

Molina Wants to Hear from You: Provider Bulletin Survey

Information for all network providers

Molina wants to hear from you. We strive to produce our Provider Bulletin as a valuable resource for our network. As a valued provider partner, please fill out the Molina-developed 5-minute survey at MolinaHealthcare.surveymonkey.com/r/LXV6Y6X requesting information on how we can improve our Provider Bulletins.

Q2 PA Code Changes

Information for all network providers

Molina posted the following PA Code Change documents to our Provider Website under the Forms tab for an April 1 effective date:

- [Medicaid](#): Q2 2024 PA Code Changes
- [Medicare/MyCare Ohio](#): Q2 PA Code Changes
- [Marketplace](#): Q2 PA Code Changes

Information will include 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.

Optum-Change Healthcare Outage

Information for all network providers

Molina sent two [communications](#) to the network earlier this week notifying providers of a critical outage of our third-party vendor, Optum-Change Healthcare (CHC), resulting in impacts to Electronic Claims Submission, Payment and Settlement Services. View the communications on the Provider Bulletin page of our Provider Website.

Molina will continue to post updates related to the CHC outage on our Provider Website and send out updates in our Provider Bulletins.

2024 HEDIS® Data Collection

Information for all network providers

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a tool used to report performance on quality of care and service. Molina started collecting this data in February. We appreciate your prompt response to requests.

Molina is required to collect and provide medical record documentation from our providers to fulfill state and federal regulatory and accreditation requirements. Health Insurance Portability and Accountability Act (HIPAA) regulations permit a

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Questions and Quick Links

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

- Email: OHProviderRelations@MolinaHealthcare.com
- Provider Website: MolinaHealthcare.com/OhioProviders
 - [Provider Manual](#)
 - [PA Code Updates](#)
 - [PA Request Form](#)
 - [Provider Bulletin Archive](#)
 - [You Matters to Molina Page](#)

covered entity (physician practice) to disclose protected health information (PHI) to another covered entity (health plan) without enrollees' consent for the purpose of facilitating health care operations.

Molina reaches out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:

- Providers allow Molina access to their Electronic Health Records for quick access to records pertaining to the HEDIS® project
- Secure email, fax or mail
- An onsite visit by Molina, based on the volume of records

TenderHeart Health Outcomes Partnership Reminder *Information for Medicaid and MyCare Ohio providers*

As of Nov. 1, 2023, Molina launched a new partnership with TenderHeart Health Outcomes. TenderHeart offers incontinence services and supplies. Molina members who choose to receive incontinence supplies from TenderHeart will have access to a personal incontinence coach to help ensure they have the right product(s) for their comfort and to prevent leakage. TenderHeart's program will help members to avoid negative health outcomes, such as skin breakdown and urinary tract infections.

Members will receive a letter from TenderHeart explaining the program and how to select TenderHeart as their new incontinence supplier. Members may also choose to stay with their current incontinence supplies provider. If a member chooses to join the TenderHeart program, they will still be able to receive other durable medical equipment items from their current provider. Or if a member receives an order for new durable medical equipment items outside the scope of TenderHeart, the member may choose any in-network provider to dispense those items.

Commonly asked questions:

Q: Do members have to switch to TenderHeart?

- A. No, the program with TenderHeart is a member's choice. Members have the option to remain with their current Durable Medical Equipment (DME) provider for services or select any in-network provider at the start of services.

Q: How does the TenderHeart program change my (DME provider) relationship with Molina?

- A. Molina's partnership with Tenderheart does not impact your existing contract or relationship with Molina or your ability to service our members. TenderHeart should be viewed as another provider and services should not be duplicated.

Q: If a member wishes to opt out of the TenderHeart program what action should they take?

- A. If a member wishes to opt out of the TenderHeart program, the member or their personal representative must contact

- o [Provider Portal](#)

Join Our Email Distribution List

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.

Connect with Us

facebook.com/MolinaHealth

twitter.com/MolinaHealth

Provider Training Sessions

Molina of Ohio 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 address during the training.

You Matter to Molina Forums:

- Provider Appeals and Disputes: Fri., **March 29, 11 a.m. to 12 p.m.**
- Molina Help Finder: Fri., **April 26, 10 to 11 p.m.**
- Social Determinants of Health: Wed., **May 22, 2 to 3 p.m.**

General Provider Orientation:

- Mon., **March 4, 11 a.m. to 12 p.m.**
- Mon., **April 8, 10 to 11 a.m.**
- Mon., **May 6, 10 to 11 a.m.**

Quality Orientation

- Thurs., **March 14, 12 to 1 p.m.**

Claims and Billing Orientation

- Thurs., **April 18, 1 to 2 p.m.**

Managed Long-Term Services and Supports (MLTSS) Orientation

- Thurs., **May 16, 12:30 to 1:30 p.m.**

Availity Essentials Portal Training:

- Contact training@availity.com for training.

Website Roundup

Recently added or updated documents:

- [Medicaid Dental Provider Manual](#)
- [Managed Long-Term Services and Supports \(MLTSS\) Provider Resources](#)

TenderHeart at (877) 394-1860 to speak with one of their patient advocates.

Contact our Provider Relations Team for more information.

Annual Wellness Visits

Information for Medicaid providers

Molina is committed to helping you increase yearly wellness visits for your patients. It is important to educate patients on the need to schedule these visits, even when they feel fine. A yearly visit with a primary care provider ensures patients stay up to date on important screenings and vaccinations. Consider reminders to patients who have not scheduled a visit this calendar year.

Molina Medicaid members get extra transportation benefits. Encourage them to take advantage of the 30 one-way trips for rides to the doctor, dentist, pharmacy and food resources like food pantries or grocery stores. Members can schedule by calling (866) 642-9279 (TTY 711) at least 48 hours before their appointment.

View the [Value Added Benefits for Members](#) document on the You Matter to Molina page of our Provider Website.

Acupuncture Services Reminder

Information for Medicaid and MyCare Ohio providers

As a reminder, Molina aligns to Ohio Administrative Code (OAC) 5160-8-51 Acupuncture Services, section C. Coverage. Find additional coverage details at codes.ohio.gov/ohio-administrative-code/rule-5160-8-51.

How to Understand Advances

Information for all network providers

On each check run, Molina pulls all available claims ready to be processed and finalizes them by provider and program. If the net total of all claims during this process is positive, a payment is issued via check, virtual card or EFT. When the net total is negative, a forwarding balance, or advance, is created. When this occurs, the following information is on the Explanation of Payment (EOP):

- The Check Number will be populated with a number starting with CHKHST. This is called the Checkhistory ID.
- The Payment Adjustments section of the EOP will reflect the total of the advance/forwarding balance created and reference the Checkhistory ID.
- The Total Amount Paid will reflect the net total of all claims on the EOP.
- If you have a Tax ID with multiple NPIs consolidated, this amount may reflect positive dollars.
- The Total Payment will reflect the combined payment minus the forwarding balance created.

On your 835, this will be reflected as a negative on CS adjustment.

- Example: *CS:CHKHST1234567*-348530.07

- [Care Coordination Portal User Guide](#)
- [2024 Diabetes Benefit QRG](#)
- [Ohio CPC: MCPs Consolidated Resource Guide](#)
- [Ohio CMC: Ohio Medicaid MCOs Consolidated Resource Guide](#)
- [Corrected Claims Billing Guide](#)

Did You Know: Molina Help Finder

Info for Medicaid providers

Molina Help Finder, available at MolinaHelpFinder.com, is a 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 can refer patients in real-time. Search by category for the types of services needed, such as food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

Emailing Protected Health Information (PHI) Securely

Info for all network providers

All emails that contain PHI must be sent to Molina via a secure email system. In order to email PHI securely:

- Follow your entity's secure messaging policies for drafting and sending messages.
- Always review the recipient's information before clicking "Send" to ensure the email is sent to the appropriate individual(s).
- Do not use PHI in the subject line of an email. Only the body of the email can be sent via secure transmission.
- Send the minimum required PHI to assist in identifying the issue.
- Do not send PHI to multiple health plans at the same time.

Note: If you do not have a secure messaging system, please send Molina a non-secure email to request we reply with a secure email

Molina advances are recouped as part of a bulk total, decreasing the total payment owed until the balance is fulfilled. Recoupment dollars are not applied to specific claims. When Molina pays a claim, but no check/EFT is issued due to an outstanding balance owed, the provider should consider the claim as paid, as the previous claim(s) were overpaid.

Copies of the original EOPs can be found on the Availity Essentials portal or on ECHO Health's website providerpayments.com. Copies of the original EOP that created recoupments, as well as each payment the recoupment applied to, can be found by:

1. Logging into Availity Essentials or the ECHO Health website.
2. Enter the checkhistory ID into the search field "Claim."
3. The results will include the original EOP that created the recoupment and each payment to that advance was applied.
4. Click on "EPP" on ECHO Health to download the EOP. Click on 835 to download the 835 for that payment date.

Unified Preferred Drug List: 30-Day Change Notice Information for all Medicaid providers

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

Update: CMS Final Rule for CY24: Appointment Wait Time Standards and List of Evaluated Specialties Update Information for Medicare and MyCare Ohio providers

List of Evaluated Specialties: The Centers for Medicare & Medicaid Services (CMS) remains committed to emphasizing the critical role access to BH plays in whole-person care. As of Jan. 1, 2024, in line with CMS' BH Strategy and the Administration's strategy to address the national mental health crisis, CMS has strengthened the BH network adequacy in Medicare Advantage by adding clinical psychologists and licensed clinical social workers to the list of evaluated specialties.

Wait Time Standards: As of Jan. 1, 2024, CMS has revised some appointment standards. These updates are reflected in the 2024 Molina MyCare Ohio Provider Manual Molina Medicare Provider Manual addendums.

CMS codifies appointment wait time standards for primary care **and** BH services that are the same as those described in [Medicare Managed Care Manual \(MMCM\) Chapter 4 – Benefits and Beneficiary Protections](#) (1) urgently needed services or emergency - immediately; (2) services that are not emergency or urgently needed but require medical attention - within seven business days; and (3) routine and preventive care - within 30 business days. Find Chapter 4 at cms.gov by selecting Regulations & Guidance under the Medicare header, then Manuals, Internet-Only Manuals and 100-16 Medicare Managed Care Manual.

that can be used for further communication.

Americans with Disabilities Act Info for all network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities access to services. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to healthcare access, we can improve the quality of life for people with disabilities.

Learn more in the Molina Provider Education Series [Americans with Disability Act \(ADA\)](#) on our website, on the Culturally and Linguistically Appropriate Resources/Disability Resources page under the Health Resources tab, or the [Americans with Disabilities Act FAQ](#) on our MyCare Ohio website under the Manual tab, on the Quick Reference Guides & FAQs page.

Provider Demographic Information: Fax Number for Dispute Resolution

Info for all network providers

In order to receive timely responses to disputes submitted through the Availity Essentials Portal or via fax, providers are encouraged to complete the fax number field on the dispute form with a secure fax number that will be utilized by Molina for communicating the resolution of the request.

Note: Molina will not be able to make a timely response to the request if the fax number field is blank, inaccurate or incomplete.

Updated: Notice of Changes to the Provider Manuals

Info for all network providers

Molina has added an addendum to the front of our [Medicare Provider Manual](#) and our [MyCare Ohio](#)

Also, CMS is requiring most types of Medicare Advantage plans to include BH services in care coordination programs, ensuring that BH care is a core part of person-centered care planning.

Reminder: ODM UPDATE: Terminations to resume for failure to complete Medicaid Agreement Revalidations in PNM *Information for Medicaid providers*

ODM resumed provider revalidation notices in June 2023 as part of the federally required unwinding process from the COVID-19 public health emergency. On Jan. 23, 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. If you are currently due for a revalidation in the Provider Network Management (PNM) module, it is imperative you take immediate action to complete and submit your revalidation application to renew your Ohio Medicaid Provider Agreement. View [Recent Updates](#) on our Provider Website for more information.

Reminder: Post-Stabilization *Information for all network providers*

Effective March 1, 2024, providers requesting an Inpatient admission as a post-stabilization service must request this type of service via the toll-free number (855) 322-4079. Inpatient admission requests (not including post-stabilization requests) received via fax/portal will be processed within standard Inpatient regulatory and contractual timeframes. Find additional information in the Molina Provider Manuals, located on the Provider Website.

Reminder: You Matter to Molina *Information for all network providers*

Molina's "It Matters to Molina" program is now "You Matter to Molina." The "You Matter to Molina" program prioritizes connecting with our providers and supporting their efforts to deliver high-quality and efficient health care for Molina members. Molina is committed to partnering with our network providers to solve problems quickly and efficiently. We want to hear from you! Your feedback is important, and You Matter to Molina.

Reminder: New Molina Cotiviti Drug and Biological Edits *Information for all network providers*

Effective March 1, 2024, based on guidance from the Food and Drug Administration (FDA), the following drugs are subject to denial for frequency limitations and missing required indicators. Find additional details for correct coding and billing requirements at [fda.gov](https://www.fda.gov).

- Casimersen (J1426)
- Daratumumab and Hyaluronidase (J9144)
- Enfortumab Vedotin (J9177)
- Leuprolide Acetate Depot, 0.25 mg (J1951)
- Vedolizumab (J3380)

[Provider Manual](#). View them on our Provider Website.

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 manual posted on our website under the Manual tab instead of printing hard copies to ensure you use the most up-to-date versions.

Reminder: New Molina CES Edit 9531 Inappropriate Modifier to Diagnosis Combination *Info for Marketplace providers*

Effective March 1, 2024, based on guidance from CMS, Edit 9531 will deny Marketplace Professional claims when the diagnosis code and modifier combination are not appropriate. Laterality and anatomical site are part of specific International Classification of Diseases (ICD)-10 diagnosis codes and because of this, conflicting laterality/anatomical site modifiers should be identified. Find additional information at [cdc.gov/nchs/icd/icd-10-cm.htm](https://www.cdc.gov/nchs/icd/icd-10-cm.htm).

Reminder: MCG Auto-Auth Advanced Imaging *Info for all network providers*

Molina continues to enhance the Advanced Imaging PA process. Molina partnered with MCG Health in 2023 to offer Cite AutoAuth (CAA) self-service for High-Cost Advanced Imaging PA requests. CAA is available 24 hours a day, 7 days a week. Find additional information in the Molina [November 2023 Provider Bulletin](#) or at [you tube.com/watch?v=Lmjvwxl6QOo](https://www.youtube.com/watch?v=Lmjvwxl6QOo).

Reminder: Hemgenix and Roctavian Coverage *Info for Medicaid providers*

Effective for dates of service on or after Dec. 1, 2023, ODM offers coverage of Hemgenix® (etranacogene dezaparvovec-drlb suspension for intravenous infusion) and Roctavian™ (valoctocogene roxaparvovec-rvox

Reminder: Reimplementation of the Coordinated Services Program

Information for Medicaid providers

As of Jan. 1, 2024, ODM and Gainwell reimplemented the Coordinated Services Program (CSP). Following this guidance:

- Molina began enrolling members into the pharmacy lock-in component of the program only; prescriber-specific lock-in will no longer be available.
- All members with an active prescriber lock-in as of Jan. 1, 2024, were disenrolled from this component of the CSP program.
- Any members with existing, active pharmacy lock-in enrollments will continue in the program through the end of their CSP enrollment span.

Providers may view sample Molina member ID cards indicating CSP program participation in the posted Provider Manual. For more information about the program, providers may refer to Ohio Administrative Code (OAC) Rule [5160-20-01](#).

Reminder: CMS Final Rule for CY24: BH Changes

Information for BH providers

The Consolidated Appropriations Act, 2023 has established a new Medicare benefit category for Marriage and family therapist (MFT) and Mental Health Counselor (MHC) services furnished by and directly billed by MFTs and MHCs. Payment for MFT and MHC services under Part B of the Medicare program began Jan. 1, 2024. These provider specialties are not Medicare covered providers today and not allowed to bill for Medicare services directly.

Marriage and Family Therapists & Mental Health Counselors:

- MFT taxonomy code 106H00000X
- MHC taxonomy code 101YM0800X

Enroll in Medicare now:

- MFTs and MHCs can bill independently for services furnished for the diagnosis and treatment of mental illnesses for dates of service starting on/after Jan. 1, 2024.
- Find out how to [become a Medicare provider](#), at [cms.gov](#) by selecting Enrollment & renewal under the Medicare header, then Providers & suppliers and taking the listed steps to enroll.
- Once you enroll with CMS, submit a Provider Information Form (PIF) to Molina identifying your new Medicare identification number in Section N.

New Medicare Benefits:

Psychotherapy for Crisis: Medicare pays for psychotherapy for crisis (currently billed using Current Procedural Terminology (CPT) codes 90839 and 90840). Effective Jan. 1, 2024, CMS established new HCPCS codes (G0017 and G0018) for psychotherapy for crisis services that are furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy

suspension for intravenous infusion) under the Ohio Medicaid Fee-For-Service (FFS) medical benefit, including coverage for Medicaid Managed Care enrollees.

Molina is required to cover and provide payment for all medically necessary inpatient or outpatient hospital claims associated with the treatment of these individuals. Regardless of the setting and the payer (FFS or Managed Care), these therapeutic agents must be prior authorized through FFS. The approved PA will be shared with Molina for care management purposes. For additional details view the [Hemgenix® and Roctavian™ Coverage Under Medicaid Fee-for-Service Medical Benefit \(Carve-out\)](#) document on the Managed Care Policy Guidance page at [medicaid.ohio.gov](#) under Resources for Providers, then Managed Care, Managed Care Policy and Guidance.

Reminder: Diabetes Benefits Update in 2024

Info for Medicaid providers

Molina and the Ohio Medicaid 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

for crisis services applies, other than the office setting). Additional information can be viewed by accessing the [Psychotherapy for Crisis](#) page at [cms.gov](#) by selecting Payment under the Medicare header, then Fee Schedule and Physician Fee Schedule.

Intensive Outpatient Programming (IOP): As of Jan. 1, 2024, IOP is a new standard Medicare offering. An IOP is a distinct and organized outpatient program of psychiatric services provided for individuals who have an acute mental illness or substance use disorder, consisting of a specified group of BH services paid on a per diem basis under the Outpatient Prospective Payment System (OPPS) or other applicable payment system when furnished in hospital outpatient departments, Community Mental Health Centers (CMHC), Federally Qualified Health Centers (FQHC) and Rural Health Clinic (RHC).

Important Reference Links:

- CMS Press Release: [cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf](#)
- CMS BH FAQs: [cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf](#)
- Fact sheet on Final Rule: [cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-final-rule-cms-4201-f](#)

Reminder: Medicaid Renewals

Information for Medicaid and MyCare Ohio providers

Medicaid members are reaching the final months of post-PHE Medicaid redetermination. As you may know, ODM resumed the annual Medicaid renewal process in April 2023 with the first coverage terminations taking effect on May 1, 2023. We are in the final months of this inaugural year, which ends May 1, 2024. There are still tens of thousands of Ohioans on Medicaid that will be renewing their benefits for the first time in a long time. Molina is here to help with this process for our shared patients. Here are some ways we can assist:

- **File Sharing:** Molina receives monthly files from ODM that indicate which members are due for renewal. In turn, Molina can share this information for your Molina patients. This gives you the opportunity to make outbound contact with these patients to remind them of their renewal. It helps prevent patients from learning of their coverage loss when they come for an appointment.
- **Lunch and Learns:** Molina staff can provide a virtual or in-person session to provide “How to” education on the renewal process.
- **Patient Literature:** Molina has created patient information to help explain what Medicaid renewal is and how to complete the process. This information is available to our providers for office distribution.

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.

Reminder: PA Request Forms

Info for all network providers

The preferred method of PA submission is through Availity Essentials. If portal submission is not feasible, access the Provider Website Forms page for the most current PA forms and fax numbers. Note: Using an older version of the form may cause delays in processing.

Reminder: Medicaid Enrollment Requirements

Info for Medicaid providers

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.

Note: 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. Note that Medicaid enrollment is required by the CFR rule 42 CFR 438.602.

Reminder: New Availity Essentials Function: Submit & Track Appeals

Info for all network providers

Providers now have access to a new process for submitting the following appeals to Molina in Availity Essentials:

- Authorization Reconsideration (Clinical Claim Dispute).
- Claim Reconsideration (Non-Clinical Claim Dispute).

Providers can:

- **On-site Assistance:** Our team can come onsite and host a Renewal Assistance Day if you have a number of Molina patients due for renewal in the same month. We can help coordinate the event, spread the word and even offer activities and refreshments to encourage participation.

Please know that our Molina renewal team is also reaching out to members needing to renew through phone calls, text messages, emails and letters. However, communication coming from their provider and being able to get personal assistance onsite have been found to be effective ways to reach these members.

Reach out to MHOCCommunityOutreach@MolinaHealthcare.com to learn more about how Molina can help renew your patients. Please reach out to OHProviderRelations@MolinaHealthcare.com if you are interested in file sharing.

Read the Frequently Asked Questions (FAQs) section on Molina's [Medicaid Renewals](#) page to learn more and find instructions on how to access Medicaid Renewal dates for your patients by performing an Eligibility and Benefits inquiry via Availity Essentials. Primary Care Providers may also access Renewals information on their member rosters in Availity Essentials.

- Submit the request online for Molina's finalized claims.
- Check the status of the request submitted on Availity Essentials.
- View and import requests in Availity Essentials that were initiated through outside channels, e.g., fax, verbal.
- Upload supporting documentation for online requests.
- Receive a notification when requests have been finalized and processed by Molina.

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.