Next Generation Medicaid Program Feb. 1, 2023, Go Live
Information for Medicaid providers

Effective Feb. 1, 2023, there are several new processes and program updates that impact our Medicaid providers.

Molina Healthcare strongly encourages providers to:

- Subscribe to the Next Generation provider newsletter, *ODM Press*, by checking the box next to *ODM Press* at medicaid.ohio.gov/home/govdelivery-subscribe. **The *ODM Press* is a critical source of information and updates for providers. It includes updated program and training information from the Ohio Department of Medicaid (ODM) and new program requirements and instructions from ODM.**

- Providers should visit managedcare.medicaid.ohio.gov to access the ODM training schedule and resources. Access Absorb, the learning management system (LMS) job aid at managedcare.medicaid.ohio.gov/providers/provider-webinars-training, and follow the steps to create an account and register for training.

- Molina providers are strongly encouraged to sign up for the Provider Bulletin to receive timely updates on ODM and Molina processes or policy changes. Sign up by selecting click here on the Provider Bulletin page under the "Communication" tab at MolinaHealthcare.com/providers/oh. An archive of all Provider Bulletins is also available on the Provider Bulletin page.

Molina has developed a reference guide outlining key program changes for our provider partners with links and instructions on how to access source documents for future reference. The updates below are effective Feb. 1, 2023, unless otherwise noted. Please refer to the Next Generation Molina Medicaid Provider Manual for full details under the "Manual" tab on the Provider Website. The Provider Manual will be posted on Feb. 1, 2023.

New terminology for authorization reconsiderations/appeals and claim reconsiderations: Molina has streamlined our terminology for these processes to better align with the Next Generation Medicaid Program. *There are no operational changes to these processes.*

- **Authorization Appeal**—Formerly known as an "authorization reconsideration." A provider dispute for the denial of a prior authorization. The Authorization Appeal must be submitted pre-claim and within 30 days of the authorization denial. The Authorization Appeal should be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form) and submitted via fax. Decisions will be made within forty-eight hours for urgent requests and within 10 calendar days for all other requests. Once the claim is on file, providers must follow the **Clinical Claim Dispute** process.

- **Clinical Claim Dispute**—Formerly known as an "authorization reconsideration." A post-claim provider dispute for the denial of a prior authorization or a retro-authorization request for Extenuating Circumstances. The Clinical Claim Dispute must be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form). The Clinical Claim Dispute must be post-claim and submitted within 365 days of the date of service or 60 days from the remittance advice,

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. Visit our website at MolinaHealthcare.com/OhioProviders

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.

whichever is greater. Providers may submit a Clinical Claim Dispute via the Availity Essentials Portal, fax, or verbally. Decisions will be made within 30 business days.

- **Non-Clinical Claim Dispute—**Formerly known as a "claim reconsideration." This process is used only for disputing a payment denial, payment amount, or a code edit. The Non-Clinical Claim Dispute must be submitted on the Claim Reconsideration Form (Non-Clinical Claim Dispute Form). The Non-Clinical Claim Dispute must be post-claim and submitted within 365 days of the date of service or 60 days from the remittance advice, whichever is greater. Providers may submit a Non-Clinical Claim Dispute via the Availity Essentials Portal, fax, or verbally by calling the Provider Services Contact Center. Decisions will be made within 15 business days or with continued communication if Molina needs more time to address the dispute.

The Molina Provider Services Contact Center:
- Available at (855) 322-4079
- Hours of Operation, excluding holidays and the day after Thanksgiving for Medicaid: 7 a.m. to 8 p.m., Monday through Friday

Electronic Data Interchange (EDI):
- Providers utilizing Electronic Data Interchange (EDI) transactions must begin using the ODM Ohio Medicaid Enterprise System (OMES) Fiscal Intermediary for the transaction types noted in the Payer ID grid below. At this time, Prior Authorization requests will continue to be submitted following the processes providers use today. The below list of payer IDs must be used for the ODM OMES EDI transactions.

  New Medicaid Payer IDs:

MCO	PAYER NAME (NM103)	837 2010BB NM109	276/277 2100A NM109	270/271 2100A NM109	275 1000A NM109
Molina	Molina Ohio Medicaid	0007316	0007316	0007316	0007316
	Molina SKYGEN Dental	D007316	D007316	N/A	D007316
	Molina March Vision	V007316	V007316	N/A	V007316

NOTE: Payer ID 20149 must still be used for Molina's MyCare Ohio, Medicare, and Marketplace lines of business, as well as for Medicaid claims prior to Feb. 1, 2023, dates of service.

- Molina providers may continue to use the Molina Availity Essentials Portal for direct data entry for prior authorization requests and claims submissions.

Prior Authorization Requests and Authorization Appeal Requests for ProgenyHealth or New Century Health:
- Providers should follow the same PA submission processes and Peer-to-Peer processes they do today for these entities
- Note: Effective Feb. 1, 2023, Providers may submit an Authorization Appeal to Molina following the standard process for service requests denied by ProgenyHealth or New Century Health. Please refer to the Next Generation Provider Manual for more details

Claims Timely Filing:
- Inpatient Services: 365 calendar days after discharge
- Outpatient Services: 365 calendar days from the date of service

Requests for Clinical Claim Disputes and Non-Clinical Claim Disputes:

May be submitted in the following ways:

- Availity Essentials Portal: provider.MolinaHealthcare.com
- Fax: (800) 499-3406
- Verbally: By calling the Provider Services Contact Center at the number noted above
- Mail: Please review the Provider Manual for further details. Mail is only accepted for disputes that are too large to submit via Availity Essentials Portal or fax.

NOTE: Provider Claim Disputes will no longer be accepted via email to the Provider Services email boxes. Please consult the January 2023 Provider Bulletin for detailed information on this process for all Molina lines of business.

External Medical Review:

- Providers who disagree with Molina's decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity may access the External Medical Review process once they have exhausted Molina's provider appeal or dispute process.
- Please view the Next Generation Molina Medicaid Provider Manual for information about when and how to access this new process.

Molina Policies:

- Molina Clinical Policies, including the policies used by New Century Health (imaging/cardiology), are available on the Provider Website under the "Policies" tab. Providers may access them at any time without the need to request them from Molina. Click on the "OH Medicaid Only" button at the bottom of the webpage to access Ohio Medicaid Clinical Policies.
- Molina also publishes Clinical Practice Guidelines as an additional resource, and those can be found on the Molina Provider Website under the "Health Resources" tab.
- Payment Integrity Policies, including Coding Policies and Payment Policies, are also available under the "Policies" tab.

Provider Demographic Updates: With the launch of the ODM Provider Network Management (PNM) system on Oct. 1, 2022, it is critical that providers go in and update any provider demographic changes

- ODM: Updates should be made in the PNM system
- Molina: Providers should follow the instructions in the Provider Information Update Form located on our Provider Website under the "Forms" tab.

Information for ODM-Designated Providers (defined as Federally Qualified Health Centers(FQHC)/Rural Health Clinics (RHC), Qualified Family Planning Providers (QFPP), hospitals, and other providers as defined in OAC Rule 5160-18-01):

Please refer to the ODM Designated Providers and Non-Contracted Provider Guidelines posted on Molina's Provider Website, under the "Forms" tab, for complete instructions on:

- How to locate authorization and claim submission processes
- Timely Filing Guidelines
- Member Eligibility Verification
- Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs)
- Referral procedures
- Prescription Drugs
- Contract Requests
- Overpayments
- Cost Recovery

- Emergency Services
- Benefits and Payment Policy
- Post-stabilization care services
- Sample Molina member ID cards
- How to access Molina's laboratory and radiology providers
- Molina contact information

Medicaid Paper Claims

Information for Medicaid providers

Effective Feb. 1, 2023, **paper claims will no longer be accepted by Molina.**
- In the event a provider submits a paper claim, a rejection will be issued "481 - Claim Submission Format is Invalid."
- Claim submissions are accepted only via EDI or the Availity Essentials Portal.
- This change applies for Medicaid claims. We will continue to accept paper claims for MMP, Marketplace and Medicare.

Provider Access to the Molina Care Coordination Portal through the Availity Essentials Portal

Information for Medicaid providers

The Care Coordination Portal (CCP) in the Availity Essentials Portal is now live for Medicaid providers.

Providers must register with Availity to access the Care Coordination Portal. View the Availity Essentials Registration for Care Coordination Portal guide on the It Matters to Molina page, under the "Provider Portal Resources" header for information on how to register with Availity." Once registered, providers should complete the steps beginning on page 23 to have their administrator assign the role of Clinician and Clinical Tools and Resources.

Reach out to Availity at (800) 282-4548, Monday-Friday, 8 a.m. to 8 p.m. ET with registration questions.

The following resources are also available on our It Matters to Molina page:
- Care Coordination Portal Quick Reference Guide
- Care Coordination Portal User Guide

Reminder: New Provider Claim Disputes Process

Information for all network providers

As a reminder, on Dec. 30, 2022, Molina communicated that effective Feb. 1, 2023, Provider Services will no longer accept claim disputes via email. All claim disputes for a denial, payment amount, or code edit must be submitted following the Provider Claim Dispute Process. Any disputes sent to the Provider Services email boxes will not be logged or worked and will be returned advising the submitter of the correct process for filing a dispute.

Please see the details below regarding the correct submission processes.

Why is this process changing? Molina is adjusting our internal processing and policies to ensure our alignment with requirements for the Next Generation Medicaid Program. This change allows Molina to better research, track and trend, report, and resolve inquiries received by providers for claim-related disputes. Our commitment is to address provider disputes quickly and thoroughly, and this new process assures we will meet ODM's expectations and provide a consistent process for all lines of business to reduce the administrative burden on our provider partners.

What does this mean for our providers? Providers must file their initial disputes on a claim through the Availity Essentials Portal, fax, or the upcoming verbal dispute process (verbal disputes will only be accepted

for claim disputes for the Medicaid line of business). Through these channels, providers will receive an acknowledgment of their dispute and a resolution.

What is not changing? Molina's commitment to providing excellent service to our provider partners. Your Provider Services Representative is still your escalation point for disputes that are not resolved timely or as your next step if you believe the dispute resolution is not correct. We are also here to provide education and training to our network. Please visit the It Matters to Molina page on the Provider Website to find training resources and more information on upcoming live training sessions.

What are the Provider Claim Dispute Submission channels?

Availity Essentials Portal: Please submit requests by our preferred method, the Availity Essentials Portal, by visiting Availity.com/MolinaHealthcare.

Fax: If submitting via fax, you must use the Claim Reconsideration Request Form (Non-Clinical Claim Dispute Form) located on the Provider Website under the "Forms" tab, or the submission will be returned to the submitter.

- Medicaid, Marketplace, and MyCare Ohio Medicaid Post Claim: (800) 499-3406
- MyCare Ohio Medicare-Medicaid Post Claim: (562) 499-0610
- Molina Medicare D-SNP Post Claim: (562) 499-0610
- Cost Recovery: (888) 396-1517

Verbal: For Medicaid claims only, providers may contact Provider Services at (855) 322-4079 to submit a dispute verbally on and after Feb. 1, 2023.

For all lines of business, the Authorization Reconsideration Request Form (Authorization Appeal and Clinical Claim Dispute Request Form) can be found on the Provider Website under the "Forms" tab.

Authorization Appeal and Clinical and Non-Clinical Claim Dispute Guides:

- Medicaid Authorization Appeal, and Clinical and Non-Clinical Dispute Guide
- Marketplace Authorization and Claim Reconsideration Guide
- MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide

Please contact your Provider Services Representative if you have any questions or would like a training session on how to submit Claim Disputes via the Availity Essentials Portal.

Provider Network Management Module and MITS Maintenance Downtime

Information for Medicaid providers

Per ODM, the PNM module and the Medicaid Information Technology System (MITS) will be down for maintenance on Tues., Jan. 31, 2023, from 11 a.m. through Wed., Feb. 1, 2023, at 7 a.m.

Effective Feb. 1 at 7 a.m., the new EDI solution and the Fiscal Intermediary (FI) will be operational.

This update is based on Ohio Medicaid upgrading its claims payment system as part of the Next Generation of Managed Care program.

Regarding the OMES phased implementation approach: If a provider uses PNM and MITS to conduct their Direct Data Entry Portal business, that functionality will also be available at 7 a.m. on Feb. 1.

For important information on submitting claims and PA in PNM and EDI please see the ODM Submitting Claims and Prior Authorizations page on the Next Generation website. For more information about the FI please visit the ODM Fiscal Intermediary page. Find more information in the Jan. 20, 2023 ODM Press.