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Availity Authorizations Update Reminder *Info for all network providers*

Effective Nov. 16, 2024, Molina Healthcare of Ohio, Inc., is transitioning to new functionality in Availity Essentials (Availity) for authorizations.

Based on this update, Molina will sunset the current Single Sign-On (SSO) Payer Space on Dec. 16, 2024, and replace it with a refreshed authorization module on Availity.

The new Availity tools include:

- Authorization Request
- Authorization Inquiry
- Authorization Dashboard

Molina will provide information on training opportunities for the new Availity functionality as it becomes available. Find out more information in the [Special Edition: Availity Authorizations Update Provider Bulletin](#), located on our Provider Website.

Annual Mandatory Model of Care Training Reminder

Info for all Medicare providers

CMS requires contracted Medicare medical providers to complete basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2024.

This includes the following provider types:

- Primary Care Provider (all specialties for PCP Physicians)
- Hematology/Oncology (Gynecologic Oncology, Hematology, Hematology and Oncology/Oncology and Hematology, Medical Oncology, Oncology, Surgical Oncology)
- Obstetrics/Gynecology (Gynecology, Obstetrics and Gynecology, Obstetrics)

- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

Training Options:

- **Microsoft Teams Training:** Molina will host a MOC provider training session to help train you, your staff and address questions on Nov. 12. Visit the [You Matter to Molina](#) page on our Provider Website to access meeting details.
- **Online Training:** The [Molina 2024 Model of Care Provider Training](#) is on the Medicare Provider Website.

MOC Attestation: After reviewing the training, providers should complete and submit the [OH MOC Attestation Form](#) located on the Medicare Provider Website.

Find more details in our [MOC Provider Bulletin](#).

New Molina CES Edit 9164

Info for all network providers

Starting on Dec. 1, 2024, Edit 9164 will deny claims when the primary procedure code is found in the current claim line or claim lines in history for the same date of service or same patient encounter as the add-on procedure, and the claim line has a non-profile flag. The associated add-on procedure will receive the flag.

This is based on guidance from the Centers for Medicare and Medicaid Services (CMS). Find additional information in the 100-04 Medicare Claims Processing Manual, located at [cms.gov](#) by selecting Regulations & Guidance under the Medicare drop-down menu, then Manuals.

OAC 5160-44-05 Update

Info for Medicaid and MyCare Ohio providers

The Ohio Department of Medicaid (ODM) has updated Ohio Administrative Code (OAC) [5160-44-05](#): Nursing Facility-Based Level of Care

Home and Community-Based Services Programs, Medicaid Managed Care Organizations, the OhioRISE Program, and Specialized Recovery Services Program: Incident Management.

Updates include the following:

- Addition of psychiatric residential treatment facilities
- Update to reporting and investigation timelines
- Removal of the uniformity section of the rule, which is no longer relevant since ODM and the Ohio Department of Aging (ODA) are now using the same incident management system

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:

- Open Q&A: Wed., Nov. 20, 10 to 11 a.m.
- Cost Recovery: Fri., Dec. 20, 10 to 11 a.m.

General Provider Orientation:

- Mon., Nov. 4, 11 a.m. to 12 p.m.
- Tues., Dec. 3, 11 a.m. to 12 p.m.

Specialized Provider Orientation:

- Quality: Thurs., Nov. 14, 11 a.m. to 12 p.m.
- Claims and Billing: Thurs., Dec. 12, 3 to 4 p.m.

Molina Model of Care Training:

- Tues., Nov. 12, 11 a.m. to 12 p.m.

Molina Dental Services Training:

- Tues., Nov. 19, 10 to 11 a.m.
- Wed., Dec. 11, 9 to 10 a.m.

Molina Dental Services PNM Training:

- Tues., Dec. 10, 11 a.m. to 12 p.m.

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

Procedure Codes T2042-T2045 Update

Info for Medicaid and MyCare Ohio providers

Per ODM, procedure codes T2042-T2045 should only be billed to Ohio Medicaid for members who are not covered by Medicare. Based on this ODM guidance, Molina will be requesting recoveries.

Reminder: For members with Medicare coverage, hospice claims should be billed to Medicare with the appropriate revenue center codes.

New ODM Behavioral Health Provider Manual *Info for Medicaid providers*

ODM has posted a new Behavioral Health Provider Manual. View it on the ODM website at medicaid.ohio.gov by selecting Behavioral Health under the Resources for Providers menu.

Claim Reconsideration Process *Info for all network providers*

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

A claim reconsideration must be submitted within the required timely filing requirements from the disputed claim remit date. Refer to the Molina Provider Manual for the timely filing requirements by line of business. Availability is the preferred method for submission. Note: On Availability, the option of a reconsideration is actually a claim payment inquiry, to file an official dispute, providers should select one of the appeal options.

Providers may fax the form and supporting documents to the contact information provided in the [Claim Reconsideration Request Form \(Non-Clinical Claim Dispute\)](#) form on our Provider Website, under the Forms tab.

The claim reconsideration request must include the following, or it will not be processed:

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

Corrected Claim Process

Info 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 Availity 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.

Corrected Claims must be received within 365 of the original remittance date or reversal date of claims that have been recovered. Please note the best practices for submitting below:

- Submit electronically or on Availity.
- 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.

Note: Providers can resubmit as an original claim if the claim was denied for needing additional information. Find additional supporting document details in the [Reference Guide for Supporting Document for Claims](#) on the Provider Website.

How to Compress Files

Info for all network providers

Providers can attach files up to 128 MB in Availity. To meet this size restriction, providers can compress a file to make it smaller or even roll multiple files into a single file.

The most common way to compress a file is via a Zip file, available on any computer that runs a Windows system.

To Zip a file using Windows:

1. Select the file/files to compress.
2. Right-click one of the files and choose "Send To" and then "Compressed (zipped) Folder."
3. A new zipped folder with the same name will appear in the same location. The Zip file will be the folder icon with a little zipper.
4. To add new files to a zipped folder, simply drag them to the zipped folder.
5. Double-click on the folder to view the files inside it.

To Unzip a file using Windows:

1. Select the file/files to uncompress.
2. Right-click on the file and select "Extract All."
3. A folder will appear with the data.

Note: If an encrypted file is added to a zipped folder, the file will be unencrypted when it is unzipped, which might result in the disclosure of Protected Health Information (PHI).

Mac users visit support.apple.com and search "Zip and unzip files and folders on Mac."

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 ().

- [Availity Essentials Portal Reconsiderations vs. Appeal Options](#): Molina and Availity are offering new features to facilitate timely processing of claims.
 - A Claim Reconsideration is a request by a provider to have Molina review a previously paid, denied or reduced claim. A reconsideration can be submitted if the Real-Time Adjustments criteria for the claim in question are met. Home Health, Skilled Nursing, Durable Medical Equipment (DME) and Waiver services should not use this option. No attachments are accepted as part of this process, and it is not considered an official dispute but an inquiry.
 - A Claim Appeal was traditionally known as a Claim Reconsideration and/or Claim Dispute. The request will be considered an official dispute, and if a processing issue is identified, the claim will be re-adjudicated and an updated remittance will be provided. ([October](#))
- [2024/2425 Open Enrollment](#): Medicaid and MyCare Ohio open enrollment will run from Nov. 1 – Nov. 30, 2024. During this time, members are able to select their plan (effective Jan. 1, 2025) by calling the Ohio Consumer Hotline at (800) 324-8680 or by visiting members.ohiomh.com/Login.aspx. Marketplace will run Nov. 1, 2024 – Dec. 15, 2024 and Medicare will run Oct. 15, 2024 – Dec. 7, 2024. ([October](#))
- [New Diabetes Care Hub](#): The new Diabetes Care Hub quickly gives providers the answers and information they need for DSME questions. The Diabetes Care Hub has resources to help, including finding a local provider for referrals, help assisting patients and information on billing codes. ([October](#))

- Doula Services: ODM implemented the new OAC 5160-8-43 Doula Services on Oct. 3, 2024, in accordance with House Bill 101. This rule will set forth coverage and payment policies for services provided by a doula. Register by visiting the ODM Doulas page at medicaid.ohio.gov. ([October](#))
- New Molina Cotiviti Edits: Effective Nov. 1, 2024, based on guidance from CMS the following will be denied:
 - o Services billed with a principal diagnosis that is on the OPPS unacceptable principal diagnosis list
 - o Claims billed with CPT Codes 87631, 87636, 87637, 0240U or 0241U without an approved supporting diagnosis
 - o Claims with any procedure appended with modifier QW that is not designated as a CLIA waived test on the clinical laboratory fee schedule ([September](#))
- EVV: Claims Adjudication Process: ODM has postponed the EVV program enhancements effective date until no earlier than Jan. 1, 2025. ([September](#))
- 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 Nov. 13 to help provide a greater understanding of poverty in the United States by exploring it through the eyes of real families. ([April](#))
- PA Request: The preferred method of PA submission is through Availity. Availity 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></p> <p>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></p> <p>facebook.com/MolinaHealth x.com/MolinaHealth</p> <p><u>Fighting Fraud, Waste and Abuse</u></p> <p>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></p> <p>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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