PROVIDER BULLETIN

MOLINA HEALTHCARE

A bulletin for the Molina Healthcare of Ohio provider networks

"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 Debbie Kellough from Southern Ohio Eye Associates.

The December "It Matters to Molina" question answer is "3." 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

January Question: What Provider Trainings are available from Molina Provider Services in January and February 2022?
1. It Matters to Molina Forums
2. General Provider Orientation
3. Claims and Billing
4. Provider Portal
5. All of the above

Email your answer to OHProviderBulletin@MolinaHealthcare.com by Jan. 17 to enter the drawing. The correct answer and drawing winner will be announced in the February 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.

Claims Hold on Prospective Payment System
Information for all network providers

Molina Healthcare will be implementing a Prospective Payment System (PPS) Hold for the impacted claims in the table below.

Line of Business	Impact	Hold Start Date	Hold End Date
Medicaid	Inpatient Hospital	Jan. 1, 2022	Jan. 18, 2022
	Outpatient Hospital	Jan. 1, 2022	Feb. 1, 2022
	Code Changes*	Jan. 1, 2022	Feb. 1, 2022
Marketplace	Outpatient Hospital	Jan. 1, 2022	Jan. 18, 2022
	End-Stage Renal Disease (ESRD)	Jan. 1, 2022	Feb. 1, 2022
Medicare	Outpatient Hospital	Jan. 1, 2022	Jan. 18, 2022
	End-Stage Renal Disease (ESRD)	Jan. 1, 2022	Feb. 1, 2022

*Code changes refer to the new 2022 Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPC) codes. As the Feb. 1, 2022 date approaches, Molina will determine whether to release and reprocess impacted claims or extend the claims hold for Outpatient claims.

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

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.

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

The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

Updated Sequestration Suspension and Reduction
Information for Medicare and MyCare Ohio providers

Molina, based on guidance from the Centers for Medicare & Medicaid Services (CMS) has updated the Medicare and MyCare Ohio sequestration for 2022 to include the following:
- Sequestration exclusion will continue through March 31, 2022
- 1% payment adjustment April 1 – June 30, 2022
- 2% payment adjustment beginning July 1, 2022

For additional information visit cms.gov, under "Outreach & Education" select "All Fee-For-Services Providers" under "Provider Type." View the original and updated CMS Announcement Provider Bulletin on our Provider Website, under the "Communications" tab, on the Provider Bulletin page.

COVID-19: Vaccine Updates
Information for all network providers

Based on Centers for Medicare and Medicaid (CMS) and the Ohio Department of Medicaid (ODM) guidelines children, from age 5 to 11, are now eligible for the COVID-19 (Coronavirus) vaccine. The Ohio Managed Care Plans (MCPs) have updated the $100 COVID-19 member vaccine incentive to now allow members 5 to 11 years of age to receive the incentive.

For additional information visit the Vax on the Spot website at covidvaxonthespot.com, or view the Vax on the Spot video at youtube.com/watch?v=l9n5R-69h6E to learn more about the Vax on the Spot initiative. For questions, please reach out to the Provider Services Team at OHProviderRelations@MolinaHealthcare.com.

Legacy Provider Portal
Information for all network providers

On March 1, 2022, the Molina Legacy Provider Portal will no longer accept new user registrations. Providers should register with Availity at availity.com.

Once registered with Availity at availity.com, providers will have access to the Availity Portal training by following these steps:
1. Log in to Availity Portal
2. Select Help & Training > Get Trained
3. In the Availity Learning Center (ALC) that opens in a new browser tab, search the catalog and enroll for this title: Availity Overview for Molina Providers - Recorded Webinar

Atypical Providers: Once registered with Availity, under "News and Announcements" select "Atypical Providers: Here's your Ticket to Working with the Availity Portal" to view training sessions

For questions about enrolling in courses email training@availity.com.

2022 Provider Manuals
Information for all network providers

Molina updated the Medicare Provider Manual to require compliance with Executive Order (EO) 14042. Since the update was issued, a legal challenge has put that order on hold. As a result, the requirements in EO 14042 are on hold. Please be aware that this requirement could be

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
- Marketplace Auto-Authorizations for Advanced Imaging PA on Fri., Jan. 28, 2 to 3 p.m., meeting number 2466 510 7680, password 2VQtZXqK4g7
- Home Health Authorization Reconsideration Process and Best Practices on Tues., Feb. 22, 1 to 2 p.m., meeting number 2457 097 8729, password v8nWfec6dc6

General Provider Orientation:
- Fri., Jan. 7, 1:30 to 2:30 p.m., meeting number 2453 306 0680, password jrEt3TKFW32
- Wed., Feb. 2, 2 to 3 p.m., meeting number 2460 014 3014, password GMpPg7g5Jt3

Claims and Billing Training:
- Wed., Jan. 26, 2 to 3 p.m., meeting number 2465 417 3695, password hpMUfPFm883

Provider Portal Orientation:
- Mon., Feb. 7, 12 to 1 p.m., meeting number 2462 421 1953, password kpN7iptrH23

Availity Portal Training:
- Contact training@availity.com at any time to receive training on the Availity Portal

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

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

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.

reinstated on short notice based on further court decisions and we will communicate with you if that occurs.

In January Molina will publish the new 2022 Medicare and Marketplace Provider Manuals to our Provider Website. The 2022 Combined Provider Manual is available on the Provider Website, under the "Manual" tab.

Reminder: Molina posts a new comprehensive Combined 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.

ProgenyHealth Partnership for NICU UM and CM
Information for NICU providers in the Medicaid network

Molina is happy to announce a partnership with ProgenyHealth, a company which specializes in Neonatal (NICU) Care Management (CM) services. ProgenyHealth's care management program will enhance services to our members and support our mission to make a lasting difference in our members' lives by improving their health and well-being.

Effective Feb. 1, 2022, providers will notify ProgenyHealth directly of admissions of infants to a NICU or special care nursery and their clinical staff will contact your designated staff to perform utilization management and discharge planning throughout the inpatient stay.

New Processes for Initial Reviews and Extenuating Circumstances Pre-Claim within 120 days of discharge:
- Providers submitting admission authorization requests via fax will use a new ProgenyHealth fax number: (866) 519-1259.
- Providers who wish to conduct a Peer-to-Peer review will contact ProgenyHealth directly at (888)832-2006.

Continuing Existing Processes:
- There is no process change for admission authorization requests via the Provider Portal.
- There is no process change for providers who wish to conduct an authorization reconsideration or claim reconsideration. Details on those processes can be found in the "Medicaid and Marketplace Authorization and Claim Reconsideration Guide" on the "Quick Reference Guides & FAQs" page, under the "Manual" tab on our Provider Website.

Modifier Requirements for HCPCS H0020
Information for behavioral health providers

As a reminder, one of the following modifiers is required for HCPCS code H0020: HF, TV, UB, TS or HG.

Behavioral Health Provider Manual
Information for Behavioral Health providers

On Dec. 3, 2021, the BH Provider Manual was updated by ODM and OhioMHAS to incorporate prolonged services code updates effective Jan. 1, 2022. To view the updated manual, visit the ODM BH website at bh.medicaid.ohio.gov/manuals.

Website Roundup
Recently updated documents and webpages include:
- Home Health Patient Driven Groupings Model (PDGM) Frequently Asked Questions (FAQ)

Update to Definitive UDS Counts
Information for Medicaid providers

Based on feedback from the 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.

Hospice Claims Value Codes
Information for Marketplace 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: cms.gov/ Regulations-and-Guidance/Guidance/ Transmittals/downloads/R1292CP.pdf.

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

Availity Provider Secure Messaging
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

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)	PA is not waived effective 1/1/22	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	1/1/22	Until further notice

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

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 January, 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

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.

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 our 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!

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.

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

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.

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.

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.