

Cost Recovery

2023 | Molina Healthcare

Agenda

- Provider Resources
- Availity Essentials Provider Portal
- Cost Recovery
- Contact Molina



Provider Resources

Provider Relations



Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- The It Matters to Molina Program that Includes Monthly Forums, surveys, and an Information Page on the Provider Website

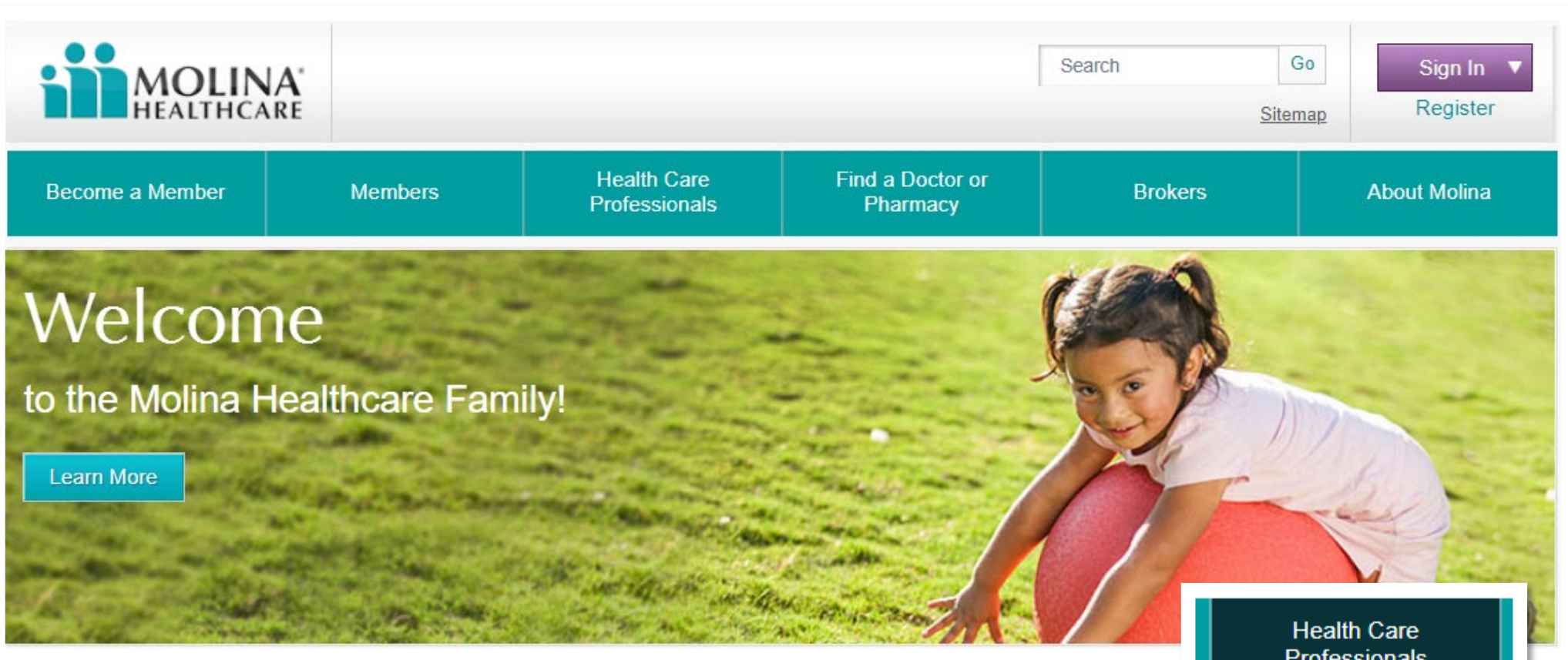
Communication

- Provider Bulletin and Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources, and Provider Resource Guides
- Secure Messaging on the Availity Essentials Provider Portal (Availity)

Technology

- 24-hour Provider Portal
- Online Prior Authorization and Claim Dispute Submission
- Supplemental Prior Authorization (PA) Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Overpayments

Provider Website



Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.

Find the Provider Website at MolinaHealthcare.com.

Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider Manual

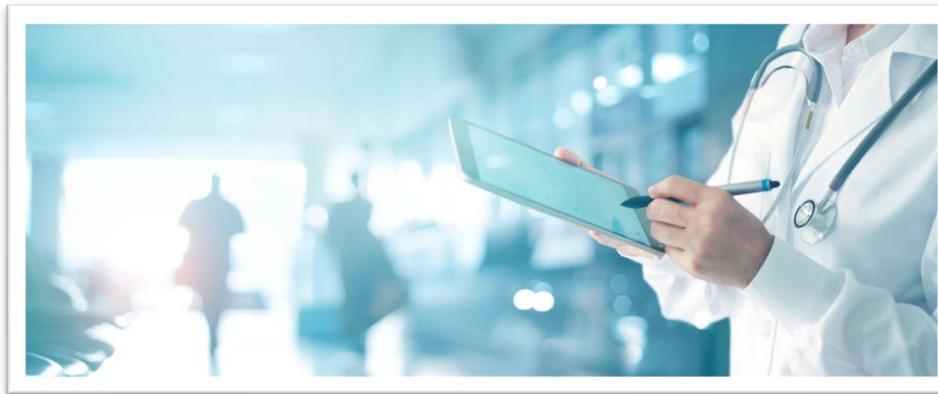
Dental Manual

Claims Information

It Matters to Molina Page and a Claims Payment Systemic Errors (CPSE) Page

Contact Information

Provider Online Directory



Availity Essentials Portal

Member Rights and Responsibilities

Preventive and Clinical Care Guidelines

Prior Authorization Information

Claim Dispute

Provider Communications: Provider Bulletins and Provider Newsletters

Fraud, Waste, and Abuse Information

Advanced Directives

Molina Payment Policies
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and Accountability Act (HIPAA)

Frequently Used Forms

Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

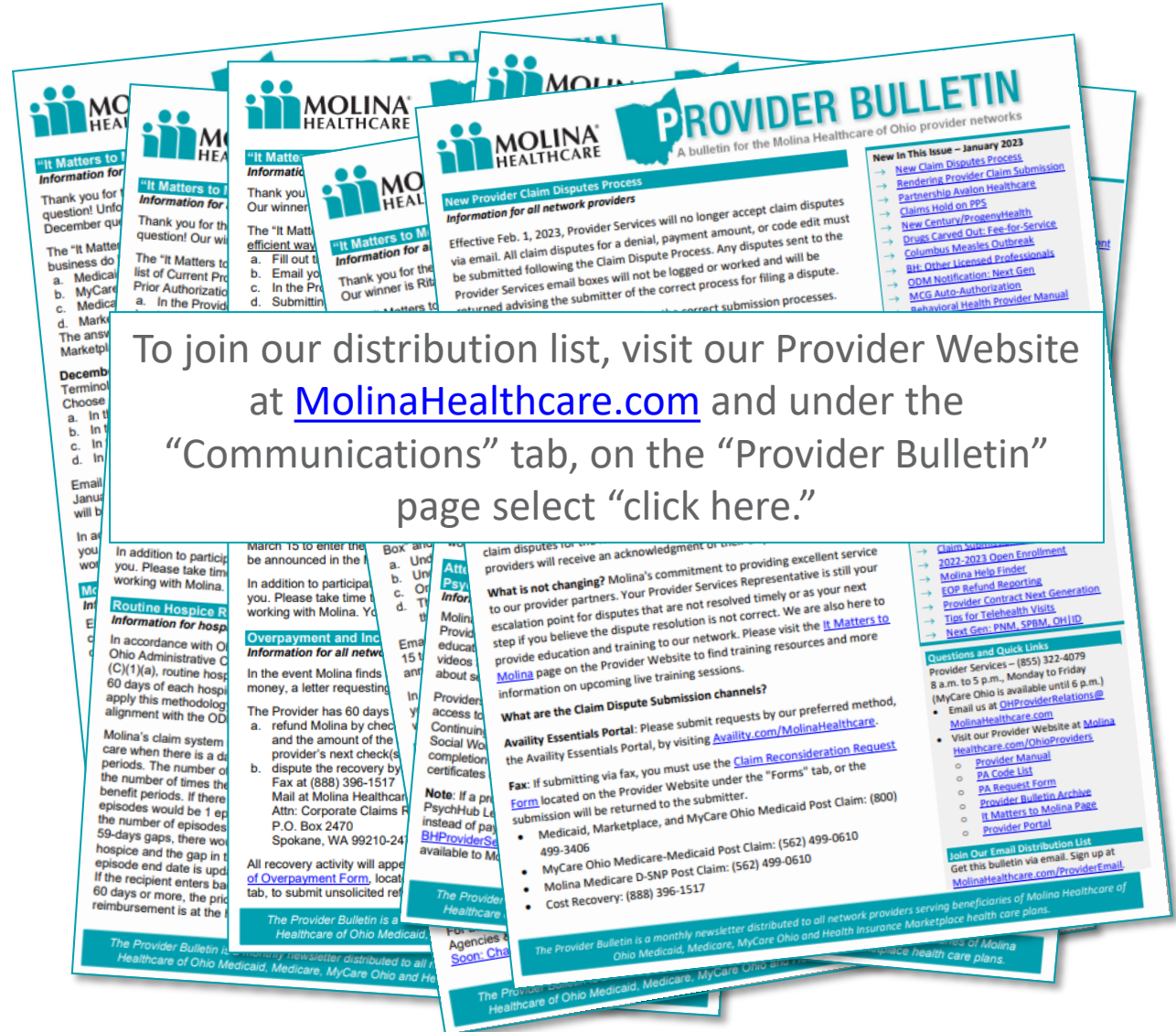
Provider Bulletin

A monthly Provider Bulletin is sent to Molina's provider network to report updates.

The Provider Bulletin includes:

- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials Portal
- It Matters to Molina Corner
- Changes in policies that could affect:

- Claim submissions
- Billing procedures
- Payment
- Disputes & Appeals (Reconsiderations)

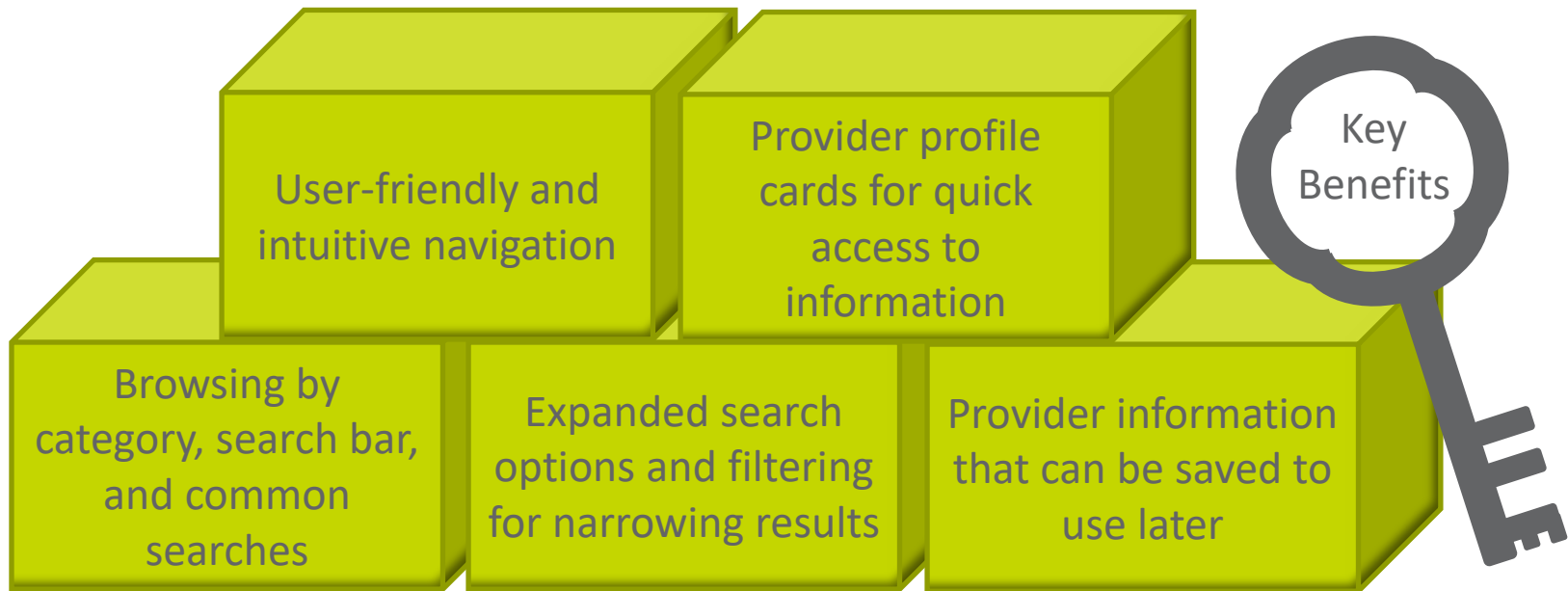
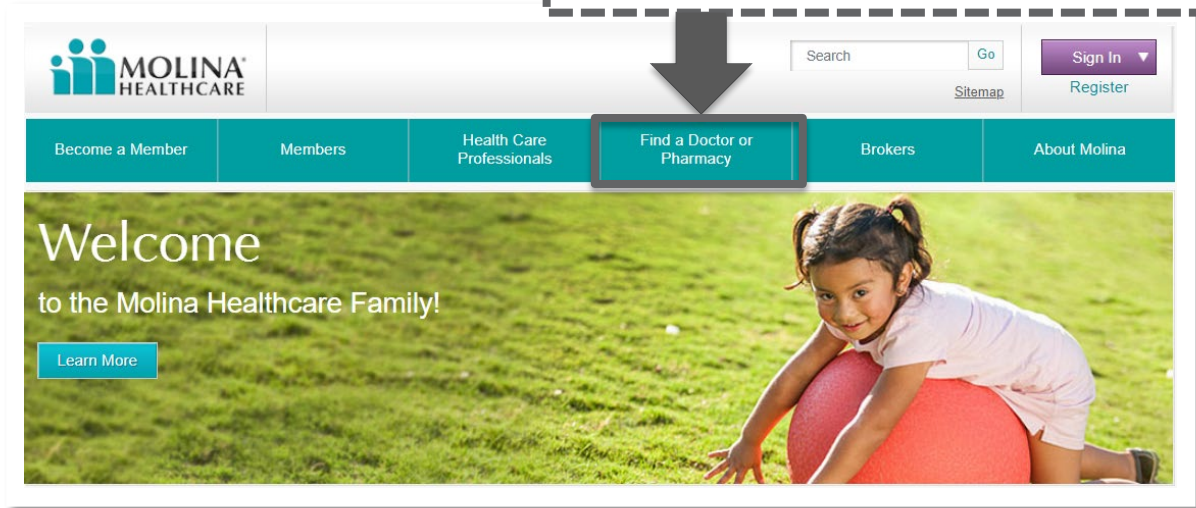


Molina Provider Online Directory

The Molina Provider Online Directory offers enhanced search functionality so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.

To find a Molina provider, click “Find a Doctor or Pharmacy”



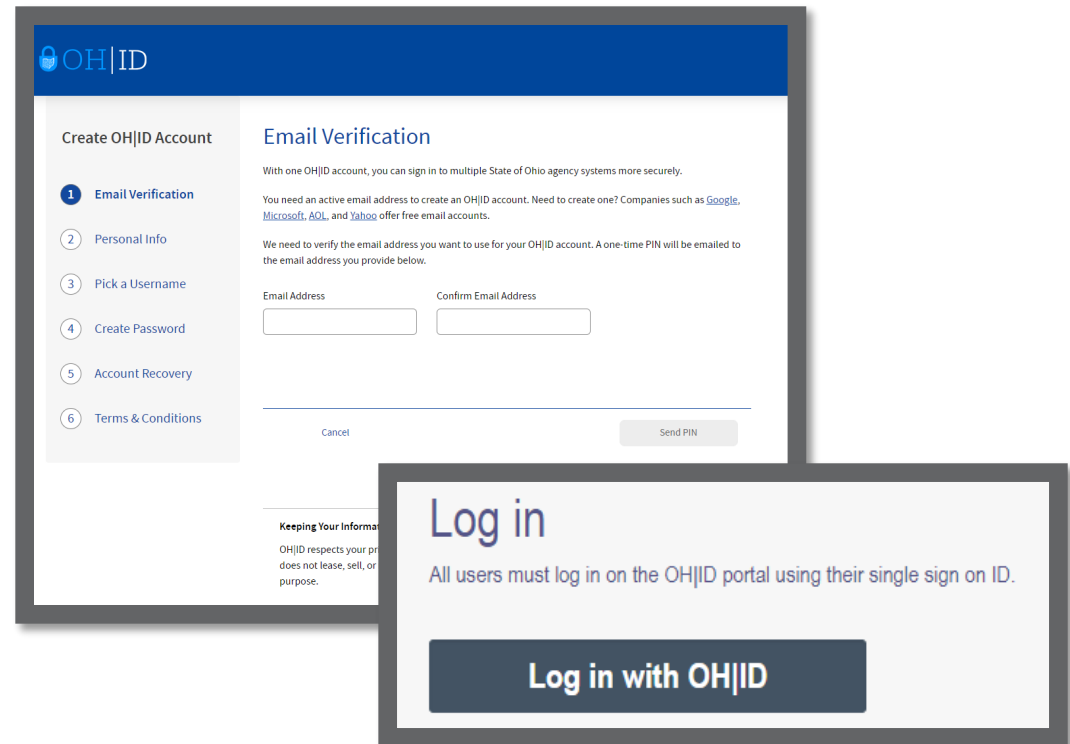
Reminder: Members should be referred to participating providers.

ODM Provider Online Directory and OH|ID

As of Oct. 1, 2022, the Ohio Department of Medicaid (ODM) launched the Provider Network Management (PNM) module to develop a comprehensive provider directory at the state level. View the [ODM Quick Reference Guides](#) to learn more.

Important! Medicaid providers are required to obtain a State of Ohio ID (OH|ID) to do business with Ohio Medicaid. Register at [Create Account | OH|ID | Ohio's State Digital Identity Standard](#)

An OH|ID is a personal online user account that provides a secure, personalized experience for providers to interact with multiple state agencies, programs, and services—all with a single username and password.



Find out more in the [ODM Provider Network Management Frequently Asked Questions](#).

Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA)-required element.



Medicaid and MyCare Ohio: On Oct. 1, 2022, ODM migrated to the new PNM system for provider information and updates. View the [ODM Quick Reference Guides](#) for more information. Note: The [Provider Information Update Form](#) may still be required for some Medicaid and MyCare Ohio updates.

Medicare and Marketplace: Providers can update their information via the [Council for Affordable Quality Healthcare \(CAQH\) DirectAssure](#) application or by submitting a [Provider Information Update Form](#) to Molina.

Important Reminders:

- Providers must validate their information at least quarterly for correctness and completeness.
- Notice of changes must be made at least 30 days in advance of any of the following:
 - Change in office location, office hours, phone, fax, or email
 - Addition or closure of an office location
 - Addition or termination of a provider
 - Change in Practice Name, Tax ID and/or National Provider Identifier (NPI)
 - Open or close your practice to new patients (PCP only)

Molina ID Cards

Providers are encouraged to review the most up-to-date version of the Molina Member ID Cards available in our Provider Manuals at [MolinaHealthcare.com](https://www.molinahealthcare.com) on the “Manual” page.

[Medicaid Member Cards](#)

[MyCare Ohio Member Cards](#)

[Medicare Member Card](#)

[Marketplace Member Card](#)



Resuming Medicaid Renewals (Redeterminations)

During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility. Some state Medicaid agencies continued their eligibility review process, but enrollees were not terminated due to ineligibility.

On December 29, 2022, President Joe Biden signed the [Consolidated Appropriations Act of 2023](#) (also known as the omnibus spending bill) into law, which included the resumption of Medicaid renewals.

Previously, the resumption of Medicaid renewals was tied to the termination of the PHE. With the passage of this bill, the continuous coverage requirements that paused all Medicaid renewals at the start of the PHE are decoupled from the PHE unwinding and termination date of April 1, 2023.

Reference:

appropriations.senate.gov/imo/media/doc/JRQ121922.PDF

Find additional information on the ODM Website at [Resuming Routine Medicaid Eligibility Operations | Medicaid \(ohio.gov\)](#)



Partnering with Us on Medicaid Renewals

We're asking for your support and partnership. Together, we can provide the education and resources to retain our Medicaid members and offer solutions to those in our communities who have lost their coverage during the recertification process.

How Can You Help?

We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they don't lose their coverage. You can help us by:

- Looking for their Medicaid renewal date in your [Availity](#) provider portal's eligibility & benefits and member roster sections (see specific steps on the Provider Website Renewals FAQ page).
- Liking and sharing our Facebook page and posts or by posting your own social media posts and tagging us in the posts

Find additional information about Medicaid Renewals at [Molina Healthcare Medicaid Renewals](#).

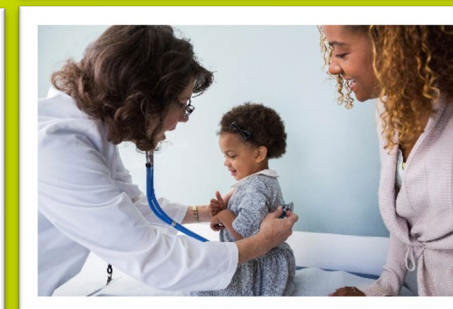
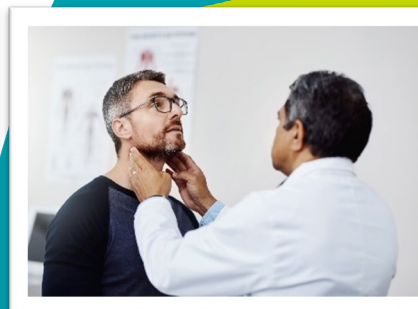
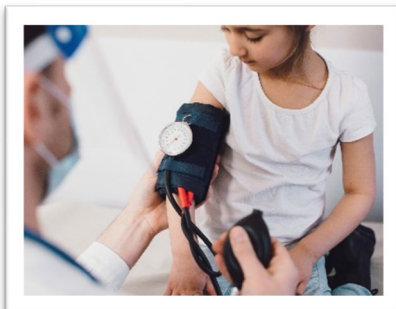
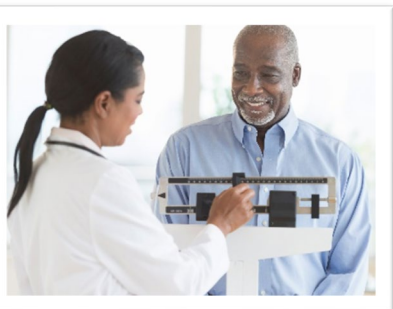
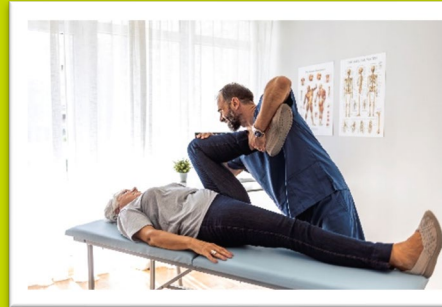
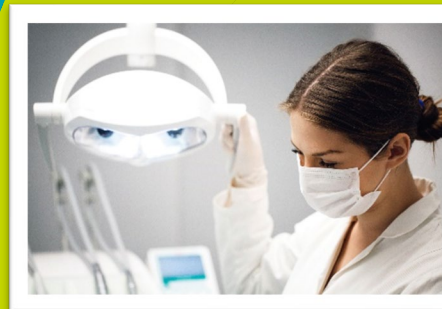
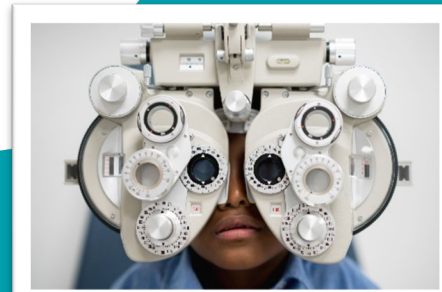
How Can Members Renew?

Online: Log in to benefits.ohio.gov and click the “Renew my Benefits” tab.

By Phone: Call the Ohio Medicaid Consumer Hotline at (800) 324-8680, option 8 (TTY: (800) 292-3572). Call Monday through Friday, 7 a.m. to 8 p.m.

By Mail: Complete the Medicaid Renewal Form received in the mail. Send it to their local County Department of Job and Family Services (CDJFS). They can find the address on the front page of the letter or on the County Agency Directory.

In Person: Visit their local CDJFS office. Bring the documents needed to report income and fill out a form in person. Find the address at [County Directory \(ohio.gov\)](https://www.ohio.gov/county-directory).



Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

Health Care Professionals
Medicaid
Medicare
MyCare Ohio
Marketplace
Provider Portal
<u>Prior Auth LookUp Tool</u>

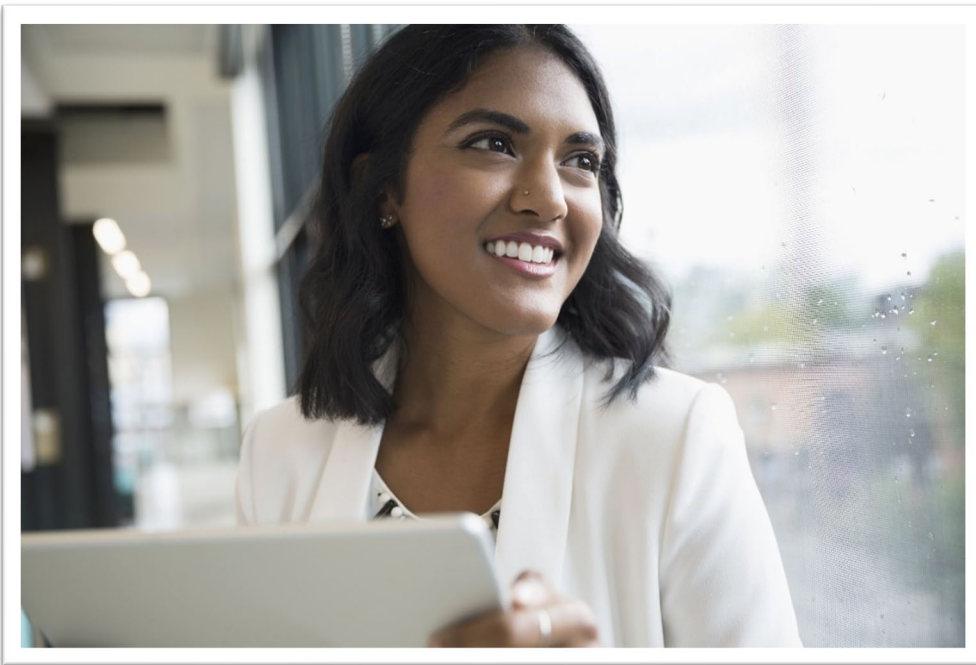
Utilize the PA Lookup Tool on our Provider Website and Provider Portal to determine if a PA is required



Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the “Provider Responsibilities” section of the Provider Manual, located at MolinaHealthcare.com under the “Manual” tab. Topics include:



- Non-Discrimination of Health Care Service Delivery
- Provider Data Accuracy and Validation
- National Plan and Provider Enumeration System (NPPES) Data Verification
- Electronic Solutions/Tools Available to Providers
- Primary Care Provider (PCP) Responsibilities

If It Matters to You, It Matters to Molina. Your feedback is important.

Ways to provide feedback includes:

- Click on the “Email us” link under “Your Opinion Matters to Molina” at the top of our Provider Website
- Email your Provider Relations Team
- Take one of our post-training or general feedback surveys located on the [It Matters to Molina](#) page
- Join our Provider Advisory Council

Monthly It Matters to Molina Provider Forum:

Molina offers monthly It Matters to Molina Provider Forums with either a set presentation topic, or as an open question and answer session between our provider partners and Molina's subject matter experts. Find a list of upcoming trainings on the [It Matters to Molina](#) page.



Medicaid Definitions of Terms: Authorization Appeal and Claim Disputes

Authorization Appeal

Formerly known as an “authorization reconsideration.” A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form) and submitted via fax.

Clinical Claim Dispute

Formerly known as an “authorization reconsideration.” A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form). May be submitted via Availity, fax, or verbally.

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). May be submitted via Availity, fax, or verbally.

MyCare Ohio, Medicare, and Marketplace Definitions of Terms: Authorization Reconsideration and Claim Reconsideration

Authorization Reconsideration is either:

- A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form and submitted via fax.
- A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form. May be submitted via Availity or via fax.

Claim Reconsideration is used only for disputing a payment denial, payment amount, or a code edit. The Claim Reconsideration must be submitted on the Claim Reconsideration Form. May be submitted via Availity or via fax.

Availity Essentials Portal

Availity Essentials (Availity) Provider Portal

Register for Availity at [availity.com/provider-portal-registration](https://www.availity.com/provider-portal-registration) and select your organization type.

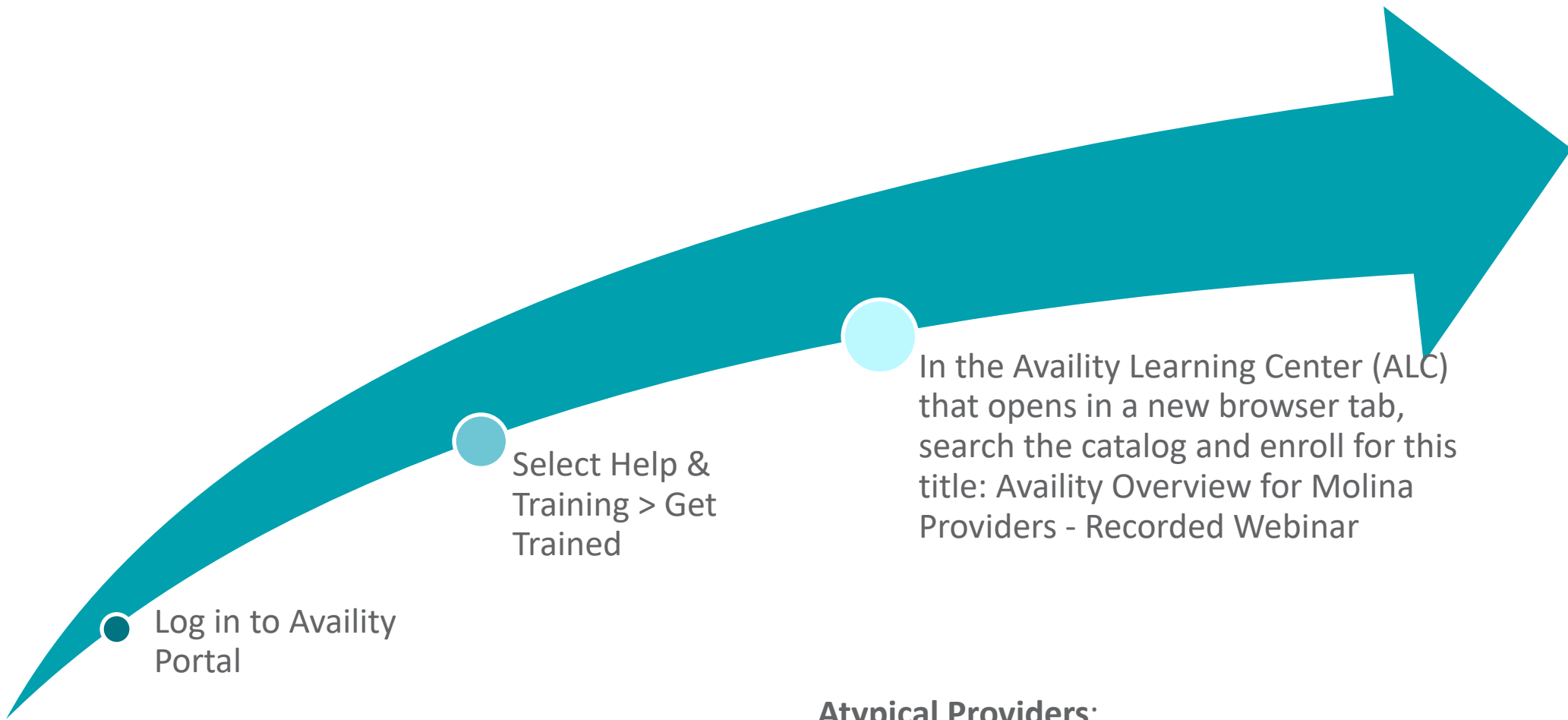
The screenshot shows the Availity website interface. At the top left is the Availity logo. Below it is a large banner image of hands typing on a laptop keyboard. A yellow button labeled "Register for access" is in the bottom left of the banner. To the right of the banner, the text reads "To register, select your organization type below". Below this is a row of four colored buttons: "Providers" (blue), "Health Plans" (green), "Vendors" (orange), and "Billing Services" (teal). On the right side of the page, there is a login form titled "Please enter your credentials". It includes fields for "User ID:" and "Password:", a "Show password" checkbox, and a "Log in" button. Links for "Forgot your password?" and "Forgot your user ID?" are also present.

Log into Availity at:
apps.availity.com/availity/web/public.elegant.login.

Note: After May 23, 2023, providers no longer have direct access to the Molina Provider Portal and its functions.

Availity Provider Portal

Once registered providers will have access to the Availity Portal training by following these steps:



Atypical Providers:

Under “News and Announcements” select “Atypical Providers: Here’s your Ticket to Working with the Availity Portal” to view training sessions.

Availity Provider Portal

The Availity Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

Online Claim Submission

Claims Status Inquiry

Corrected Claims

Member Eligibility Verification and Benefits

Secure Messaging

Check Status of Claim Dispute



Manage Overpayment Request

Healthcare Effectiveness Data and Information Set (HEDIS®)

Online Non-Clinical Claim Dispute (Claim Reconsideration) Requests

Care Coordination Portal

Remittance Viewer

View PCP Member Roster

Submit and Check Status of PA Requests








Cost Recovery

What is Cost Recovery, and Why Does it Happen?

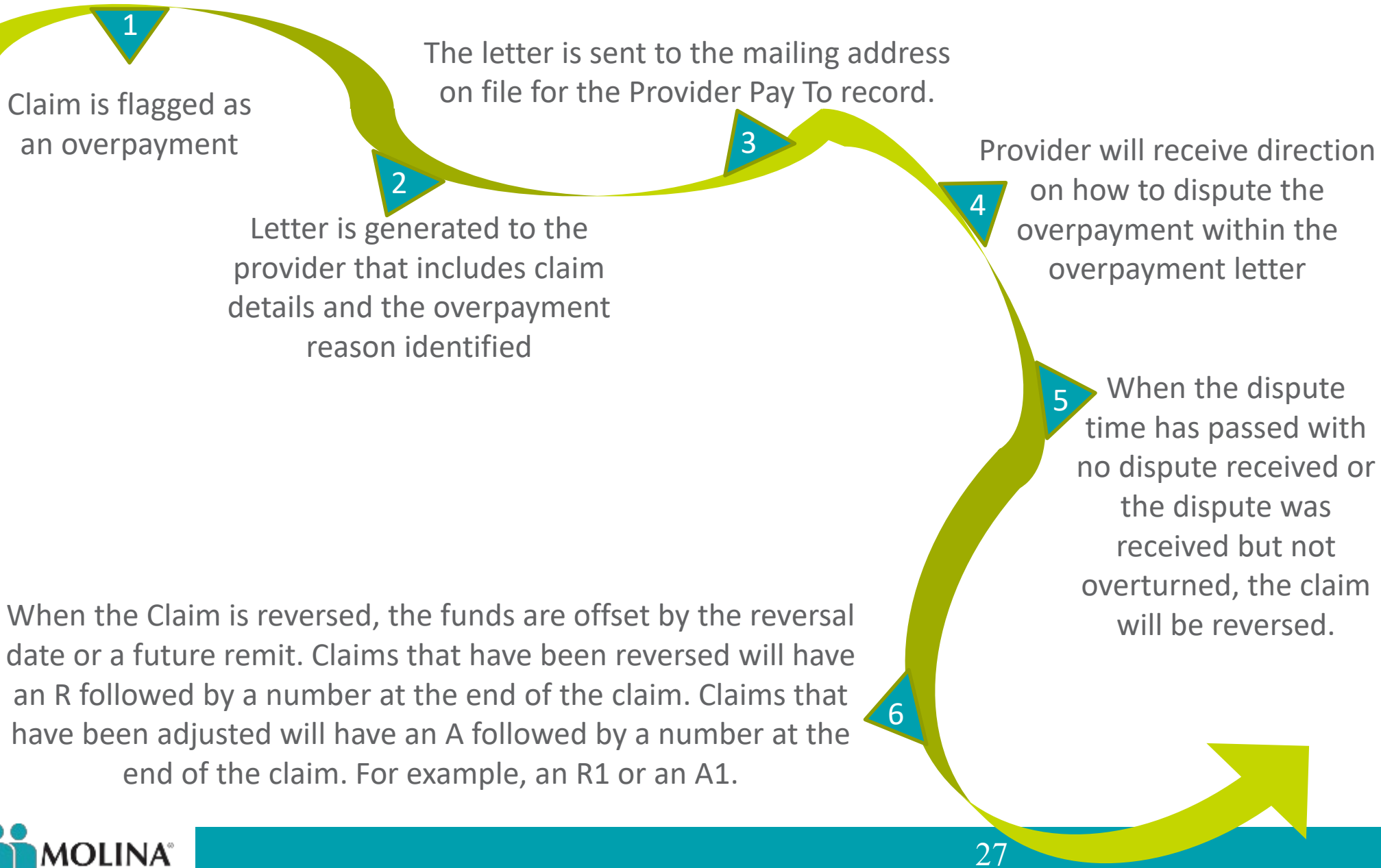
Cost recovery occurs on a claim when the services are identified as overpaid or incorrectly paid. This can happen through an internal audit, external audit, a provider reporting the overpayment or a change in the system configuration.

Examples of cost recovery situations may include:

-  Member's enrollment changes retroactively
-  Provider's network status is changed
-  Audit identified a non-covered benefit was paid without authorization
-  An external vendor identifies the Current Procedural Terminology (CPT) code should have been bundled with another service
-  Rate changes are implemented and retro-effective

Cost Recovery Process

Once an overpayment is identified, it will go through the review process.



Cost Recovery Disputes

The recovery dispute time noted in the recovery letter will vary based on the recovery reason and by individual line of business. The Availity Portal allows providers to submit disputes, inquiries, and obtain copies of their recovery letters. If in agreement with the recovery, the Provider payment should be submitted as outlined in the cost recovery letter.



If a recovery dispute is received, the recoupment will be placed on hold until the review is completed. If a recovery dispute is not received within the noted timeframe, the recoupment will be processed.



The dispute and supporting documentation will be reviewed by our claim specialists, coding team members and claim specialists as needed to evaluate the appropriate action needed.



If it is determined to be overturned, the recovery is canceled, and a notice is sent to the provider.



If it is determined to be upheld, a notice is sent to the provider and cost recovery moves forward with reversing the payment.

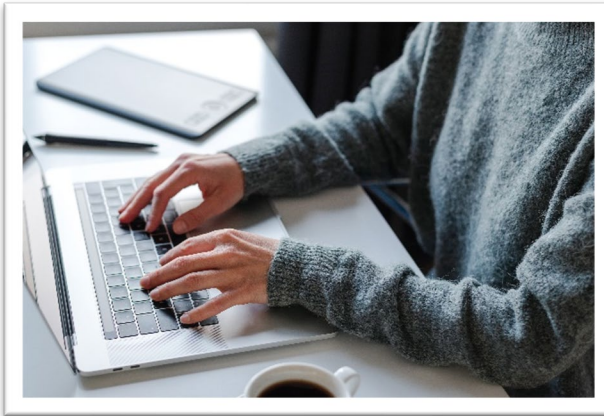
Additional Actions Related to Cost Recoveries

Wait for Recovery Period

If you agree with the recovery but need to submit a correction to the claim: Molina follows the standard corrected claim timeline from the time of reversal to submit a new claim following the corrected claim coding guidelines.



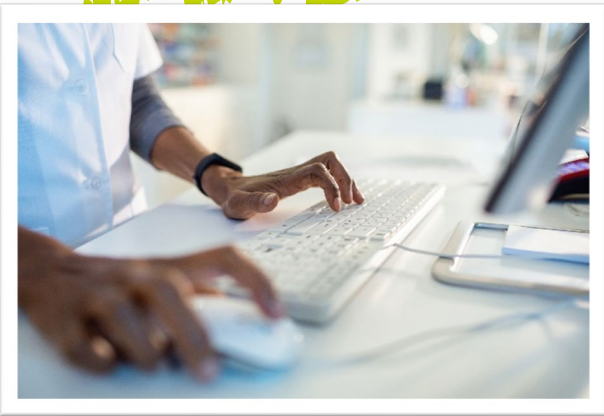
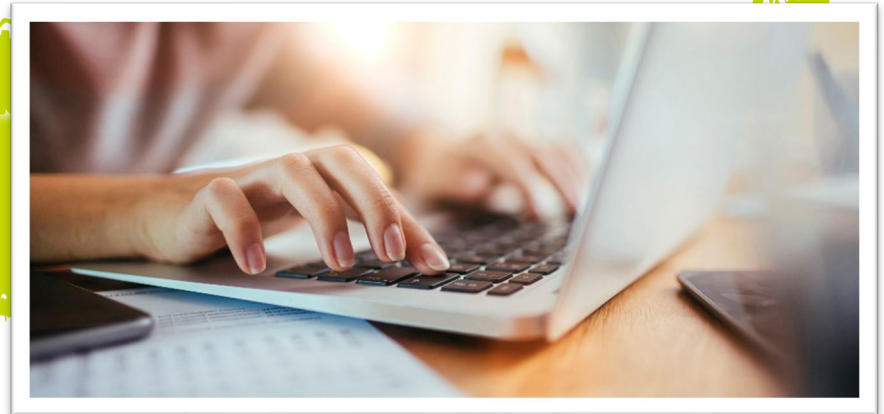
Post Recovery Disputes



Once a claim has been reversed due to a recovery, a new claim ID will be generated with an R at the end of the claim, followed by a number.

An A at the end of the claim, followed by a number will signify the new adjusted claim that is either denied or paid at a different amount.

Once a claim is reversed or adjusted the provider then has the standard claim dispute timeframes to dispute or correct the new claim.



To dispute the new claim providers should follow the Non-Clinical Claim Dispute/Claim Reconsideration process.

Reminder: A provider must file the dispute against the final claim with the A or R and not the original claim, or the dispute will be rejected.

Contact Molina

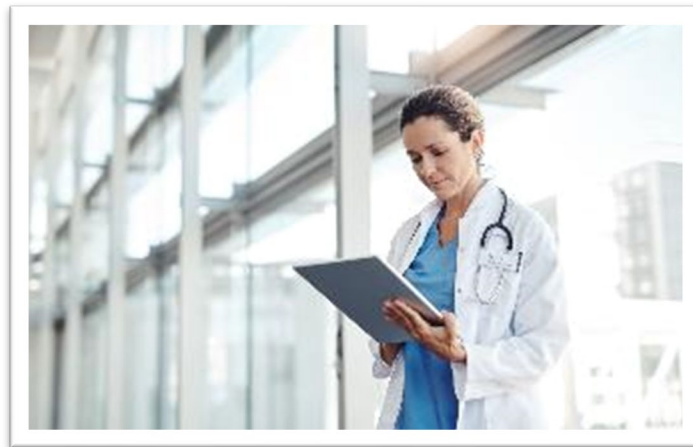
Molina Provider Training Survey



The Molina Provider Relations Team hopes you have found this training session beneficial.



Please share your feedback with us so we can continue to provide you with excellent customer service!

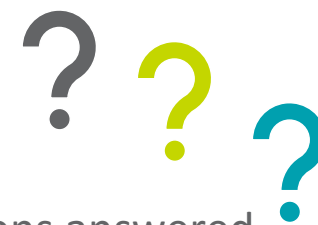


Please take a few minutes to complete the [Molina Provider Training](#) survey to provide feedback on this session. The survey is located on the [It Matters to Molina Page](#) of our Provider Website, under the “Communications” tab.



Molina wants to hear about what other topics you’d like training on in the future.

Molina of Ohio Provider Relations Contact Information



Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

Provider Type	PS Rep.	Email Address
Physician groups, Specialists, FQHC Non-BH Providers, Advanced Imaging/Radiology, Ambulatory Surgical Centers, Anesthesiologists, and Hospitalists.	Darius Faroughi	OHProviderRelationsPhysician@MolinaHealthcare.com
Skilled Nursing, Long Term Acute Care, Hospice, and Assisted Living Facilities	Yvonne Mitchell	OHProviderRelationsNF@MolinaHealthcare.com
Home Health Agencies, Waiver (LTSS), Laboratories, Ancillary Dialysis Centers, and Durable Medical Equipment	Alexandrea Grier	OHMyCareLTSS@MolinaHealthcare.com
BH Providers (ODMHAS, CMHC, 84/95) and FQHC BH Providers	Mariah Vinson	BHProviderRelations@MolinaHealthcare.com
Multi-Specialty and assists with all provider types	Sarah Stevens	OHProviderRelations@MolinaHealthcare.com

Molina of Ohio Provider Relations Contact Information, Continued

Contact information for hospital-affiliated providers or groups:

Hospital Region	Representative	Email Address
All State	Jeremy Swingle	OHProvider.RelationsHospital@MolinaHealthcare.com
All State	Christopher Jones	OHProvider.RelationsHospital@MolinaHealthcare.com
East Region	Andrea Williams	OHProvider.RelationsHospital@MolinaHealthcare.com
West Region	Crysta Davis	OHProvider.RelationsHospital@MolinaHealthcare.com

Contact information for Provider Engagement Team providers or groups:

Provider Region	Representative	Email Address
All State	Sonya Adams	OHProviderServicesPET@MolinaHealthCare.Com
All State	Shard'e Stubbs	OHProviderServicesPET@MolinaHealthCare.Com

Contact information for our Provider Advisory Council (PAC):

Provider Region	Representative	Email Address
All State	William Caine	OHProviderRelations@MolinaHealthcare.com

For general inquiries, questions, or comments or to identify your specific representative:

Email Address
OHProviderRelations@MolinaHealthcare.com

Any Questions ?

Thank you!