

“It Matters to Molina” Corner

Information for all network providers

Thank you for the wonderful response to the “It Matters to Molina” question! Our winner is Ketra Grindrod from Rocking Horse Community Health Center.

The November “It Matters to Molina” question answer is “2.” By what date are Medicare medical providers required to complete the annual Model of Care (MOC) training and submit an attestation form to Molina?

1. Nov. 30, 2021
2. **Dec. 31, 2021**
3. Jan. 31, 2022
4. Feb. 28, 2022

December Question: When does the Medicaid and MyCare Ohio Opt-Out open enrollment end?

1. Jan. 15, 2022
2. Dec. 7, 2021
3. Dec. 31, 2021
4. Feb. 1, 2022

Email your answer to OHProviderBulletin@MolinaHealthcare.com by Dec. 15 to enter the drawing. The correct answer and drawing winner will be announced in the January Provider Bulletin.

In addition to participating in the monthly drawings, we want to hear from you. Please take time to share feedback with us about your experience working with Molina. Your feedback is important, and It Matters to Molina.

Provider Secure Messaging in Availity

Information for all network providers

Providers can now submit secure messages directly to Molina using Availity’s Messaging Application. Providers will need to go to “Claims & Payments” and then “Claims Status” to access this application. Visit the links below for short demos on how to get started:

- [Navigating the Messaging Queue – Training Demo](#)
- [Messaging a Payer – Training Program](#)

The tips below can help to get you started:

- Initiate a message via the “Message this payer” option on the claim status results page. The message must pertain to the current claim listed on the claim status results page.
- Allow up to two business days for a response.
- Access the Messaging Queue from the top right corner of your Availity home page.
- Conversations display as cards. The color of the cards indicates the status
- All users have sorting and filtering options. If a message is missing from your queue, clear your filter options

Note: Users will need the Claim Status and the Messaging – App roles. Provider Administrators will need to grant access if needed.

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Questions and Quick Links

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 Provider Website at MolinaHealthcare.com/OhioProviders

- [Provider Manual](#)
- [PA Code List](#)
- [PA Request Form](#)
- [Provider Bulletin Archive](#)
- [It Matters to Molina Page](#)
- [Molina Provider Portal](#)
- [Availity Provider Portal](#)

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Join Our Email Distribution List

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

How to Join WebEx

To join WebEx, call (404) 397-1516 and follow the instructions. To view

Availity's Messaging App is a faster and more effective platform for resolving simple inquiries. The next time you have a question about the status of a claim, skip the phone queue and try messaging. Molina strives to offer tools to provider partners so you can get more done with less effort. Molina is excited to offer an integrated messaging feature in the Availity Provider Portal!

Notice of Changes to the Provider Manual Information for Medicaid and MyCare Ohio providers

By Dec. 2, 2021, the 2022 January Combined Provider Manual Significant Updates document, which provides a section-by-section list of updates for ease of reference, will be posted on our Provider Website under the "Manual" tab.

Molina will soon post the 2022 Combined Provider Manual on our Provider Website under the "Manual" tab for a Jan. 1, 2022 effective date.

Reminder: Molina posts a new comprehensive Provider Manual to our website semi-annually. However, changes can be made to the manual between comprehensive updates. Always refer to the manual posted on our website under the Manual tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina's Provider Manual.

Notice of Changes to Prior Authorization (PA) Requirements Information for all network providers

On Dec. 1, 2021, the updated PA Code Lists were posted on our Provider Website, for a Jan. 1, 2022 effective date.

To view the list of changes to the PA codes requiring PA, visit the Provider Website, under the "Forms" tab, under "Prior Authorization Code Lists" and reference the "2022 Q1 PA Code Changes 1-1-22" tab in the "[Prior Authorization \(PA\) Code List – Effective 1/1/2022](#)" PA Code List. This tab indicates non-covered codes, new codes that require PA, replacement codes, and which codes no longer require PA for all lines of business. All codes that continue to require PA appear on the "PA Code List" tab and are to be submitted to Molina for review.

Reminder: Molina posts new comprehensive PA Code Lists to our website quarterly. However; changes can be made to the lists between quarterly comprehensive updates. Always use the lists posted to our website under the "Forms" tab instead of printing hard copies. This practice ensures you are accessing the most up-to-date versions of Molina's PA requirements.

Payment for Physician Assistants and Advanced Practice Nurses Information for Medicaid network providers

Reminder that physician assistants are to be paid in accordance with Ohio Administrative Code (OAC) [5160-4-03](#). To receive Medicaid payment, a physician assistant must hold a license to practice as such issued under Chapter 4730 of the Revised Code. Physician assistants must also be enrolled as Ohio Medicaid Providers.

Additionally, advanced practice nurses are also to be paid in accordance with OAC [5160-4-04](#). Payment can be made for a service rendered by an Advanced Practice Registered Nurse (APRN) if the following are met:

- The APRN is currently enrolled as an Ohio Medicaid provider;
- The service is rendered to a Medicaid-eligible Ohio recipient in a state in which the APRN is licensed or authorized to practice;

sessions, log into [WebEx.com](#), click on "Join" and follow the instructions. Meetings 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.

Provider Training Sessions Information for all network providers It Matters to Molina Forums:

- Psych Hub Demo and Training on Tue., Jan. 18, 12 to 1 p.m., meeting number 2452 523 8723, password Xm2PSUPh4U4

General Provider Orientation:

- Fri., Jan. 7, 1:30 to 2:30 p.m., meeting number 2453 306 0680, password jrEt3TKFW32

Claims and Billing Training:

- Wed., Jan. 26, 2 to 3 p.m., meeting number 2465 417 3695, password hpMUfPFm883

Model of Care Training:

- Mon., Dec. 6, 1:30 to 2:30 p.m., meeting number 2457 836 2425, password a9mQ9apvMK3

To join WebEx, follow the instructions in the "How to Join WebEx" article.

Website Roundup

Recently updated documents and webpages include:

- [Managed Medicaid Consolidated Plan Resource Guide](#)

Corrected Claims Process

Information for all network providers

Corrected claims are new claims for processing purposes and must be submitted electronically with the appropriate 837I or 837P fields completed.

Corrected claims can be submitted through the provider portal for both institutional and professional claims. They must include the correct coding to denote if the Claim is a Replacement of a prior claim or a corrected claim. Claims without the correct coding will be rejected. For information on how to submit a corrected claim through the Provider Portal, read the Corrected Claims section of the [Provider Manual](#).

Corrected Claims must be received within 365 of the original remittance

- The service is within the scope of practice of the APRN's specialty;
- The APRN personally rendered the service to an individual patient; and
- The service cannot be performed by someone who lacks the skills and training of an APRN.

Post-Acute Authorization Requirements

Information for Medicare network providers

Molina advised of PA waivers for the lines of business (LOB) below in August 2021. Please see the updated table below summarizing the underlined changes for the Medicare LOB noting the PA waiver will be turned off on Jan. 1, 2022.

		Medicaid and MyCare Ohio (Medicaid Primary Payer Services)	Medicare	Marketplace
Provider Type	Long-term acute care hospital (LTACH)	PA is waived (notification only)	PA is not waived	PA is not waived
	SNF	PA is waived (notification only)	<u>PA is not waived effective 1/1/22</u>	PA is waived (notification only)
	Inpatient Rehabilitation Facility (IRF)	PA is waived (notification only)	PA is not waived	PA is not waived
Notification	Fax Number	(866) 449-6843	(844) 834-2152	(833) 322-1061
Key Dates: Temporary Auth Waivers	Auth Waiver Start Date	8/27/21	8/30/21	9/1/21
	Auth Waiver End Date	Until further notice	<u>1/1/22</u>	Until further notice

Note: Other PA waivers for other LOBs are still in place.

Advance Directives Information

Information for Medicaid network providers

Molina complies with Ohio Advance Directives requirements to ensure members receive advance directives information, and that contracted providers and facilities uphold executed documents. Advance Directives are a written choice for health care.

There are four types of Advance Directives in Ohio:

- **Durable Power of Attorney for Health Care:** allows an agent to be appointed to carry out health care decisions.
- **Living Will:** allows choices about withholding or withdrawing life support and accepting or refusing nutrition and/or hydration.
- **Guardian Appointment:** allows one to nominate someone to be appointed as Guardian if a court determines that a guardian is necessary.

date or reversal date of claims that have been recovered. Please note the best practices for submitting corrected claims below:

- Submit electronically or on the Provider Portal.
- Include all elements that need correction, and all originally submitted elements.
- Do not submit only codes edited by Molina.
- Do not submit via the Claim reconsideration process.
- Include the original Molina Claim ID number,
- If there is a paid claim on file, the correction must be submitted against the paid Claim ID number.
- Attachments being added to the corrected claim must have an attachment indicator in loop 2300

Claim Reconsideration Process

Information for all network providers

Submit claim reconsiderations only when disputing a payment denial, payment amount or a code edit. As a reminder: Primary insurance Explanation of Benefits (EOB), corrected claims, and itemized statements are not accepted via claim reconsideration.

A claim reconsideration must be submitted within 120 calendar days from the disputed claim remit date. Submitting reconsiderations through the Provider Portal is the preferred process but providers may fax the form and supporting documents to the Provider Resolution Team at (800) 499-3406.

The Claim Reconsideration Request must include the following details, or it will not be processed, and the provider will be notified:

- Molina-assigned Claim Number
- Line of Business
- Member Name
- Member ID Number
- Date of Service
- Provider ID/NPI
- Provider Phone and Fax
- Detailed Explanation of the Appeal
- Pricing sheet, if disputing payment amount
- Supporting documents

Access Standards

Information for all network providers

- **Declaration for Mental Health Treatment:** allows a member to appoint a representative to make decisions while they lack the capacity to do so.

When an advance directive is not available, the member's family and provider will work together to decide on the best care for the member based on information about the member's end of life plans.

Providers must inform adult Molina members, 18 years old and up, of their right to make health care decisions and execute Advance Directives.

Providers are expected to communicate any objections to a member's Advance Directive prior to service. Per Ohio law, if a provider cannot follow an Advance Directive because it goes against their conscience, they must assist the patient in finding a provider who will carry out the directive of the member.

Additional information is available in the "Advance Directives (Patient Self-Determination Act) section of the [Molina Combined Medicaid and MyCare Ohio Provider Manual](#).

Evaluation and Management Services Billed with Rev. Code 0761 Information for Medicaid network providers

Effective Jan. 1, 2022, any outpatient facility claims that are incorrectly submitted with revenue code 0761 will be subject to recovery. This would apply to any claims with service dates that fall on or after the effective date.

Revenue code 0761 is incorrect billing for these services and should not be submitted for any lines of business. Please refer to the current Uniform Billing Editor Facility Claim Forms for correct billing requirements.

Hospice Claims Value Codes

Information for Marketplace network providers

Effective Jan. 1, 2022, Molina will begin rejecting Hospice claims that are billed with revenue codes 0651 or 0652 but are missing value code 61. This requirement is based on hospice payment guidance published by the Centers for Medicare and Medicaid Services (CMS). For further details please visit: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1292CP.pdf>.

Update to Definitive Urine Drug Screening Counts

Information for Medicaid network providers

Based on feedback from the Ohio Department of Medicaid (ODM), effective Jan. 1, 2022 Urine Drug Screening (UDS) code G0483 will count towards the 12 definitive UDS annual units allowed to be billed for an individual member. Prior Authorization will still be required to bill code G0483, regardless of how many UDS units have been billed. As a reminder, after 12 definitive UDS units, PA is required for any definitive UDS.

Home Health PDGM FAQ Updated

Information for Medicare and MyCare Ohio network providers

Molina updated the [Home Health Patient Driven Groupings Model \(PDGM\) Frequently Asked Questions \(FAQ\)](#) on the MyCare Ohio Provider Website to include the following updates for January 2022.

Find Molina's appointment availability standards in our Provider Manual, available on our website.

Based on industry and National Committee for Quality Assurance (NCQA) guidelines, our standards are approved by our Quality Improvement Committee. We conduct an annual survey to measure compliance and perform targeted education and corrective action plans with providers that do not meet standards.

Q4 Provider Newsletter

Information for all network providers

The Q4 2021 Provider Newsletter is available on the Communications tab on the Molina website. Articles in this edition include:

- 2022 Marketplace "My Health Perks" is Coming
- Model of Care Training is Underway
- MCG Cite for Care Guideline Transparency Tool Offers Medicare Determination Transparency
- Balance Billing
- Molina's Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse
- New Products Under Medicare
- Suicide Prevention
- Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program
- 2021-2022 Flu Season

Reminder: Electronic Visit Verification (EVV) Providers

Information for impacted home and community-based service providers who will bill the following codes:

G0151, G0152, G0153, G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

Unmatched Client Phone/ID exception:

As a result of feedback from the Technical Small Group that met earlier this year, ODM has discontinued the Unmatched Client Phone/ID exception as of Oct. 6. This exception was attached to visits where a telephone call was made from a phone number that did not match to the individual in the Sandata system.

Providers will not see this exception in the Sandata portal on visits after Oct. 6, 2021; however, providers will still need to acknowledge the exception for visits that took place prior to Oct. 6, 2021.

- Effective Jan. 1, 2022, the Request for Anticipated Payment (RAP) will be eliminated and replaced by submission of a one-time Notice of Admission (NOA).
- As with the RAP, Molina will not require the NOA. The penalty of submission within five calendar days will also not be applied by Molina.

Updated: Ordering, Referring, and Prescribing Providers NPI Information for all network providers

As of July 1, 2021, Molina requires the billing of Ordering, Referring and Prescribing (ORP) providers based upon the requirements developed by the ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410. Claims billed with the attending field information will also be used to satisfy the ORP requirements.

For providers with notable ORP billing errors, Molina will be reaching out to address and educate. Molina will continue to share updates on these billing requirements in future Provider Bulletins. In December, Molina’s system will include the following CARC/RARC remit messaging:

Scenario	Referring	Ordering	Attending
Remit	N286	N265	N253
CARC	16	16	
CARC Description	Claim/service lacks information or has submission/billing error(s)	Claim/service lacks information or has submission/billing error(s)	Missing/incomplete/invalid attending provider primary identifier
RARC	N286	N265	N253
RARC Description	Missing/incomplete/invalid referring provider primary identifier	Missing/incomplete/invalid referring provider primary identifier	Missing/incomplete/invalid referring provider primary identifier

Consistent with these rules, a valid National Provider Identifier (NPI) will be required on claims for select ORP provider types which are eligible to order, refer or prescribe including:

Hospital	Independent Diagnostic Testing Facility
Psychiatric Hospital	Waivered Services Organization
Nursing Facility	Medicare Certified Home Health Agency
Professional Medical Group	Other Accredited Home Health Agency
Hospice	OMHAS Certified/Licensed Treatment Program
Pharmacy	Psychiatric Residential Treatment Facility
FQHC	Certified OH Behavioral Analyst
Clinic	Occupational Therapist Individual
Independent Laboratory	Certified RN Anesthetist Individual
Waivered Services Individual	Durable Medical Equip Supplier
Audiologist Individual	Speech Language Pathologist
Anesthesia Assistant Individual	Ohio Department of Mental Health Provider
Physical Therapist Individual	Non-Agency Personal Care Aide
Wheelchair Van	Non-Agency Nurse – RN or LPN
Portable X-Ray Supplier	Non-Agency Home Care Attendant

Data Accuracy: As a reminder, Electronic Visit Verification (EVV) providers must ensure any changes to provider information is submitted to Molina for system updates via the [Provider Information Update Form](#), located on the Provider Website, on the Forms page. This data validation is necessary to ensure accuracy of matching claim data information when claims are sent to Sandata for verification. If Molina has not received the correct information from the provider, the claim will not match to a verified visit in Sandata, and providers will receive a letter from ODM noting visits are not recorded appropriately within the Sandata Aggregator. Please contact your Provider Services Team if you have any questions.

Americans with Disabilities Act Information for all network providers

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

To learn more, read 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.

Ownership and Control Disclosure Form Requirements Information for Medicaid and MyCare Ohio 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 recertification process, or any time changes are made that require disclosure to the managed care plan regarding ownership and control.

Note: If a provider has completed the form within the last credentialing

Annual Mandatory Medicare Model of Care Training

Information for providers in the Medicare network

CMS requires contracted Medicare medical providers complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2021. Providers only participating in the Medicaid, MyCare Ohio and Marketplace LOBs do not need to complete this training. Provider types who must complete training include the following:

- Primary Care Provider (PCP): all specialties for PCP Physicians
- Cardiologists: Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional & Hypertension Specialist
- Pain Management: Pain Medicine, Interventional Pain Medicine, Pain Medicine – Pain Medicine
- Psychiatry: Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry

WebEx Training: Molina will be hosting monthly MOC provider training sessions to help train you and your staff, and address questions. To join WebEx, follow the instructions in the “How to Join WebEx” article.

- Mon., Dec. 6 1:30 to 2:30 p.m., meeting number 2457 836 2425, password a9mQ9apvMK3

Online Training: Our online training is available on the MyCare Ohio Provider website, under the “Communications” tab, on the “Resources & Training” page. Select the [“2021 Model of Care Provider Training.”](#) After reviewing the training, providers should complete and submit the [“OH MOC Attestation Form”](#) located in the “Select State Form” drop-down menu.

New in 2021, individual providers can fill out and submit the OH MOC Attestation Form online. If one provider is willing to sign off for a group or clinic, the provider should not fill out and submit the OH MOC Attestation Form online, instead the provider must:

1. Export the OH MOC Attestation Form using the “Export to PDF” button on the Provider Website
2. Fill out an Excel spreadsheet of all the providers in the clinic/group and include:
 - Name of the provider giving the training
 - Clinic/Practice name
 - Clinic/Practice address
 - Tax Identification Number (TIN)
 - The method used to train office staff and providers
 - Date the office staff and providers were trained
 - Date the office staff and providers sign the attestation
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to OHAttestationForms@MolinaHealthcare.com

Find additional information in the [Model of Care Provider Bulletin](#) on the Provider Website, under the “Communications” tab.

Annual Mandatory Cultural Competency Training

Information for all network providers

Per CMS guidelines in rule 42 CRF § 438.10(h) (vii), Molina is required to validate our network providers’ completion of annual Cultural Competency (CC) training. This requirement helps to ensure providers meet the unique and diverse needs of all our members.

period and there is no change the provider needs to report, this form does not need to be completed and returned to Molina at this time.

The form is available on the Molina website, under the “Forms” tab, under “Other Forms and Resources.” For additional information read the “Updated Notification: Ownership and Control Disclosure Form Requirement” Provider Bulletin under the “Communications” tab on our provider website.

Managing Implicit Bias and Maternal Health Training

Information for Medicaid and MyCare Ohio Obstetric and Gynecological health providers

The Ohio Department of Health (ODH) is conducting free Managing Implicit Bias and Maternal Health trainings, hosted by the Pregnancy Associated and Mortality Review (PAMR) program. Participants in this training will take a Cultural Intelligence (CQ[®]) assessment before and after training to determine what skills they need in order to improve their culturally intelligent strategies. Results are confidential and for the personal use of participants and aggregate analysis.

Please click on the below links to register for the Zoom meeting:

- Wed., Dec. 8, 9 a.m. to 3:30 p.m.
Register at <https://www.eventbrite.com/e/december-8-2021-managing-implicit-bias-and-maternal-health-registration-167761295551>
- Tues., Jan. 11, 9 a.m. to 3:30 p.m.
Register at <https://www.eventbrite.com/e/january-11-2022-managing-implicit-bias-and-maternal-health-registration-167761379803>

ODH will award 3.91 contact hours to nurses and social workers who attend 100% of one of the sessions and submit their evaluations.

2021 Open Enrollment

Information for all network providers

Medicaid and MyCare Ohio: The Medicaid and MyCare Ohio Opt-Out open enrollment period began on Sept. 17, 2021 and will end on Dec. 31, 2021. During this time members are able to:

- Select their plan by calling the Ohio Medicaid Consumer Hotline at (800)

Providers have the option to:

- Utilize Molina's CC training, located on the "Culturally and Linguistically Appropriate Resources/Disability Resources" page on our Provider Website, under the "Health Resources" tab
- Utilize their own CC training that meets the federal requirement

Please note: Molina does not review and assess providers' training programs. Providers are mandated to complete training in compliance with the federal requirement and then attest to its completion.

Once CC Training is completed, providers must:

- Fill out and sign the Cultural Competency Attestation form available on the "Provider Manual & Training" page, under the "Manual" tab
- Email the completed Cultural Competency Attestation form by Dec. 31, 2021 to OHAttestationForms@MolinaHealthcare.com

Reminder Molina have resources to assist providers including translated materials and accessible formats like Braille. For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800) 750-0750 or 711.

To learn more, view our [Disability Awareness & Sensitivity Training](#) on the Provider Website under the "Manual" tab in the MyCare Ohio line of business.

Update: COVID-19: Vaccine Administration Rate for Additional Dose

Information for all network providers

Molina published the [COVID-19: Vaccine Administration Rate for Additional Dose](#) article in the November Provider Bulletin that included the code 0054A: Pfizer in error.

View the complete article in the November Provider Bulletin on our Provider Website under the "Communications" tab.

For additional information, and a complete list of active vaccination CPT codes, visit www.cms.gov and on the Medicare page, select Medicare Part B Drug Average Sales Price, then the [COVID-19 Vaccines and Monoclonal Antibodies](#) on the left-hand side.

For questions, please reach out to the Provider Services Team at OHProviderRelations@MolinaHealthcare.com.

324-8680 or at

<https://members.ohiomh.com/Login.aspx>

- If a member does not wish to change their current plan, then no action is required

Marketplace: The Marketplace open enrollment period begins on Nov. 1, 2021 and will end on Jan. 15, 2022.

Medicare: The Medicare open enrollment period began on Oct. 15, 2021 and will end on Dec. 7, 2021.

Fighting Fraud, Waste & Abuse Information for all network providers

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.