

“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 Anita Deirfield from Hanger Clinic.

The July “It Matters to Molina” question answer is “b”: The Molina Provider Portal is transitioning throughout 2021 to the _____ Provider Portal:

- Molina Extended
- Availity**
- eviCore
- ODM

August Question: Prior Authorization (PA) requests for Molina Healthcare members currently being submitted through eviCore Healthcare (eviCore) will transition back to Molina on what date?

- July 31, 2021
- August 1, 2021
- August 31, 2021
- September 1, 2021
- September 30, 2021

Email your answer to OHProviderBulletin@MolinaHealthcare.com by August 16 to enter the drawing. The correct answer and drawing winner will be announced in the September 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.

Medicaid Enrollment Requirements Provider Bulletin

Information for Medicaid network providers

On July 16, Molina communicated to our provider network that the Ohio Department of Medicaid (ODM) requires providers to be enrolled and active with ODM, and that Molina would begin denying claims submitted by non-enrolled or inactive providers starting on Aug. 15, 2021.

In response to provider questions regarding this communication, please see the following additional details:

- Although standard revalidation activities have been suspended by ODM during the Public Health Emergency (PHE), Molina has confirmed with ODM that this waiver period only applies to providers who were active prior to the PHE and whose revalidation date has lapsed during the PHE timeframe. If this applies to you, then your Medicaid ID is still currently active with ODM and no action is needed at this time. Please remember to revalidate your ID once the waiver period concludes.
- However; if your Medicaid ID has become inactive in the Medicaid Information Technology System (MITS) due to the following reasons: "no claims activity in 24 months," "inactive due to license issues," or "revalidation expiration outside of the state of emergency time frame" you must take immediate action to reactivate your Medicaid ID with ODM. These 3 situations were not covered under the PHE waiver and must be addressed to avoid claim denials by Molina starting on dates of service Aug. 15, 2021 and after.

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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](#)

How to Join WebEx

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

View the [Special Bulletin: Claim Denials for No Medicaid Enrollment – Groups and Individuals](#) Provider Bulletin on the Provider Website, under the Communications tab, on the Provider Bulletin page.

Drug Waste Codes Billed with Modifier JW

Information for Medicaid network providers

Effective Sept. 1, 2021, professional claims for drug waste codes billed with JW modifier will pay zero (\$0) in accordance with ODM payment methodology.

MCG Health: Cite for Care Guideline Transparency

Information for all network providers

Molina is pleased to announce a partnership with MCG Health to implement Cite for Care Guideline Transparency. Providers can access this feature on the Provider Portal.

Utilizing MCG for Cite for Care Guideline Transparency, Molina is able to share clinical indications with providers. This tool operates as a secure extension of Molina's existing MCG tool and helps meet regulations around transparency for care delivery. Its benefits include, but are not limited to:

- Delivers industry-leading medical determination transparency
- Provides access to MCG clinical evidence that Molina uses to support member care decisions
- Ensures easy and flexible access via secure web access

MCG Cite for Care Guideline Transparency will not affect the process for notifying Molina of admissions or for seeking PA approval. For additional information visit the MCG website at <http://www.mcg.com> or call (888) 464-4746.

Speech Generating Device Requests

Information for Medicaid network providers

Molina will deny claims for Speech Generating Devices (SGD) if the four-week trial requirement is not included in the initial request.

Based on the Ohio Administrative Code (OAC) [5160-10-24](#) DMEPOS: speech-generating devices, section 4: "Payment will not be made for a SGD until the individual has used the device for a period of at least four weeks, during which the prescriber determines that the device satisfactorily meets the individual's needs. If the device does not meet the individual's needs, then the provider may choose to submit a request for payment of one month's rental."

Basic information that is required on all Prior Authorization (PA) requests for SGD includes:

1. Check the patient's insurance information to make sure Molina is the primary insurer
2. Complete the Molina PA Request Form
3. Submit all information required for speech generating devices, including the four-week trial requirement

Contact your Provider Services Team with any questions or for additional information.

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.

Provider Training Sessions

Information for all network providers

It Matters to Molina Forum: Claim and Authorization Reconsideration Process

- Thurs., Aug. 26, 10 to 11 a.m., meeting number 177 756 1778, password qePMnPMk948

Model of Care Training Session:

- Thurs., Aug. 19, 2 to 3 p.m., meeting number 133 093 4685, password fAYDJMPh222

Quarterly Provider Orientation:

- Fri., Aug. 27, 1 to 2 pm., meeting number 177 079 3204, password tW6nb8qAhd2

To join WebEx, follow the instructions under "[How to Join WebEx](#)."

Notice of Changes to the Provider Manual

Information for all network providers

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.

Website Roundup

Recently updated documents and webpages include:

- [Molina Provider Website Homepage](#)
- [Contact Us page](#)
- [Chronic Conditions page](#)
- [Reference Guide for Supporting Documentation for Claims](#)
- [Diabetes Self-Management Education](#)
- [Diabetes Self-Management Education Network Medicaid Providers](#)

Sandata Mobile App Update

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

Diabetes Self-Management Education for Medicaid

Information for all Medicaid network providers

Effective June 1 through December 31, 2021, Molina has added the Diabetes Self-Management Education (DSME) value-added benefit for Medicaid members with diabetes. Eligible members will have access to up to 10 hours of initial training. DSME is provided by educators in an American Diabetes Association (ADA)-recognized and/or Association of Diabetes Care and Education Specialists (ADCES)-accredited program.

The core content includes these self-care behaviors:

- Diabetes pathophysiology and treatment options
- Healthy eating
- Physical activity
- Medication usage
- Monitoring and using patient health data
- Preventing, detecting and treating acute and chronic complications
- Healthy coping with psychosocial issues and concerns
- Problem solving

Healthcare Common Procedure Code System (HCPCS) code G0108 should be utilized for individual DSME and G0109 for group DSME. Hospitals are strongly encouraged to bill G0109/G0108 separately when submitting a UB-04 claim form to Molina for quicker processing.

For more information about when to refer to DSME and locate a Medicaid DSME provider in the Molina network, view the [Diabetes Self-Management Education](#) document and the [Diabetes Self-Management Education Network Medicaid Provider](#) spreadsheet on the Molina Provider Website. Reminder: Providers should verify a member's eligibility each time the member receives services.

DMEPOS Changes

Information for all Medicaid and MyCare Ohio providers

On July 1, 2021 the OAC [5160-10-01 Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#) was updated. Molina asks that providers review these OAC changes including, but are not limited to, the information below.

For any covered DMEPOS item or service not represented by a new or newly adopted HCPCS code, the payment amount is the lesser of the submitted charge (which is to reflect any discounts or rebates available to the provider at the time of claim submission) or the first applicable Medicaid maximum from the following list:

- The amount listed in the appendix to this rule
- For a "by report" DMEPOS item or service, an amount determined on a case-by-case basis
- For a supply item for which payment is determined by PA, one hundred forty-seven percent of the provider cost (minus discounts or rebates)
- For a non-supply DMEPOS item or service for which payment is determined by PA, an amount determined on a case-by-case basis
- For a bulk item having an overall payment limit per period, the submitted charge
- For the authorized purchase of a DMEPOS item in used condition, eighty percent of the payment amount for the item in new condition

G0156, G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019

The Sandata Mobile Connect® (SMC) application (app) has been recently updated. Providers who still need to update the app received an email with instructions from ODM/Sandata.

Per the notification, the app will no longer work after July 31, 2021 if it is not updated to version 1.1.573 or higher. Providers are able verify the app version on the app login screen.

For questions, reach out to the EVV Provider Hotline at (855) 805-3505.

Behavioral Health Centralized Fax Number

Information for behavioral health Medicare and MyCare Ohio providers

Molina has updated the Behavioral Health (BH) and Substance Use Disorder (SUD) centralized fax numbers:

- Central Medicare PA: (844) 251-1450
- Central MyCare Ohio PA: (844) 251-1451
- Central Medicare/MyCare Ohio Inpatient and Discharge PA: (844) 834-2152

There are no changes to the Medicaid or Marketplace BH and SUD Fax numbers:

- Marketplace PA Request: (833) 322-1061
- Medicaid PA Request: (866) 449-6843

The process for obtaining PA has not changed.

SUD Services PA Request Form

Information for SUD providers

ODM and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) implemented a new [Substance Use Disorder Services Prior Authorization Request](#) form.

The goals of the form include:

- Improve/support adherence to ASAM criteria
- Increase consistency in the PA process
- Standardize required documentation and align with OhioMHAS documentation requirements

- For monthly payment for a "rental/purchase" DME item, ten percent of the Medicaid maximum specified for purchase
- For a professional service for which separate payment is made (such as an evaluation), the applicable amount listed in appendix DD to rule [5160-1-60](#) of the Administrative Code

Notice of Changes to Prior Authorization (PA) Requirements

Information for all network providers

The updated PA Code List reflecting the transition from eviCore back to Molina has been posted on our website, under the “Forms” tab for a Sept. 1, 2021 effective date.

To view the list of codes that are no longer requiring PA, visit the Provider Website, under the “Forms” tab, under “Prior Authorization Code Lists” and reference the “2021 PA Code Changes 9-1-21” tab in the “[Prior Authorization \(PA\) Code List – Effective 9/1/2021](#)” list. This tab indicates 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; rather than eviCore as of Sept. 1, 2021.

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.

Molina Transitioning Away from eviCore

Information for all network providers

Effective Sept. 1, 2021, PA requests for Molina members currently being submitted through eviCore Healthcare (eviCore) will transition back to Molina. This change will apply to all lines of business.

This change will impact PA processes for specialized services as outlined below. Additionally, with this transition, certain codes will no longer require PA; please reference the article above for more information.

Impacted Specialized Services	Molina PA Submission Method
<ul style="list-style-type: none"> • Imaging and Special Tests: <ul style="list-style-type: none"> • Advanced Imaging (MRI, CT, PET, Selected Ultrasounds) • Cardiac Imaging 	<ul style="list-style-type: none"> • Provider Portal (preferred) • Fax (877) 731-7218
<ul style="list-style-type: none"> • Radiation Therapy • Sleep Covered Services and Related Equipment • Molecular Genomic Testing 	<ul style="list-style-type: none"> • Provider Portal (preferred) • Medicaid and Marketplace Fax: (877) 731-7218 • Medicare Fax: (844) 251-1450 • MyCare Ohio Fax: (844) 251-1451

On/After Sept. 1, 2021 Providers Must Send Authorizations to Molina:

PA requests should be submitted through the Provider Portal or by using the appropriate fax number for the type of request as listed above. The Provider Portal is the preferred method.

Learn more about Molina’s PA requirements, including where to submit PA requests on the Molina Provider Website. Resources include the PA Code List for services that require PA and Molina’s convenient PA Look-up Tool.

- Ensure the member perspective is considered

Training on the SUD PA Request form is available at [BH.Medicaid.Ohio.gov](#).

Ohio Department of Medicaid Website Update

Information for Medicaid providers

ODM has updated the [Ohio Medicaid Website](#) to reflect the next generation of Medicaid. The new website is designed to be user friendly and is organized based on the interests of the people served by Medicaid, including providers, health care givers, stakeholders and ODM partners.

Visitors should find navigating the new site easier than before with the addition of:

- Quick click ads and resource cards highlighting the content most in demand by users
- Use of visual imagery and simple icons to strengthen navigation
- Top-of-page summaries providing at-a-glance insights into the focus of a section

To aide in the transition to the new ODM Medicaid Website, ODM has built helpful tools into the design that includes:

- Always visible “Help” and “Search” icons to help at a click
- More sophisticated search capabilities to allow results based on topic, section or keyword.

The new website is built to support mobile devices, smartphones and desktop viewing.

Molina Provider Portal Moving to Availity

Information for all network providers

Molina has chosen Availity as its exclusive Provider Portal. Throughout 2021, Molina’s Provider Portal, including all features, functionality and resources will transition to Availity. This is 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.

For additional information on the transition to Availity and how to sign up for Availity training opportunities, read the [Special Edition: Provider Portal Moving to Availity](#) Provider Bulletin, located on the Provider Website, under

Note: Benefits will vary based on the member's coverage and the service being rendered. Always check the member's eligibility through the Provider Portal or by calling Molina at: (855) 322-4079.

Questions on this transition, or PA requirements, can be directed to your Provider Services team at: OHProviderRelations@MolinaHealthcare.com.

You Matter to Molina: Reference Guide for Supporting Documentation for Claims

Information for all network providers

Molina has created a "[Reference Guide for Supporting Documentation for Claims](#)" to assist providers with understanding what supporting documentation is required for claims processing.

Molina heard your feedback that this is an area of confusion and worked to develop this guide as part of our It Matters to Molina program to help our providers more easily identify which services need additional information and the best route to get that information submitted for claim processing.

Please see this new guide on the Molina Provider Website, under the "Manual" tab, on the "Quick Reference Guides & FAQs" page.

Molina Quality Living Program Awardees

Information for all network providers

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

About the Molina Quality Living Program: This program recognizes and awards nursing facility partners that meet or exceed select Centers for Medicare and Medicaid Services (CMS) quality measures when providing care to Molina MyCare Ohio members in custodial care.

Platinum Level	Gold Level	Silver Level
Guardian Elder Care at Columbus	Crown Pointe Care Center	Darby Glenn Nursing Center
	Friendship Village of Columbus	Friends Care Community
		Loveland Healthcare Center
		Respiratory and Nursing Center of Dayton
		Springfield Masonic Community
		Venetian Gardens
		Widows Home of Dayton

Diagnosis Related Group (DRG) Validation

Information for all network providers

Molina has a continued commitment to program integrity and accurate claims payment through ongoing analysis of claims submitted and review of billing trends to identify unusual billing behavior inconsistent with widely acknowledged national guidelines for billing practices and uniform billing.

the Communications tab, on the Provider Bulletin page.

Molina Peer-to-Peer on Interactive Voice Response

Information for Medicaid, MyCare Ohio and Marketplace providers

Molina has updated our Interactive Voice Response (IVR) phone system to assist providers attempting to schedule a Peer-to-Peer review.

The Molina Utilization Management Department Peer-to-Peer line can be reached at (855) 322-4079 by selecting "0" for other options, then:

- "1" Medicaid, then "4" Authorizations and Admissions and 4 for Peer-to-Peer Reviews
- "3" Marketplace, then "4" Authorizations and Admissions and "4" for Peer-to-Peer Reviews
- "4" MyCare Ohio, then "4" Authorizations and Admissions and "4" for Peer-to-Peer Reviews

Ordering, Referring and Prescribing Providers NPI

Information for all network providers

Effective 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.

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:

- Physicians
- Physician Assistants
- Advanced Practice Registered Nurse
- Optometrists
- Psychologists
- Podiatrists
- Chiropractors
- Dentists

For providers with notable ORP billing errors, Molina team members will be reaching out to address and educate. Molina will continue to share updates on these billing requirements in future Provider Bulletins.

EVV Updates and Training

Information for impacted home and community-based service providers who will bill the following codes: G0151, G0152, G0153, G0156,

As part of these program integrity activities, Molina has historically conducted Diagnosis Related Group (DRG) (both Medicare Severity-Diagnosis Related Group [MS-DRG] and All Patient Refined-Diagnosis Related Group [APR-DRG]) clinical validations through a vendor, Change Healthcare, to confirm DRG assignments and appropriate payment. Effective Sept. 1, 2021, Molina will perform these validations through coordinated activities performed by Molina and our new vendor, Cotiviti.

Correct DRG assignment will continue to be in accordance with industry coding standards:

- Official International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Coding Guidelines,
- Applicable ICD Coding Manual,
- Uniform Hospital Discharge Data Set (UHDDS), and/or
- Coding Clinics.

The DRG and principal diagnosis are to be determined upon discharge and should not be based on the clinical suspicions at the time of admission. The DRG clinical validation determination will be made using the medical record documentation available at the time of review, or upon request, and must support all diagnoses and procedures billed, including Major Complication or Comorbidity (MCC) and Complication or Comorbidity (CC).

DRG clinical validation includes, but is not limited to, verification of the following:

- Diagnostic code assignments
- Procedural code assignments
- Sequencing of codes
- DRG grouping assignment and associated payment
- MCC and CC, if reported

In the event that DRG clinical validation does not substantiate the billed DRG or is inconsistent with standards and requirements, Molina will:

- Update the incorrect DRG to the correct DRG assignment
- Adjust payment or request refunds as appropriate
- Send a letter to the provider explaining the results of the validation review

In the event providers do not submit requested documentation within 30 days, or the documentation submitted does not support the DRG clinical validation review, Molina may deny, reduce, or recover claim payment consistent with the documentation provided. Molina will provide a letter explaining the results of the validation review. Providers retain their right to dispute the results of these reviews as outlined in the Provider Manual.

G0299, G0300, S5125, T1000, T1001, T1002, T1003, T1019 and T2025

ODM introduced a new Zendesk Ticket Portal for Electronic Visit Verification (EVV). ODM is retiring the EVV email address EVV@medicaid.ohio.gov. The new Zendesk email address is ODMEVV@Sandata.com.

The Zendesk Ticket Portal links to the Sandata EVV Knowledge Center where users can find valuable information. All EVV users, including Alternate EVV system vendors, have access to the Zendesk Ticket Portal. For immediate assistance call the EVV Provider Hotline at (855) 805-3505.

Providers who are looking for 1:1 help with the EVV system should visit <https://go.oncehub.com/ODMEVVHelp> and sign up for a training date and time. New sessions are added regularly. Providers may also utilize the video library for content review:

- Agency: <https://sandata.wistia.com/projects/vkywg2l6bp/channel>
- Non-Agency: <https://sandata.wistia.com/projects/gkz324kz0p/channel>

Reminder: It is important to log visits via the EVV system and verify before billing the services.

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.