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Updated In This Issue

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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:

- Social Determinants of Health: Wed., **May 22, 2 to 3 p.m.**
- Member Value Added Benefits: Fri., **June 21, 12 to 1 p.m.**

General Provider Orientation:

- Mon., **May 6, 10 to 11 a.m.**
- Mon., **June 3, 1 to 2 p.m.**

Specialized Provider Orientation:

- Managed Long-Term Services and Supports (MLTSS): Thurs., **May 16, 12:30 to 1:30 p.m.**
- Nursing Facility and Assisted Living: Thurs., **June 13, 3 to 4 p.m.**

Molina Dental Services Training:

- Tues., **May 21, 11 a.m. to 12 p.m.**
- Wed., **June 12, 9 to 10 a.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.

Updated: ODM UPDATE: Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM

Info for Medicaid and MyCare Ohio providers

Starting Jan. 23, 2024, the Ohio Department of Medicaid (ODM) began terminating providers

who failed to complete their revalidation prior to their specified deadline. Reminder: ODM resumed provider revalidation notices in June 2023 as part of the federally required unwinding process from the COVID-19 public health emergency.

If you are currently due for a revalidation in the Provider Network Management (PNM) module, you must take immediate action to complete and submit your revalidation application to renew your Ohio Medicaid Provider Agreement.

ODM issues a series of notices to any provider requiring revalidation with the first one delivered 120 days prior to your Medicaid agreement end date. Subsequent reminders are issued at 90 days, 60 days and a final notice at 30 days. If you receive a revalidation notice, you must take action to complete your revalidation on time. All providers are subject to either three- or five-year time-limited provider agreements.

How to check if you are due for revalidation?

1. Check your mail and email. Revalidation reminder notices are mailed and emailed to providers who are due for revalidation prior to the end of their Medicaid agreement. The email will be sent from OHPNM@maximus.com to advise you of a revalidation notice in the PNM Correspondence folder. Please check your spam folder for this email.

2. View the Correspondence folder in the PNM module. Revalidation notices are posted in the PNM module and can be accessed in the Correspondence folder. Please be sure to select the type of correspondence from the drop down (in this case <Enrollment Notices>), and search for the "Revalidation Notices." Review the

[Accessing Communications within PNM Quick Reference Guide](#) for step-by-step instructions.

NOTE: If you think you are due for revalidation but have not received notices, please login to the PNM module and **verify that the primary contact information is accurate** in accordance with your Ohio Medicaid Provider Agreement. All mailers and email notices are directed to the primary contact individual or address identified in the system. You can also visit medicaid.ohio.gov/resources-for-providers then click Enrollment & Support to locate the Upcoming 2024 and 2025 Revalidation list.

If I am due for revalidation, what action do I need to take? A "Begin Revalidation" option appears in the PNM Enrollment Action Selection 120 days prior to the Medicaid Agreement end date. This can be found under the "Manage Application", "Enrollment Actions" option within the provider file. Review the [Revalidation/ Reenrollment Quick Reference Guide](#) for step-by-step instructions.

For more information: For technical support or assistance, contact Ohio Medicaid's Integrated Helpdesk (IHD) at 800-686-1516 and follow the prompts for Provider Enrollment (option two, option two) or email IHD@medicaid.ohio.gov. Representatives are available Monday-Friday, 8:00 a.m.-4:30 p.m. Eastern time.

Learn more about the PNM module and Centralized Credentialing, on the [PNM and Centralized Credentialing](#) page on the [Next Generation](#) website.

Reimbursement Policy: DME Rental vs. Purchase

Info for Medicare and Marketplace providers

Molina has posted a new Durable Medical Equipment (DME) Rental vs. Purchase policy, in alignment with the Centers for Medicare & Medicaid Services (CMS) guidelines, for a June 1, 2024, effective date.

View the [DME Rental vs. Purchase](#) policy on the Molina Marketplace Provider Website, on the Policies page, under Reimbursement Policies.

Drugs Carved Out: Fee-for-Service

Info for Medicaid and MyCare Ohio providers

Based on ODM guidance, Casgevy™ and Lyfgenia™ are covered under the Ohio Medicaid Fee-For-Service (FFS) medical benefit.

Outpatient Hospital Setting

- The hospital submits all services, except for Casgevy or Lyfgenia, provided on the date of service on an outpatient claim to Molina prior to submitting Casgevy or Lyfgenia to FFS.
- The hospital submits a **FFS outpatient claim** for Casgevy or Lyfgenia and only bills for drug acquisition charges on revenue code 631 with J3490 or J3590 and Casgevy or Lyfgenia product-specific National Drug Code (NDC).

Inpatient Hospital Setting

- The hospital submits an inpatient claim for the admission, except for Casgevy or Lyfgenia, to Molina prior to submitting Casgevy or Lyfgenia to FFS.
- The hospital submits a **FFS outpatient claim** for Casgevy or Lyfgenia and only bills for drug acquisition charges on revenue code 631 with J3490 or J3590 and Casgevy or Lyfgenia product-specific NDC.

Reminder: Regardless of the setting and the payer (FFS or Molina), Casgevy and Lyfgenia require a Prior Authorization (PA) through FFS.

Find additional information at medicaid.ohio.gov under "Resources for Providers" by selecting "Managed Care," then "Policy" and "Managed Care Policy Guidance."

Home Health Authorization Requests for Special and Complex Needs

Info for Medicaid providers

Molina is committed to providing an individual approach when reviewing requests for home health services, including not applying 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.

MCOs Reinvest in Ohio Communities

Info for all providers

Ohio's Managed Care Organizations (MCO) have announced a new yearly collaborative initiative to reinvest in Ohio communities.

In 2024, MCOs will provide \$6.5 million in grants to help build healthier communities and reduce health inequities in the state by empowering local organizations to provide services that make healthier lives possible, from training more women

of color to serve as doulas to supporting food prescriptions in rural areas to expanding mental health services in underserved communities.

Find additional details on the initiative and the 2024 awardees in the [Ohio's Medicaid Managed Care Plans Reinvest In Ohio Communities](#) article at oahp.org on the News page.

Requests for Retrospective Authorization *Info for Medicaid providers*

Reminder: Requests for retrospective authorization review must meet one of the extenuating circumstances outlined in our Provider Manual to be considered for a medical necessity review. Find additional information in the Provider Manual VII. Utilization Management chapter, under D. Provider Appeal Procedures.

Please send supporting evidence of the extenuating circumstance and supporting clinical information to be reviewed.

Quality Living Program Awardees *Info for all network providers*

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

- **Platinum Level:** Country View of Sunbury, Logan Elm Health Care Center, Golden Years Nursing Center, Terrace View Gardens, The Residence at Salem Woods, Mt. Healthy Christian Village
- **Gold Level:** Loveland Healthcare Center, Carlisle Manor, Morris Nursing Home, Bethany Village, Willow Brook Christian Services, Cherith Care Center at Willow Brook, Friends Care Community, Mohun Health Care Center
- **Silver Level:** Astoria Health and Rehab Center, Columbus Alzheimer's Care Center, Siena Gardens, Meadow Grove City, Venetian Gardens, The Home at Hearthstone, Crown Pointe Care Center, Capri Gardens, Alois Alzheimer Center, Scenic Pointe, Springfield Masonic Community, The Knolls of Oxford, Deupree Cottages, Four Winds Nursing Facility, Bayley Senior Care, Brown Memorial Home, Trinity Community at Fairborn

The Molina Quality Living Program recognizes and awards NF partners that meet or exceed select CMS quality measures when providing care to Molina MyCare Ohio members in custodial care.

PA Requirements: Non-Par Providers *Info for non-participating providers*

As a reminder, 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.

Note: At point of submission, Molina may redirect services to par providers if the request is outside Transition of Care (TOC) time periods.

View the [ODM Designated Provider and Non-Contracted Provider Guidelines](#) under the Forms tab of the Provider Website for additional details.

Ownership and Control Disclosure Form Requirements

Info for all network providers

As a reminder, providers are required to complete the Ownership and Control Disclosure Form during the initial contracting process and re-attest every 36 months during the recredentialing process, or any time changes are made that require disclosure regarding ownership and control.

Note: If a provider has completed the form within the last credentialing period and there are no changes to report, this form does not need to be completed and returned to Molina at this time.

The [Ownership and Control Disclosure](#) form is available on the Molina Provider Website, under the Forms tab. Submit completed forms to OHAttestationForms@MolinaHealthcare.com.

Molina of Ohio Check Runs

Info for all network providers

Molina runs checks for all lines of business Monday through Friday.

Review Phone Numbers in the PNM

Info for Medicaid and MyCare Ohio providers

ODM's PNM system is the system of record for all provider information. Providers should confirm and update the phone numbers listed under "Other Service Locations" on the PNM to ensure that ODM's PNM system has the correct phone number(s) you want listed in the Provider Directory for members to contact your offices.

Note: Providers should not list their personal cell phone or home phone numbers in the PNM.

Website Roundup

Info for all network providers

Recently added or updated documents:

- [Provider Quick Start Guide](#)
- [April CPSE Report](#)

Updated: CMS Final Rule for CY24: BH Changes

Info for BH providers

The Molina January Provider Bulletin provided updates on the Consolidated Appropriations Act, 2023, which 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 were not previously Medicare-covered providers and were 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](https://www.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 C.](#)

Find additional information on CMS Final Rule for CY24: BH Changes in the [January 2024 Provider Bulletin](#).

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 ().

- [Molina CES Edit 9162 Not a Principal Diagnosis Code](#): Effective May 1, 2024, Edit 9162 will deny Medicaid Facility claims when the principal diagnosis code and modifier combination are not appropriate. (April)
- [COPE Simulation](#): Molina is offering free virtual 90-minute COPE Simulations on May 22, 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)
- [Optum-Change Healthcare Outage](#): Since February, Molina has sent five communications to the network notifying providers of a critical outage of our third-party vendor, CHC, resulting in impacts to Electronic Claims Submission, Payment and Settlement Services. (March)
- [TenderHeart Health Outcomes Partnership Reminder](#): As of Nov. 1, 2023, Molina launched a 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. (March)
- [Annual Wellness Visits](#): It is important to educate patients on the need to schedule yearly wellness visits. Consider reminders to patients who have not scheduled this calendar year. Encourage Molina Medicaid members to take advantage of the 30 one-way trips for rides to the doctor, dentist, pharmacy and food resources. Members must schedule at least 48 hours before their appointment. (March)
- [How to Understand Advances](#): On each check run, Molina pulls available claims and finalizes them by provider and program. If the net claims total 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. Molina advances are recouped as part of a bulk total, decreasing the total payment owed until the balance is fulfilled. (March)
- [PA Request](#): The preferred method of PA submission is through Availity Essentials. Availity Essentials offers a more streamlined provider experience compared to paper and 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](https://www.medicaid.ohio.gov) for additional information. (March)

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

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Fighting Fraud, Waste and Abuse

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.

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