

New In This Issue

- Provider Bulletin Layout
- CES Edit 9162

- COPE Simulation
- Model of Care Training
- Q1 Provider Newsletter

Updated In This Issue

- Provider Training Sessions

New Provider Bulletin Layout

Info for all network providers

Thank you for your response to our Provider Bulletin Survey. Molina has listened to your ideas, and we have made some edits to how we communicate in our Provider Bulletin, including:

- Articles in the online version will now read from the left to right column on each page before continuing to the next page.
- In Case You Missed It articles will run with a summary at the end of the Provider Bulletin, instead of republishing the entire articles. This format change will streamline the length.
- The email and online versions have changed to a black and white color scheme for ease of reading and accessibility.

Molina wants to hear from you. Let us know your thoughts on our new template in the Molina-developed 5-minute Provider Bulletin Survey at MolinaHealthcare.surveymonkey.com/r/LXV6Y6X.

New Molina CES Edit 9162 Not a Principal Diagnosis Code

Info for Medicaid Outpatient Facility providers

Effective May 1, 2024, based on guidance from the Centers for Medicare & Medicaid Services (CMS), Edit 9162 will deny Medicaid Facility claims when the principal diagnosis code and modifier combination are not appropriate. Find additional information at cms.gov.

Cost of Poverty Experience (COPE) Simulation

Info for all network providers

Molina is thrilled to offer our providers the chance to attend a virtual Cost of Poverty Experience (COPE) Simulation that helps provide a greater understanding of poverty in the United States by exploring it through the eyes of real families. Per [ThinkTank](#), COPE is an interactive 90-minute online experience that will help individuals to:

- Build an understanding of the realities of poverty.

- Improve practices and approaches to better engage low-income individuals and families.
- Build partnerships with the community to improve outcomes for low-income families.

There is no fee to attend, but seats are limited, so register to reserve a spot at eventbrite.com/e/virtual-cope-molina-healthcare-of-ohio-inc-tickets-852535465527?aff=oddtcreator.

Available dates: April 24, May 22, June 26, July 24, Aug. 14, Sept. 11, Oct. 10, Oct. 23 and Nov. 13.

Annual Mandatory Model of Care Training

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.

Molina will host monthly training sessions to help train you and your staff and address questions. Find additional information on training dates and MoC in the MoC Provider Bulletin.

Q1 Provider Newsletter

Info for all network providers

The [Q1 2024 Provider Newsletter](#) is available on the Provider Website. Articles include:

- Claims submission
- Drug coverage change
- CAHPS®
- Molina's 2023 Quality Improvement Results
- Requirements for PA submission
- Availity Essentials provider portal
- Encourage patients to use My HealthPerks
- Molina's New Silver 12 plan
- PsychHub subscription
- Clinical policy updates from the fourth quarter

Provider Training Sessions

Info for all network providers

Molina of Ohio is offering the chance to enter a monthly drawing for a prize! To enter, you must

join one of our provider trainings and share your name and email address during the training.

You Matter to Molina Forums:

- Molina Help Finder: Fri., **April 26, 10 to 11 a.m.**
- Social Determinants of Health: Wed., **May 22, 2 to 3 p.m.**

General Provider Orientation:

- Mon., **April 8, 10 to 11 a.m.**

- Mon., **May 6, 10 to 11 a.m.**

Specialized Provider Orientation

- Claims and Billing: Thurs., **April 18, 1 to 2 p.m.**
- Managed Long-Term Services and Supports (MLTSS): Thurs., **May 16, 12:30 to 1:30 p.m.**

Availity Essentials Portal Training: Contact training@availity.com for training.

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 ().

- Optum-Change Healthcare Outage: Molina sent four communications to the network over the past month notifying providers of a critical outage of our third-party vendor, CHC, resulting in impacts to Electronic Claims Submission, Payment and Settlement Services. ([March](#))
- 2024 HEDIS® Data Collection: Molina started collecting HEDIS® data in February. HIPAA regulations permit a covered entity to disclose PHI to another covered entity without the enrollee's consent for the purpose of facilitating health care operations. Molina is reaching out to providers with collection instructions, a member list and record submission options. ([March](#))
- TenderHeart Health Outcomes Partnership Reminder: As of Nov. 1, 2023, Molina launched a partnership with TenderHeart Health Outcomes. TenderHeart offers incontinence services and supplies. Molina members who choose to receive incontinence supplies from TenderHeart will have access to a personal incontinence coach to help ensure they have the right product(s) for their comfort and to prevent leakage. ([March](#))
- Annual Wellness Visits: It is important to educate patients on the need to schedule yearly wellness visits. Consider reminders to patients who have not scheduled this calendar year. Encourage Molina Medicaid members to take advantage of the 30 one-way trips for rides to the doctor, dentist, pharmacy and food resources. Members must schedule at least 48 hours before their appointment. ([March](#))
- How to Understand Advances: On each check run, Molina pulls available claims and finalizes them by provider and program. If the net claims total is positive, a payment is issued via check, virtual card or EFT. When the net total is negative, a forwarding balance, or advance, is created. Molina advances are recouped as part of a bulk total, decreasing the total payment owed until the balance is fulfilled. ([March](#))
- ODM Update: Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM: ODM resumed provider revalidation notices in June 2023 as part of the federal unwinding of the COVID-19 PHE. On Jan. 23, 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. View Recent Updates on our Provider Website for more information. ([March](#))
- PA Request: The preferred method of PA submission is through Availity Essentials. Availity Essentials offers a more streamlined provider experience compared to paper and 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](#))

Questions and Quick Links

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

- Email: OHProviderRelations@MolinaHealthcare.com
- Provider Website: MolinaHealthcare.com/OhioProviders

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Fighting Fraud, Waste and Abuse

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