

Online Resources, Training and Guidance

Information for all network providers

Molina Healthcare's Provider Services Contact Center is currently handling a larger than normal volume of calls. Wait times to speak to a representative may be higher than normal. Your time is valuable, and It Matters to Molina. We wanted to take an opportunity to share this resource document that we hope will save you some time—and maybe a phone call.

The below pages summarize Molina online resources, key operational information, upcoming training opportunities and the availability of additional It Matters to Molina Provider Forum Q&A sessions so you can connect directly with the Molina Provider Services team without waiting in a phone queue.

Molina has an abundance of online resources available for our providers to assist with claim submissions, prior authorization requests and provider data validation. These resources include:

- Provider Portal
- Molina Provider Website
- Claims and Member Appeals Timelines and Guidance
- Provider Online Directory

The Provider Portal

Information for all network providers

Molina has chosen Availity as its exclusive Provider Portal provider. Throughout 2021, Molina's Provider Portal, including all features, functionality and resources will transition to Availity. This will be a phased transition, with access to both the Molina Provider Portal and the Availity Portal being available as features and functionality are deployed on Availity's Portal.

1. Availity Portal: Features currently available include submitting new claims, correcting claims, accessing claims reports and claim status, adding attachment, eligibility verification and Electronic Remittance Advice (ERA).
 - **Location:** Register at www.availity.com/provider-portal-registration, log into Availity at <https://apps.availity.com/availity/web/public.elegant.login>
2. Molina Provider Portal: All Availity Portal features are still available on the Molina Provider Portal, in addition to the ability to update your provider profile, check the status of authorization requests, coordination of benefits, submit PA requests and more.
 - **Location:** Register and/or log into the Molina Provider Portal at <https://provider.molinahealthcare.com/provider/login>
3. Note: Providers who currently utilize Availity for Managed Care Plans already have access to Molina on Availity.
4. To access training information for Availity, please follow the link in #1 above, to access training information for Molina's legacy portal, please see the upcoming training sessions section noted below.

The Provider Website

Information for all network providers

Located at www.MolinaHealthcare.com/OhioProviders, the Provider Website includes the following helpful resources:

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Questions?

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

Email us at OHProviderRelations@MolinaHealthcare.com

Visit our website at MolinaHealthcare.com/OhioProviders

Connect with Us

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

Join Our Email Distribution List

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

1. **Molina Live Provider Trainings:** Molina hosts live trainings for our providers that include:
 - Monthly It Matters to Molina Forums
 - Quarterly Provider Orientation
 - Monthly Model of Care Training
 - Provider Portal Trainings and Provider Portal Claims Training
 - **New** Question and Answer Forums
 - Location: Homepage of our Provider Website, on the right-hand side, and under the Communications tab, on the It Matters to Molina page, under Upcoming Trainings
2. **Prior Authorization (PA) Code List:** A list of the services that require a provider to submit a prior authorization request:
 - PA Code List is updated quarterly
 - Archived PA Code Lists are located on the Archived PA Code Lists page
 - Location: Under the Forms tab, on the Provider Forms page, under the Prior Authorization Code Lists header
 - Note: The Archived PA Code Lists page is also located under the Prior Authorization Code Lists header
3. **Prior Authorization Lookup Tool:** A supplemental lookup tool on the Molina Provider Website and the Provider Portal that allows providers to enter a Current Procedural Terminology (CPT) code for outpatient services into a search engine to determine:
 - If a code requires PA
 - If there are limitations to the code
 - If the PA request should be sent to Molina or eviCore
 - Location: On the Provider Website, under the Health Care Professionals drop-down menu and on the Provider Portal, under the Quick Member Eligibility Search
4. **Provider Manual:** A reference tool that contains information on the following:
 - Molina Addresses and Phone Numbers
 - Enrollment and eligibility
 - Benefits and Covered Services
 - Claims and Compensation
 - Health Care Services
 - Long-Term Services and Support (LTSS)
 - Credentialing and Compliance
 - Appeals and Grievances
 - Provider and Member Roles and Responsibilities
 - And more
 - Medicaid and MyCare Ohio Location: Under the Manual tab, on the Provider Manual & Training page
 - Medicare Location: Under the Provider Manuals drop-down menu
 - Marketplace Location: Under the Providers drop-down menu, on the Forms & Documents page
 - Note: The Medicaid and MyCare Ohio Dental Provider Manual is available on the same page as the Medicaid and MyCare Ohio Provider Manual
5. **Online Provider Training Documents and Presentations:** Molina offers a plethora of training documents and presentations available for reference or self-paced learning on the following topics:
 - Molina Provider Orientation
 - Web Portal Quick Reference Guide
 - Claims Features Training
 - It Matters to Molina Long-Term Care (LTC)
 - It Matters to Molina PEGA (Lookup Tool) and Availability
 - It Matters to Molina Pregnancy Related Services Billing
 - It Matters to Molina Provider Claim and Authorization Reconsideration Processes
 - Molina Provider Notice of Medicare Non-Coverage (NOMNC) Process

- Location: Under the Communications tab, on the It Matters to Molina page, under Molina Presentations, under the Manual tab, on the Provider Manual and Training page and under the Manual tab, on the Quick Reference Guides & FAQs page
6. **Forms**: Providers can access an assortment of forms under the following headers:
- Claims: Including the Corrected Claim Billing Guide, Request for Claim Reconsideration, and Return of Overpayment Form
 - Prior Authorization: Including the Molina Healthcare Prior Authorization Request Form and Instructions, Nursing Facility Request Form, Hospital/Private BH Practice PA Form and the Synagis (RSV) Authorization
 - Prior Authorization Reconsiderations and Appeals: Including the Authorization Reconsideration Form and the Appeal Representative Authorization Form
 - Home Health Care: Including the MyCare Ohio Uniform Authorization Request Form
 - Pharmacy: Including the Pharmacy Prior Authorization Form, Pharmacy Universal Claim Form and the Pharmacy Opiate Prior Authorization Form
 - Abortion, Hysterectomy and Sterilization: Including the Ohio Department of Medicaid (ODM)'s Consent to Sterilization, Hysterectomy and Abortion Certification Forms
 - Other Forms and Resources: Including the Ohio Urine Drug Screen PA Request Form, Web Portal Administrator Change Form and the Post-Acute Care (PAC) Provider Intake Form
 - Non-Contracted Practice/Group Information: Including the Ohio Provider Contract Request Form and the Non-Contracted Provider Billing Guidelines
 - Contracted Practices/Group Making Changes: Including the Provider Information Update Form
 - Location: Under the Forms tab, on the Provider Forms page
7. **Payment Policies**: The following Molina Payment Policies are available to view on our Provider Website, including:
- May 1, 2019 Ohio Molina Medicaid Correct Coding/Code-Editing Guidelines
 - Sepsis and Septic Shock Payment Policy
 - Postpartum Payment Policy
 - Laboratory Test Payment Policy
 - State of Emergency Provider Guide Statement on Telehealth
 - Location: Under the Policies tab, on the Payment Policy page
 - Note: The Readmission Payment Policy is available under the Policies tab, on the Readmission Payment Policy page
8. **Claims Payment Systemic Errors (CPSE)**: Molina posts a link to the bi-monthly CPSE report to communicate when claims adjustments are processed for incorrectly underpaying, overpaying or denying claims when certain criteria (established by the Ohio Department of Medicaid) is met:
- Location: Under the Communications tab, on the Claims Payment Systemic Errors page
9. **Contact Information for Provider Services Team**: The Molina Provider Services Team has designated email addresses based on provider types to help get questions answered more efficiently:
- Behavioral Health questions: BHProviderServices@MolinaHealthcare.com
 - Hospital/hospital-affiliated physician group questions: OHProviderServicesHospital@MolinaHealthcare.com
 - MyCare Ohio LTSS and Ancillary questions: OHMyCareLTSS@MolinaHealthcare.com
 - Nursing Facilities questions: OHProviderServicesNF@MolinaHealthcare.com
 - Physician practice questions: OHProviderServicesPhysician@MolinaHealthcare.com
 - General questions: OHProviderRelations@MolinaHealthcare.com
 - Location: Under the Communications tab, on the Molina Healthcare of Ohio Provider Services page
10. **It Matters to Molina**: A page with information on the It Matters to Molina Program that includes:
- Upcoming Trainings
 - Provider Surveys that include the It Matters to Molina Suggestion Box, Provider Bulletin Survey, Hospital Experience Survey and the Provider Training Survey
 - Molina Presentations from the It Matters to Molina Forums, conferences and general trainings

- Location: Under the Communications tab, on the It Matters to Molina page
11. **Provider Bulletins**: 12 years of Provider Bulletins with information that includes information on:
- Updates to the PA Code List
 - Changes in policies that could affect claim submission
 - Billing procedures, payments or appeals
 - Updates to the Provider Portal
 - Location: Under the Communications tab, on the Provider Bulletin page
 - Note: To join our distribution list select “click here” on the Provider Bulletin page
12. **Health Resources**: Molina has a variety of Health Resources that are available to providers, including:
- Pregnancy Resources: Including the Pregnancy Risk Assessment Form and the Progesterone Messaging Toolkit
 - Toolkits: Including Behavioral Health Toolkit, Ohio Department of Health (ODH) Asthma Provider Toolkit and the Provider Quick Reference Guide: Diabetes and Hypertension Care
 - Clinical Practice Guidelines: Including Bipolar Disorder, Diabetes, Hypertension and Opioid Management
 - Preventive Health Guidelines: Including Adult Preventive Services Recommendations and Recommended Adult and Child Immunization Schedules
 - Healthchek-Early Periodic Screening, Diagnostic and Treatment (EPSDT): Resources that include common billing codes and procedures, and list of intervals for treatment
 - Location: Under the Health Resources tab under the specified headers
 - Note: Molina has an Opioid Safety Provider Education Resources page located under the Health Resources tab with resources to support safe pain management practices

Turnaround Times for Claims and Member Appeals

Information for all network providers

1. **Claim Processing**: Claim processing will be completed for contracted providers in accordance with the timeliness provisions set forth in the provider’s contract. Unless the provider and Molina or contracted Medical Group/Independent Physician Association (IPA) has agreed in writing, or an alternate schedule is required by ODM, Molina will process the claim for services as follows:
- Medicaid Timely Claim Processing: 30 days after receipt of clean claim
 - Medicaid Behavioral Health Medicaid Timely Claim Processing: 90% of the BH clean claims within 15 calendar days of the date of receipt, 99% of the claims within 60 calendar days of the date of receipt
 - Medicare and MyCare Ohio Timely Claim Processing: 95% of the non-contracted clean claims within 30 calendar days of receipt, 95% of the contracted claims within 60 calendar days of receipt and 95% of the non-clean, non-contracted claims within 60 calendar days of receipt
 - Marketplace Timely Claim Processing: 30 days of receipt of a clean claim
2. **Claim Submission**: Providers must follow the appropriate state and the Centers for Medicare and Medicaid Services (CMS) billing guidelines, including:
- Original Claims for Medicaid and MyCare Ohio: Claims for covered services must be received by Molina no later than the filing limitation stated in the provider contract or within 120 days from the date of service
 - Original Claims for Medicare and Marketplace: Claims must be submitted within 120 calendar days after the discharge for inpatient services or the date of service for outpatient services (Note: if Molina is not the primary payer under Coordination of Benefits or third party liability the claim must be submitted within 90 calendar days after final determination by the primary payer)
 - Corrected Claims for Medicaid, MyCare Ohio, Marketplace, and Medicare: Claims received with a correction of a previously adjudicated claim must be received by Molina no later than 365 days from the date of the remit of the claim number that is being corrected (Reminder: corrected claims must be submitted with the Molina claim number from the original claim being corrected and with the appropriate corrected claim indicator based on claim form type)

- Claim Reconsideration Requests (Disputes) Medicaid, MyCare Ohio, Marketplace: Must be submitted within 120 calendar days from the disputed claim remit date (Reminder: submit claim reconsiderations only when disputing a payment denial, payment amount or a code edit)
 - Coordination of Benefits for Medicaid, MyCare Ohio, Medicare and Marketplace: See the Coordination of Benefits section of the Provider Manual
 - Note: Providers are required to submit claims to Molina with appropriate documentation. For additional information on Original Claims, Corrected Claims and Claim Reconsideration requests see the Molina Provider Manual(s)
3. **Member Appeals Supported by Provider and/or Submitted by the Member**: Molina will investigate, resolve and notify the member or representative of the findings no later than the following timelines:
- Receipt of Standard Appeal Requests for Medicaid and Molina Dual Options MyCare Ohio: 15 calendar days of receipt
 - Receipt of Standard Appeals Requests for Marketplace/Medicare: 30 calendar days of receipt
 - Receipt of Expedited Appeal Requests: Determined within 24 hours if the appeal request meets expedited criteria; and if the appeal request meets expedited criteria it will be resolved within 72 hours of receipt
 - Note: Members should exhaust the internal appeals process prior to filing an external appeal (e.g. State Fair Hearing or Independent External Review)

The Provider Online Directory

Information for all network providers

Providers are encouraged to review information for accuracy. Providers should notify Molina at least 30 days in advance with the following:

- Change in office location, office hours, phone, fax or email
- Addition or closure of an office location
- Addition/Termination of a provider
- Change in Tax ID and/or National Provider Identifier (NPI)
- Open/Close practice to new patients (Primary Care Providers only)
- Note: Providers should use the Provider Information Update Form to make these changes, located on the Provider Website, under the Forms tab, on the Provider Forms page, under the Contracted Practices/Group Making Changes

For additional questions, please reach out to your Molina Provider Services Team.

Provider Training Opportunities

Information for all network providers

Please consider attending one of these upcoming training sessions or open Question and Answer Forums to help save you and your staff valuable time. If you cannot attend the training session, each of the training decks will be posted on the Molina Provider Website for quick reference.

It Matters to Molina Cost Recovery Process Forum:

- Mon., May 17, 11 a.m. to 12 p.m., meeting number 133 977 4356, password cJfEDU8Xx87

It Matters to Molina Electronic Funds Transfer (EFT) Process Forum:

- Mon., June 28, 11 a.m. to 12 p.m., meeting number 133 672 9710, password iaCPpND8G27

Provider Portal Training Sessions:

- Thurs., May 20, 2 to 3 p.m., meeting number 177 129 3680, password tmVpwiJW273
- Tues., June 1, 2 to 3 p.m., meeting number 177 269 0429, password mrCU6kFbP38
- Fri., June 25, 8:30 to 9:30 a.m., meeting number 177 026 4394, password 8CRg73mX2VA

Provider Portal Claims Training Sessions:

- Mon., May 24, 10 to 11 a.m., meeting number 177 690 0644, password jcQNX3i4Fa3
- Thurs., June 10, 1:30 to 2:30 p.m., meeting number 177 632 0877, password k7FTQE6TZC3
- Fri., July 9, 8:30 to 9:30 a.m., meeting number 177 524 1329, password 6DpPyBh2At2

It Matters to Molina Open Question and Answer Forums:

- Fri., May 21, 10:30 to 11:30 a.m., meeting number 177 382 6215, password 2wQJJA3pPE3
- Wed., June 2, 11 a.m. to 12 p.m., meeting number 177 947 3405, password DYh2enYBg43
- Tues., June 15, 2 to 3 p.m., meeting number 177 077 9183, password yxWVpJkE535
- Wed., June 30, 9 to 10 a.m., meeting number 177 664 6029, password 3Te8Eft4mb8

How to Join WebEx

To join WebEx, call (404) 397-1516 and follow the instructions. To view sessions, log into [WebEx.com](https://www.webex.com), click on “Join” and follow the instructions. Meeting passwords are case sensitive. For trouble connecting to a Molina training, email Molina at OHProviderRelations@MolinaHealthcare.com and we'll assist you with getting connected immediately.

Marketplace Authorization Fax Number Updates

Information for all Marketplace providers

Effective May 1, 2021, Molina Marketplace changed the following toll-free fax numbers for Marketplace:

- Physical Health Inpatient and Outpatient PA to (833) 322-1061
- Behavioral Health Inpatient and Outpatient to (855) 502-5130

As a reminder, a PA Request Form with all pertinent information and medical notes should be faxed for transplant requests to:

- Kidney transplants and Bone Marrow transplants (877) 813-1206
- All other transplants (866) 449-6843

The process for obtaining PA has not changed.

Medicare Authorization Fax Number Update

Information for all Medicare providers

Effective April 2021, Molina Medicare changed the following toll-free fax numbers:

- Physical Health and Behavioral Health inpatient authorization, concurrent reviews, admission notifications, discharge notifications for MyCare Ohio and Medicare members to (844) 834-2152
- Physical Health and Behavioral Health outpatient Prior Authorization for MyCare Ohio members to (844) 251-1451
- Physical Health and Behavioral Health outpatient Prior Authorizations for Medicare members to (844) 251-1450
- MyCare Ohio Opt-In Home Health and Hospice Room and Board (T2046) to (877) 708-2116

The process for obtaining PA has not changed.