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Updated: Molina Expands Partnership with Evolent Health

Info for Medicaid and Marketplace providers

Effective Sept. 1, 2024, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatment Prior Authorization (PA) requests for services that will be administered in a physician's office, outpatient hospital or ambulatory setting.

Treatment plans will be reviewed as a whole using nationally recognized evidence-based guidelines. The clinical policies applicable to Evolent reviews are available on the Molina Provider Website by selecting Health Care Professional, then the appropriate line of business. Next, navigate to the Molina Clinical Policy page, under the Policies tab.

Scope: Oncology-related professional services will now require a PA from Evolent if performed in a provider's office, outpatient hospital or ambulatory setting. This PA requirement applies to Medicaid and Marketplace members ages 18 and older for the following professional services:

- Oncology-related infused and injectable chemotherapeutic agents
- Supportive/symptom management medications
- Radiation treatment

Evolent will process in-scope oncology PA requests for:

- **Providers who are in-network*** with Molina for the Medicaid or Marketplace lines of

business for members 18 years of age and older. PA requests for members under 18 years of age should be submitted directly to Molina as you do today.

- **Out-of-network providers*** should continue to send all oncology PA requests directly to Molina. Providers should continue to send any Medicare/MyCare Ohio Medicare PA requests for the above-referenced services directly to Molina, regardless of the age of the member.

*Non-participating providers may submit authorization requests as a requesting provider if the servicing provider is participating with Molina.

All PA requirements and codes are posted on Molina's Provider Website:

- Medicaid: On the Provider Forms page, under the Forms tab.
- Marketplace: On the Forms and Documents page, under the Provider tab.

Note: Please see the [Updated: Q3 PA Code Changes for Oncology](#) article for more details on code updates.

Prior Authorization Submission Process: The requesting provider must complete a PA request using one of the following methods:

- For providers' convenience, logging into the Evolent provider portal is the preferred submission method: my.newcenturyhealth.com
- Calling (888) 999-7713: Medical Oncology – Option 2; Radiation Oncology – Option 3; Available Mon. through Fri. 8 a.m. – 8 p.m.
- Fax: Medical Oncology: (877) 230-4493
- Fax: Radiation Oncology: (877) 380-7848

Peer-to-Peer (P2P): P2P will be conducted by Evolent via physician discussions with expanded collaboration to better discuss treatment plans.

Retro-Authorization Requests: All retro-authorization and Extenuating Circumstances reviews should be sent to Molina following the process you use today.

Authorization Denial Disputes/ Reconsiderations:

- Upon Evolent implementation, Medicaid authorization appeals for authorization reviews conducted by Evolent should be submitted to Molina following the standard submission process in place today.
- Upon Evolent implementation, the Marketplace 30-day authorization reconsideration process has been modified to exclude all in-scope oncology services based on our partnership with Evolent.

Providers are strongly encouraged to take advantage of Evolent's streamlined P2P process to hold timely conversations related to requested services.

The benefits of Molina partnering with Evolent for oncology services include:

- Real-time authorizations issued for approvable treatment plans submitted to Evolent's online portal my.newcenturyhealth.com. On Evolent's portal you can determine which clinical documentation is necessary for medical review, view real-time status of all submitted requests and check member eligibility prior to entering a treatment plan.
- Reduced documentation requirements.
- Evolent has oncology and radiation oncology physicians on staff to answer your questions and conduct P2P discussions.
- Fax and telephonic intake available for submitting treatment plans, if needed.
- Dedicated Evolent Provider Network Manager to use as a direct point of contact for any issues or questions.

An Evolent Provider Network Manager will contact providers in scope for this program to schedule an introductory meeting and training, if this has not already occurred. Should you have any questions prior to the introductory meeting,

you may contact Evolent at (888) 999-7713, Option 6 or self-register online at my.newcenturyhealth.com.

We look forward to offering you this program and hope it will enhance your experience with oncology service authorizations.

Live Provider Training Sessions

Info for all network providers

Molina is offering the chance to enter a monthly drawing for a prize! To enter, join a provider training and share your name and email.

You Matter to Molina Forums:

- Health Equity 101: Fri., **Aug. 23, 1 to 2 p.m.**
- Open Enrollment & Renewals (Redetermination): Fri., **Sept. 27, 11 a.m. to 12 p.m.**

General Provider Orientation:

- Mon., **Aug. 5, 2 to 3 p.m.**
- Mon., **Sept. 9, 10 to 11 a.m.**

Specialized Provider Orientation:

- Claims and Billing: Thurs., **Aug. 15, 11 a.m. to 12 p.m.**
- Managed Long-Term Services and Supports (MLTSS): Thurs., **Sept. 19, 11 a.m. to 12 p.m.**

Molina Model of Care Training:

- Tues., **Aug. 13, 11 a.m. to 12 p.m.**
- Tues., **Sept. 17, 1 to 2 p.m.**

Molina Dental Services Training:

- Thurs., **Aug. 22, 1 to 2 p.m.**
- Wed., **Sept. 11, 9 to 10 a.m.**

Molina Dental Services Authorization Training:

- Thurs., **Sept. 26, 11 a.m. to 12 p.m.**

Availity Essentials Portal Training: Visit the Help & Training section on the portal or contact training@availity.com for training.

PNM: Inactive Status

Info for Medicaid & MyCare Ohio network providers

Reminder from ODM: If a provider goes into inactive status on the Provider Network Management (PNM) system, it will automatically term all group affiliations with that provider. Once the provider is back in active status the group/ provider will need to go in and re-add the affiliation.

Advanced Imaging PA Submission Change

Info for all network providers

Effective Oct. 1, 2024, advanced imaging PA requests must be submitted via Availity utilizing MCG-Cite Auto Auth functionality.

Benefits of Availity/MCG-CAA submission:

- Available 24 hours per day/ 7 days a week.
- Improves processing time from days to potentially minutes.
- Reduces disruption to member care.
- Real-time authorization.
- Eliminates phone wait time and manual faxes.
- Clinical documentation can be submitted electronically.
- Automated tools improve efficiency and HIPAA compliance.

If not currently registered, visit provider.MolinaHealthcare.com.

Optum Prepayment Claim Review

Info for all network providers

Effective Sept. 1, 2024, Optum will expand the review process of the following services:

- Facility outpatient claims billed with Current Procedural Terminology (CPT) code G0378. The number of units must be supported in the medical record.
- Professional/Outpatient claims paid for services billed or paid at the medically unlikely edits (MUE) limit will be reviewed to ensure the units billed are supported within the documentation.
- Professional/Outpatient claims billed with drug wastage that is not typical will be reviewed to ensure billing for drug wastage is subject to specific coding rules, and instances billed outside of the norm are subject to further review.
- Validation of professional claims where emergency room physician coding between an outpatient facility claim and the corresponding professional claim for the same patient on the same date of service to ensure the medical chart supports the reported coding.

Note: Medical records may be requested prior to payment.

Reminder: Molina, in partnership with Optum, performs prepayment medical record reviews by utilizing CPT, state and federal billing practice

guidelines to support uniform billing and coding for all providers. The prepayment review of claims and medical records ensures claims are billed accurately and coded correctly. This is not a medical necessity review.

EVV: Claims Adjudication Process

Info 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

ODM is making policy updates and system enhancements to the Electronic Visit Verification (EVV) program, including a claims adjudication process introduced in phases, by service type.

Phase 1 will be effective Oct. 1, 2024, and will begin with home health services claims billed through fee-for-service (FFS). This phase does not impact Molina claim payment.

Find additional information at medicaid.ohio.gov, by selecting Programs & Initiatives under Resources for Providers, then on the EVV page, under the Learn More header:

- Read the June 2024 EVV Newsletter, by selecting [Read the latest EVV newsletters](#).
- View the ODM updated [Review frequently asked questions about EVV July 1 Policy Updates and System Enhancements \(Updated 7/29/2024\)](#) document.

Remind Patients about Healthchek

Info for PCPs in the Medicaid and MyCare Ohio networks

Remind your patients or their parents/guardians when it's time to get important Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Molina covers Healthchek services at no cost to our members. Physicians and advanced practice nurses are eligible to provide Healthchek services. For additional information, visit:

- The ODM website at medicaid.ohio.gov and under Families & Individuals, select Programs & Initiatives, then [Healthchek](#)
- The Molina Provider Website, under Health Resources, on the [Healthchek-EPSDT](#) page

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, Siena Gardens, Golden Years Nursing Center, Terrace View Gardens, Mt. Healthy Christian Village

Gold Level: Loveland Healthcare Center, Morris Nursing Home, Bethany Village, Bayley Senior Care, Brown Memorial Home, Willow Brook Christian Services, Friends Care Community, Mohun Health Care Center

Silver Level: Meadow Grove City, Logan Elm Health Care Center, Venetian Gardens, The Home at Hearthstone, Crown Pointe Care Center, Capri Gardens, The Home at Taylor's Pointe, The Residence at Salem Woods, Alois Alzheimer Center, Carlisle Manor, Scenic Pointe, Springfield Masonic Community, The Knolls of Oxford, Deupree Cottages, Trinity Community at Fairborn, Cherith Care Center at Willow Brook, Westover Retirement Community

The Molina Quality Living Program recognizes and awards NF partners that meet or exceed select Centers for Medicare & Medicaid Services

(CMS) quality measures when providing care to Molina MyCare Ohio members in custodial care.

Updated: Q3 PA Code Changes for Oncology Info for all Medicaid and Marketplace providers

Molina posted the following PA Code Change documents under the Provider Website Forms tab for a Sept. 1 effective date:

- [Medicaid: Updated Q3 2024 PA Code Changes with 9/1 Evolent Oncology Codes](#)
- [Marketplace: Updated Q3 PA Code Changes with 9/1 Evolent Oncology Codes](#)

Information includes:

- New codes that require PA for each line of business
- Clarification on Medicaid codes that will continue to require PA through Molina

Molina posts new PA Code Change documents to our website quarterly. However, changes can be made between the quarterly updates. Providers should always use our PA Lookup Tool to view the most up-to-date information.

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 ().

- [ODM Provider Appointment Access and Availability Surveys](#): ODM is conducting provider surveys through September 2024. For the Appointment Availability Survey, ODM will target medical, dental and BH providers who are enrolled to service the different categories listed in the ODM Provider Agreement's appointment availability table, F.1 Appointment Standards. ([July](#))
- [Professional Claims Limit of 50](#): Professional Claims have a limit of 50 lines per submission. For additional information, view the EDI Companion Guides on our Provider Website, under the EDI tab. ([July](#))
- [EVV: Live-In Caregivers](#): Effective July 1, 2024, the EVV program will permit an exemption to visit capture requirements when the direct care worker is a resident of the same household as the individual receiving services. ([July](#))
- [Dental Reminder](#): As a reminder, the final step to dental revalidation is to re-affiliate the provider to the location. ([July](#))
- [Availity Essentials Portal: HEDIS® Profile](#): A new application, HEDIS Profile, is now available in the Molina Payer Spaces. Providers can use this tool to compare their HEDIS rates to national benchmarks. ([June](#))
- [Hospice and Vent/Vent Weaning Billing Guidelines](#): A reminder that in October 2023, Molina provided a Hospice Billing for NF Room and Board and Ventilator/Ventilator Weaning Services notice. ([June](#))
- [ODM Update](#): Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM: On Jan. 23, 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. ([May](#))
- [COPE Simulation](#): Molina is offering free virtual 90-minute COPE Simulations on 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](#))
- [PA Request](#): The preferred method of PA submission is through Availity Essentials. Availity Essentials offers a more streamlined provider experience compared to 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 for additional information. ([March](#))

<p><u>Questions and Quick Links</u> 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</p> <ul style="list-style-type: none">• Email: OHProviderRelations@MolinaHealthcare.com• Provider Website: MolinaHealthcare.com/OhioProviders	<p><u>Connect with Us</u> facebook.com/MolinaHealth twitter.com/MolinaHealth</p> <p><u>Fighting Fraud, Waste and Abuse</u> 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.</p>	<p><u>Join Our Email Distribution List</u> Did you receive this provider bulletin via fax? Sign up to receive the Provider Bulletin via email, or to request removal from our fax distribution list by clicking the Sign up to receive Molina’s Provider Bulletin via email here link on the Provider Bulletin page of our website.</p>
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