity.com for training. ([March](#))
- **Medicaid Enrollment Requirements:** Any provider, group ordering or referring who is not enrolled and noted as “active” in the ODM PNM system will receive denials for claims submitted to Molina. Claim denials will continue until the provider's Medicaid enrollment is noted as an "active" status. Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated. Visit medicaid.ohio.gov for additional information. ([March](#))

<p><u>Questions and Quick Links</u> Provider Services: (855) 322-4079 Mon. – Fri. 7 a.m. to 8 p.m. for Medicaid, 8 a.m. to 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for Medicare and Marketplace</p> <ul style="list-style-type: none"> • Email: OHProviderRelations@MolinaHealthcare.com • Provider Website: MolinaHealthcare.com/OhioProviders 	<p><u>Connect with Us</u> facebook.com/MolinaHealth twitter.com/MolinaHealth</p> <p><u>Fighting Fraud, Waste and Abuse</u> Suspect member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week at (866) 606-3889. Reports are confidential but you may choose to report anonymously.</p>	<p><u>Join Our Email Distribution List</u> Did you receive this provider bulletin via fax? Sign up to receive the Provider Bulletin via email, or to request removal from our fax distribution list by clicking the Sign up to receive Molina’s Provider Bulletin via email here link on the Provider Bulletin page of our website.</p>
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