PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Significant Updates for 2024 MyCare Ohio Provider Manual
Information for Medicaid and MyCare Ohio providers

Updates by Section/Chapter: MyCare Ohio Provider Manual
The items listed in this document outline content section-by-section where significant updates have been made to the Molina Healthcare of Ohio MyCare Ohio Provider Manual. Format changes, removal of redundant information and/or streamlining of language have been made throughout the Manual. Additionally, content has been added to the Provider Manual that has been previously communicated in Provider Bulletins and posted to the Molina Provider Website.

For 2024, a few major changes occurred to improve the utility of the Manual through the consolidation of similar, repeated content into appropriate existing sections of the Manual. Material changes to content are called out in the information below. Most of the information itself was not changed:

- Appendix A was dissolved into other chapters of the Manual, where appropriate.
- Provider Services was replaced by Provider Relations to distinguish teams regarding support for provider education and training needs.
- An updated EDI Payer ID grid for dates of service on and after Feb. 1, 2023.
- Ohio Administrative Codes (OAC) and Ohio Department of Medicaid (ODM) references were updated to align with ODM guidance or to redirect to an appropriate external requirement.

Table of Contents
Refreshed section to align to changes in the Provider Manual.
I. Contact Information
- Updated Provider Relations section and email addresses.
- Added details under "Member Services Department" to expand on role and support to members.
- Updated Payer ID grid under "Claims Department."
- Updated the Claims Recovery Department address for Provider Disputes and added information on overpayment functionality on Availity.
- Updated the Claims Recovery Department address for Refund Checks Lockbox.
- Changed "Health and Wellness Education Programs" to "Health Management" and added content to further explain the programs and the programs available.
- Added Health Management phone number.
- Updated Pharmacy Department phone number and added Part D and J Code fax numbers.
II. Enrollment, Eligibility, Disenrollment
- No significant changes.
III. Benefits and Covered Services
- Added redirection to the member website for additional coverage and current benefit information details.

Questions?
Provider Services – (855) 322-4079
Monday - Friday: 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 us at OHProviderRelations@ MolinaHealthcare.com

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- Added information on how to look up specific coverage information and updated Prior Authorization (PA) requirements by using the PA Code Lookup Tool.
- Removed language for "Respite Services for Children Enrolled in Managed Care."

IV. Behavioral Health

- Updated language in "Discharge Planning" to include follow-up appointment occurrence within 7 days.

V. Claims and Compensation

- Updated Clean Claim Timely Filing for Dual Options MyCare Ohio to include specific timeframes.
- Added information under "Overpayments and Incorrect Payments Refund Requests" for overpayment functionality available on Availity.
- Added language under "Balance Billing" to further define applicable members as dually eligible for Medicare and Medicaid and "…classified as Qualified Medicare Beneficiaries (QMB)… " Please refer to this section of the Manual for full context.
- Updated billing requirements for Enteral Nutrition products to align with the May, 2023 Molina Provider Bulletin article guidance effective June 1, 2023.
- Removed language for "Respite Services for Children Enrolled in Managed Care."

VI. Health Care Services

- Changed "MCG Cite for Care Guideline Transparency" to "MCG Cite Guideline Transparency."
- Removed "Prior Authorization Code Matrix" language as a PA reference tool.
- Added clinical information fax size maximum and examples of clinical documentation to submit with PA requests.
- Added contact information in "Post-Stabilization Care Services" Section.

VII. Managed Long-Term Services and Support (MLTSS)

- No significant changes.

VIII. Credentialing and Recredentialing

- Updated language to reflect that all recredentialing activities were transitioned to ODM as of Feb 1, 2023.

IX. Delegation

- Added language clarifying credentialing and recredentialing for Medicaid and MyCare Ohio lines of business are excluded from delegation.

X. Quality

- Added language to "Medical Record Keeping Practices" to include additional privacy of confidential information categories.
- Added language to "Confidentiality" to include examples of confidential information categories to be protected.
- Removed language in "Access to Care" related to access standards based at 90% availability.
- Updated Medical Appointment Access Standard for urgent care to "immediately upon presentation."
- New Medical Appointment Access Standard for services that are not an emergency or urgently needed, but the Member still requires medical attention to "within seven business days."
- Updated Medical Appointment Access Standard for regular and routine care to "within 30 business days."
- Updated Behavioral Health Appointment Access Standard for urgent care to "immediately upon presentation."
- New Behavioral Health Appointment Access Standard for services that are not an emergency or urgently needed, but the Member still requires medical attention to "within seven business days."
- Updated Behavioral Health Appointment Access Standard for follow-up routine care to "within 30 business days or based on condition 10 calendar days."
- Added language for appointment availability equality standards: "Providers must offer hours of operation that are no less than the hours of operation offered to commercial Members or comparable to Medicaid fee-for-service if the Provider serves only Medicaid Members."

- Updated name of "Quality Improvement Committee" to the "Quality Improvement and Health Equity Transformation Committee."
- •Updated language for "Clinical Practice Guidelines" review processes and network notice procedures.
- Updated links for "Preventative Health Guidelines."

XI. Cultural Competency and Linguistic Services
- Added additional content to "Background" section expanding on Molina's alignment to federal Acts and Amendments.
- Updated and realigned content to the "Nondiscrimination in Health Care Service Delivery" section on providers' roles and responsibilities.
- Added information for locating training on our website.

XII. Compliance
- "Stark Statute" language updated to incorporate July 2023 Provider Manual Addendum content.
- Added new content and realigned information for "Cybersecurity Requirements" including definitions, measures, procedures, events, assessments, other provisions and conflicting provisions.

XIII. Members' Rights and Responsibilities
- No significant changes.

XIV. Appeals and Grievances
- Updated the address for Molina Healthcare of Ohio's Appeals and Grievance Department for Member Grievances to incorporate July 2023 Provider Manual Addendum content.
- Added language stating an appeal will not be reviewed until the Member authorization is received and removed the 15 calendar days from the appeal receipt date timeframe.
- Updated and expanded content on "Appeal Process and Timeline."
- Updated and realigned language for "State Hearing" including the Member's right to request a continuation of benefits during the proceedings and at the discretion of ODM the member may be liable for the cost of any such continued benefits. The section also adds information on the Provider's right to participate in the appeal and State Hearing process on behalf of the Provider's patients.

XV. Provider Responsibilities
- Removed outreach to the Provider Relations Team language for Provider Data Accuracy updates.
- Added details of functionality for "Availity Essentials Portal."
- Removed language under "Participation in Credentialing" to clarify redirection to ODM.
- Updated the "Provider Enrollment (ODM Functions)" section to reflect the 2023 registration fee and updated applicable regulatory citations.
- Updated language under "Provider Maintenance" section to include current Provider Network Management (PNM) information from ODM.
- Changed "Out of State Providers/Non-Contracted Providers" name to "Non-contracted or Unenrolled Providers" and added ODM guidance on why and how to enroll.

XVI. MyCare Ohio: Pharmacy
- No significant changes.

XVII. MyCare Ohio: Medicare Part D
- Updated the name of the CMS IRE from Maximus Federal Services, Inc. to C2C Innovative Solutions, Inc.

XVIII. Risk Adjustment Management Program
- Removed RADV Audit language.