Ohio State Medical Association

2020 | Presented by: Molina Healthcare

The Molina Story

Three Decades of Delivery Access to Quality Care

Molina Healthcare's was founded in 1980 as a provider organization with a network of primary care clinics in California.

Today Molina Healthcare serves the diverse needs of 3.3 million plan members and beneficiaries across the United States through government-funded programs. Molina Healthcare provides NCQA-accredited care and services that focus on promoting health, wellness and improved patient outcomes.

While the company continues to grow, we always put people first. We treat everyone like family – making Molina Healthcare your extended family.
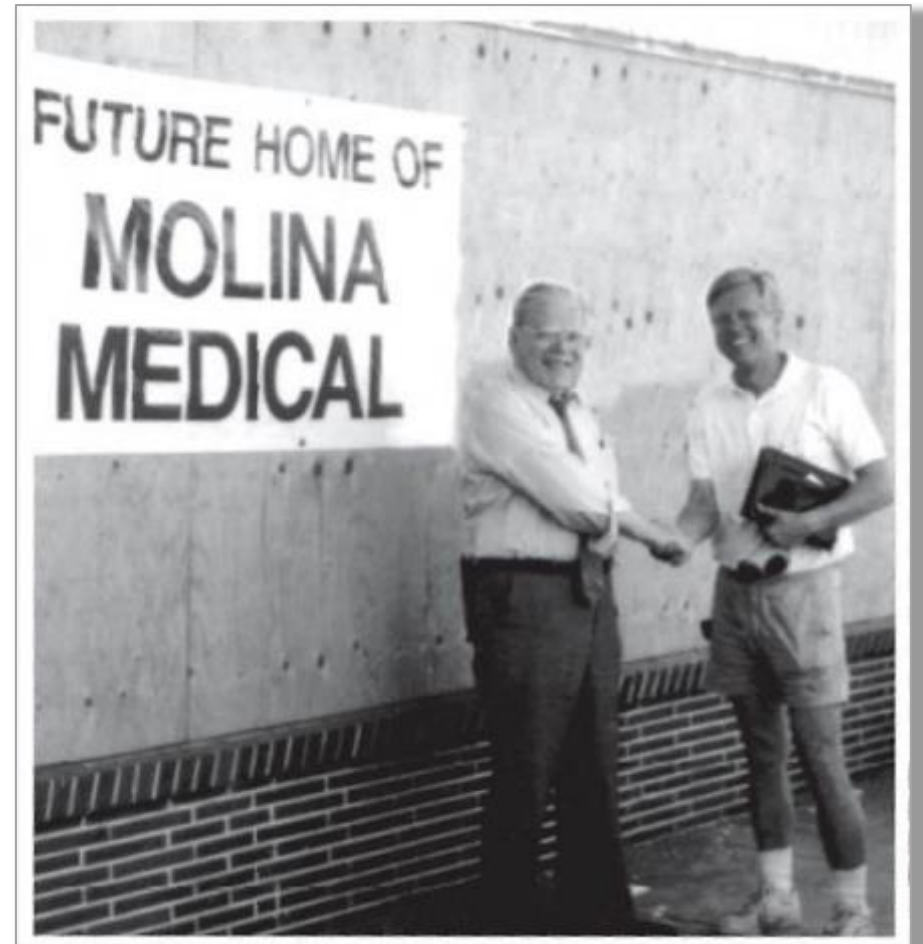
Provider Online Resources

Provider Manual

Dental Manual

Provider Online Directories

Provider Portal

Preventive & Clinical Care Guidelines

Prior Authorization Information

Advanced Directives

Claims Information

Claims Reconsiderations

Pharmacy Information

HIPAA

Fraud, Waste and Abuse Information

Frequently Used Forms

Communications & Newsletters

Member Rights & Responsibilities

Contact Information

www.MolinaHealthcare.com/OhioProviders

Provider Online Directory

Molina Healthcare providers are encouraged to use the Provider Online Directory on our website to find a network provider or specialist.

Members should be referred to participating providers.

To find a Molina Healthcare provider, visit
www.MolinaHealthcare.com/OhioProviders and click "Find a Doctor or Pharmacy."

Provider Online Directory

Provider Data Validation

Information for providers in all networks

Providers are encouraged to review their information on the Provider Online Directory for accuracy.

Important Reminder:

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:
- Change in office location, office hours, phone, fax or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in Tax ID and/or NPI
- Open or close your practice to new patients (PCPs only)

Please use the [Provider Information Update Form](#) to make these changes.

Important Update:

The Provider Portal now has a feature that assists providers to report data corrections regarding demographic information! Under "Account Tools," select "View/Update Profile" and "Report data change in the Provider Directory: Submit Here."

Submittals are limited to one instance per provider at a time.

Visit the Provider Portal at https://Provider.MolinaHealthcare.com.

MOLINA HEALTHCARE

Become a Molina Healthcare Provider

How to Contract with Molina Healthcare

Information for providers in all networks

Interested in becoming a contracted provider with Molina Healthcare of Ohio and joining our network of quality health care providers?

Fill out the Non-Par Provider Contract Request Form, on the Molina Healthcare website at www.MolinaHealthcare.com/OhioProviders and either:

- Email it to OHContractRequests@MolinaHealthcare.com or
- Fax it to the attention of Provider Contracts at (866) 384-1226

MOLINA
HEALTHCARE

Provider Portal

The Provider Portal is secure and available 24 hours a day, seven days a week.

Register online at https://provider.molinahealthcare.com/provider/login for access to our Provider Portal for self-services, including:

Online Claim Submission	Claims status inquiry
Online Claim Reconsideration Requests	Corrected Claims
Member eligibility verification and history	Coordination of benefits (COB)
Member Nurse Advice Line call reports	Update provider profile
Submit Prior Authorization (PA) requests	Status check of authorization requests
View Primary Care Provider (PCP) member roster	Healthcare Effectiveness Data and Information Set (HEDIS®) missed service alerts for members

Molina offers monthly Provider Portal trainings! Training dates and times are available on the right-hand side panel of our website at www.MolinaHealthcare.com/OhioProviders, or sign up for our monthly Provider Bulletin to have the provider training information emailed to you each month.

Molina also offers monthly Claim Submission training, Provider Portal training and "It Matters to Molina" Provider Forums, in addition to quarterly Provider Orientations.

MOLINA HEALTHCARE

Register for Provider Portal

Provider Portal

Check eligibility, claims and more.

User ID

Password

Forgot Password | Register

[Sign In]

Visit www.MolinaHealthcare.com/OhioProviders to register. You will need the TIN and your Molina Healthcare Provider Identification number.

If you need a Molina Healthcare Provider ID number, contact Provider Services at (855) 322-4079.

Begin registration		Required fields		Username and password		Complete registration
• Click "New Registration Process" • Select "Other Lines of Business" • Select State • Select role type "Facility or Group" • Click "Next"	➤	Enter: • First name • Last name • Email address • Email address again to confirm	➤	• Create a unique user ID using 8-15 characters • Create a unique password using 8-12 characters • Select three security questions and enter answers	➤	• Accept "Provider Online User Agreement" by clicking on the check box • Enter the code in the textbox as shown in the image • Click "Register"

MOLINA HEALTHCARE

Medicaid ID Number

Medicaid ID Number Requirements

Information for providers in all networks

In order to comply with federal rule 42 CFR 438.602, providers are **required** to have enrolled or applied for enrollment with Ohio Department of Medicaid (ODM) at **both** the group practice and individual levels to receive payment for clean claims submitted to Molina Healthcare for covered services.

Providers without a Medicaid ID number will need to submit an application to ODM. Enrollment is available through the Medicaid Information Technology System (MITS) portal or providers can start the process at https://medicaid.ohio.gov.

Upon future notice by ODM, Molina will begin denying claims for providers who are not registered and known to the state. Reach out to your Molina Healthcare Provider Representative with questions.

Submitting Electronic Data Interchange (EDI) Claims

Submitting Electronic Data Interchange (EDI) Claims
Information for providers in all networks

Electronic Data Interchange (EDI) is the safest and easiest method to submit claims to Molina Healthcare, receive payments and remittance advices. Benefits include reducing operational costs, increased accuracy of data and the ability to easily check claim status.

Electronic claim submission can be done in one of two ways:
- Through your own clearinghouse or Molina Healthcare's contracted clearinghouse, Change Healthcare
- Molina Healthcare's Provider Portal available at https://Provider.MolinaHealthcare.com

Accepted claims for EDI transmission include 837P (Professional Claims) and 837I (Institutional Claims).

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) can save your staff from trips to the bank and faster payments than if they came in the mail. To Enroll in ERA/EFT, go to MolinaHealthcare.com and select Enrollment Information for ERA/EFT from the EDI ERA/EFT dropdown menu, then click on the hyperlink for registration.

If you have questions regarding these electronic solutions please contact your Provider Services Representative.

Authorization and Claim Reconsiderations

Authorization Reconsideration Process

Information for providers in all networks

Pre-service and post-service authorization reconsiderations have been combined into a single process, and claims reconsiderations now follow a separate process.

A Request for Claim Reconsideration Form must be submitted for any dispute that is related to a claim denial that is not due to an authorization. An Authorization Reconsideration Form must be attached to any request involving an authorization denial or update. The appropriate form will be required to process the reconsideration. These forms have been updated and are available on our website under the "Forms" tab. Please be sure you are accessing the current version of the form on our website.

For additional information visit www.MolinaHealthcare.com/OhioProviders and under the "Manual" tab, on the "Quick Reference Guides & FAQs" page, read the "Medicaid and Marketplace Authorization and Claim Reconsideration Guide" or the "MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide."

Authorization and Claim Reconsiderations

Claim Reconsideration Request Form Requirements

Information for providers in all networks

Claim disputes or authorization reconsiderations submitted on an incorrect form, or submitted on a form that is not filled out completely, will be returned unworked.

For more information regarding our Authorization and Claim Reconsideration processes please see the reference guides on our website on the "Manual Tab" under the section titled **Quick Reference Guides & FAQs**. These guides are specific to each line of business. Please confirm the line of business the member is eligible under and reference the correct guide for the reconsideration process and appeal rights.

Claim Reconsideration Process (Not Related to an Authorization)

Information for providers in all networks

Submit a claim reconsideration only when disputing a payment denial, payment amount or code edit. Claim reconsiderations are applicable for disputes unrelated to clinical appeals or reconsiderations associated with pre-service and post-service authorization.
- Primary insurance Explanation of Benefits (EOB), corrected claims and itemized statements are not accepted via claim reconsideration. Please refer to the Corrected Claims submission process guidelines.
- The Claim Reconsideration Request form (CRRF) must be filled out entirely and include the claim number, or it will not be processed and the provider will be notified. Find the form at: MolinaHealthcare.com/OhioProviders under "Forms." (Paper submissions received by mail will not be processed and the provider will be notified).
  - o Fax the form and supporting documents to (800) 499-3406
  - o The form and supporting documents can also be submitted through our Provider Portal

MOLINA HEALTHCARE

Authorization and Claim Reconsiderations

Quick Reference Grid

The grid below summarizes your options by type of authorization by line of business.

	Outpatient			Inpatient		
	Peer-to-Peer	**Authorization Reconsideration**	**Provider Rep. Member Appeal**	**Peer-to-Peer**	**Authorization Reconsideration**	**Provider Rep. Member Appeal**
Medicaid/ Marketplace	Yes	Yes	Yes	Yes	Yes	Yes
Medicare/ MyCare Ohio	Yes*	No	Yes	Yes	Yes	Yes

*As noted in the slide above, due to regulatory requirements, for Outpatient decisions a Peer-to-Peer is a consultation only, a determination cannot be overturned.

For additional information read the Medicaid and Marketplace Authorization and Claim Reconsideration Guide available on the "Manual" on our Medicaid and Marketplace websites, or the MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide available on the "Manual" tab on our MyCare Ohio website.

MOLINA HEALTHCARE

Provider Trainings

Provider Portal and Claim Submission Training

Information for providers in all networks

Molina Healthcare is now offering monthly training sessions!

Provider Portal: These sessions cover administrative tools, member eligibility, authorization requests, HEDIS® profiles and more!

Provider Portal Training:
- Thurs., Aug. 20, 2 to 3 p.m. meeting number 288 537 344, password 3agMH379FRM
- Tues., Sept. 15, 2 to 3 p.m. meeting number 133 618 9688, password U5BpeFM7mp3

Provider Claim Submission: Learn to use the Provider Portal to submit claims, check claim status, add supporting documents, request claim reconsiderations and more!

Provider Claim Submission Training:
- Mon., Aug. 10, 2 to 3 p.m. meeting number 285 060 282, password YXh7Emw3TH7
- Thurs., Sept. 17, 11 a.m. to 12 p.m. meeting number 281 076 174, password sQ9vMmMPp89

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 OHProviderRelations@MolinaHealthcare.com and we'll assist you with getting connected immediately.

Read our monthly Provider Bulletin for new and upcoming training sessions, or visit our website at www.MolinaHealthcare.com/OhioProviders.

Provider Trainings

It Matters to Molina Provider Forums

Information for providers in all networks

Monthly It Matters to Molina Provider Forum Topic:

Notice of Medicare Non-Coverage (NOMNC) Form Question and Answer (Q&A): Molina is hosting a Q&A forum on the NOMNC Form to assist with questions.
- Thurs., Aug. 27, 1 to 2 p.m. meeting number 133 725 9902, password 3PmYpJhEN44

Claim and Prior Authorization Reconsideration Process: Molina is hosting a Q&A forum on the Claim and Prior Authorization Reconsideration Process to assist with questions.
- Wed., Sept. 30, 2 to 3 p.m. meeting number 133 297 7127, password jGSfJPrD452

Quarterly Provider Orientation

Information for providers in all networks

Provider Orientation:
- Tues., Aug. 25, 2 to 3 p.m. meeting number 281 096 189, password 4RNmASdBr56

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 OHProviderRelations@MolinaHealthcare.com and we'll assist you with getting connected immediately.

Read our monthly Provider Bulletin for new and upcoming training sessions, or visit our website at www.MolinaHealthcare.com/OhioProviders.

Provider Bulletin

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

The Provider Bulletin includes:

Information for providers in all networks

- Prior authorization changes
- Provider training opportunities
- Changes in policies that could effect claim submission, billing procedures or appeals
- Updates to the Molina Healthcare Provider Portal

It Matters TO MOLINA®

Molina Healthcare of Ohio offers your office the opportunity to be entered into a monthly drawing for a prize! To enter, follow the "It Matters to Molina" Corner article instructions found in our monthly Provider Bulletin.

Visit our website at www.MolinaHealthcare.com/OhioProviders to join our distribution list.

Provider Bulletin Articles

New PA Code List

Information for providers in all networks

On July 1, 2020 the updated Prior Authorization (PA) Code list was posted online. The next PA Code List update will be available on Sept. 1, 2020 at www.MolinaHealthcare.com/OhioProviders for an Oct. 1, 2020 effective date.

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.

New Medicaid and MyCare Ohio Provider Manual

Information for providers in all networks

On July 1, 2020 the updated Medicaid and MyCare Ohio Provider Manual was posted online.

Molina posts a new comprehensive 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.

Provider Bulletin Articles

Prior Authorization Buy and Bill Updates

Information for providers in all networks

When a provider submits a request for buy and bill medication, the medication itself should be submitted on its own Prior Authorization (PA) Request Form. The PA Request Form is located on our website under the "Forms" tab.

Along with the PA Request Form, providers should submit supporting clinical documentation to support the request. A separate PA Request Form should be submitted for any additional procedural codes, administration supplies or home health services (Current Procedural Terminology [CPT] and/or Healthcare Common Procedure Coding System [HCPCS] codes) with supporting clinical documentation for the service.

Molina will review each request separately to ensure proper clinical reviews follow the correct clinical review criteria (i.e. Ohio Administrative Guidelines, Molina Clinical Policies) for each individual service being requested. If the service is not listed on a separate PA Request Form, there could be a delay in the review process and a provider getting a timely determination response.

Claims Payment Systemic Errors (CPSEs)

Information for providers in all networks

Molina of Ohio added a Claims Payment Systemic Errors (CPSE) page to the Molina Website, under the "Communications" tab. Molina posts our CPSE reports each month for provider communication.

Ohio Managed Care Plans are required by the Medicaid Managed Care Provider Agreement to communicate to providers when claims are processed incorrectly by underpaying, overpaying or denying claims when certain criteria is met. Cases that meet these criteria are defined as CPSEs.

Provider Bulletin Articles

COVID-19 (Coronavirus) Page on the Molina Website

Information for providers in all networks

Molina has added a COVID-19 (Coronavirus) page on the Provider Website, under the "Communications" tab to help provide information during the COVID-19 pandemic, including:
- Provider Bulletins about COVID-19: Containing the Molina State of Emergency Provider Bulletins
- Behavioral Health: Resources including "Dealing with the Emotional Aspects of Medical Conditions" and "The Psychological Impact of COVID-19"
- Additional Resources: Houses links to the Centers for Disease Control and Prevention Website and the Ohio Department of Health Website
- Medicare/MMP COVID-19 Provider Notices: Including Centers for Medicare & Medicaid Services (CMS) COVID-19 Bulletins

ECHO Behavioral Health Trainings for Pediatric Providers

Information for pediatric providers in the Medicaid, MyCare Ohio, Medicare and Marketplace networks

Project Extensions for Healthcare Outcomes (ECHO) is an interactive, case-based learning collaborative created to help providers acquire skills to manage children with behavioral health (BH) conditions presenting in primary care offices.

Children often use primary care providers (PCPs) for BH management and this may increase during the COVID-19 pandemic. To help practices address the impact of COVID-19 on staff, patients and practice management, Project ECHO is offering "COVID-19 ECHO: Emergency Readiness & Response" sessions twice a month. For additional information visit https://www.aap.org/en-us/professional-resources/practice-transformation/echo/Pages/AAP-COVID-19-ECHO.aspx.

Provider Bulletin Articles

MAT Videos on the Molina Provider Website

Information for all network providers

Medicated-Assisted Treatment (MAT) is the use of Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (SUD).

Molina Healthcare of Ohio added MAT videos on the homepage of our website to assist providers with the following topics:
- Addiction: Addiction is Not a Choice
- Basics: The Basics of MAT
- Safety: MAT Safety and Compliance

Provider Bulletin Articles

Annual Model of Care Training

Information for providers in the MyCare Ohio and Medicare networks

The Centers for Medicare and Medicaid Services (CMS) requires contracted medical primary care providers and specialists complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) and MyCare Ohio Medicare Model of Care (MoC) by Dec. 31, 2020. MoC should be completed by providers in the MyCare Ohio and Medicare lines of business (LOB). Providers who only participate in the Medicaid and Marketplace LOB do not need to complete this training.

What providers need to do – Deadline: Dec. 31, 2020
- Complete training and fill out the MoC Attestation Form and send to OHAttestationForm@MolinaHealthcare.com

WebEx Training: Molina will be hosting monthly MoC provider training sessions to help train you and your staff, and address questions.
- Mon., Sept. 14, 2 to 3 p.m. meeting number 284 495 069, password 32PEiWgg6p6
- Fri., Oct. 23, 1 to 2 p.m. meeting number 287 825 686, password 7UEeE4tgn3m

For additional details, read the Model of Care PB on our website, under the "Forms" tab.

MOLINA HEALTHCARE

Provider Bulletin Articles

Annual Cultural Competency Training

Information for all network providers

Molina Healthcare is required to provide annual Cultural Competency training to our participating provider network. The training is mandated by the Centers for Medicare and Medicaid Services (CMS) to ensure providers meet the unique and diverse needs of all members.

Molina offers educational opportunities in cultural competency concepts for providers, their staff and Community Based Organizations through training modules, delivered through a variety of methods including:
- Written materials
- Cultural competency training delivered by Provider Services Representatives upon request
- Access to reference materials available through the Molina website including translated materials and accessible formats like Braille
- For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800)750-0750 or 711

To learn more, view the provider trainings located on the "Culturally and Linguistically Appropriate Resources/Disability Resources" page, under the "Health Resources" tab on the Molina Provider Website.

Once the review of the Cultural Competency Training is completed, fill out and sign the Cultural Competency Attestation form available on the Molina website by selecting "Provider Manual & Training" under the "Manual" tab.

Email the signed and dated Cultural Competency Attestation form by Dec. 31, 2020 to OHAttestationForms@MolinaHealthcare.com.

Provider Bulletin Articles

Ownership and Control Disclosure Form Requirement

Information for providers in the Medicaid and MyCare Ohio networks

Molina Healthcare is communicating our annual reminder for providers that the Ownership and Control Disclosure Form should be completed during the contracting process and re-attested to every 36 months during the recredentialing process. Or, a provider should complete the form at any time disclosure needs to be made to the managed care plan.

Note: If a provider has completed the form within the last credentialing period and there is no change the provider needs to report, this form does not need to be completed and returned to Molina at this time.

Providers are required to disclose any change in Ownership and Control information in accordance with:
*   42 CFR 455.104 Disclosure by Medicaid Providers and Fiscal Agents: Information on Ownership and Control
*   42 CFR 455.105 Disclosure by Providers: Information Related to Business Transactions
*   Ohio Revised Code (OAC) 5160-1-17.3 Provider Disclosure Requirements
*   42 CFR 438.230 Subcontractual Relationships and Delegation

Providers who are contracted through a group affiliation will need to fill out the form at the group level. If a provider is contracted as an individual or independent provider, the form should be filled out at the provider level.

The form is available on the Molina website, under the "Forms" tab, under "Other Forms and Resources."

Once completed, the Ownership and Control Disclosure Form should be emailed to Molina at OHAttestationForms@MolinaHealthcare.com.

MOLINA HEALTHCARE

Provider Bulletin Articles

Women's Health: Pregnancy Rewards Program

Information for Medicaid providers who offer obstetrics and gynecological services

Molina is here to help our pregnant women by incentivizing them and new mothers to complete prenatal and well child provider visits. The Molina Pregnancy Rewards program begins in the member's first trimester and ends when the baby is 15 months old. Only pregnant women who are Molina Medicaid members at the time services are rendered are eligible for rewards.

To enroll, eligible members must call (800) 642-4168 (TTY 711). Members can also enroll in Molina's Care Management program at the same time.

Members must complete exams/services during the designated timeframes to qualify for these incentives. Services completed for previous pregnancies do not qualify for rewards.

A total of $225 is available in gift cards: Gift cards will arrive in the mail within 12 weeks of completion.

$25 Gift Card Requirement:
- Current Molina members must visit their physician for the first prenatal visit within the first trimester (weeks 1-12 of pregnancy).
- Newly enrolled members must enroll in Pregnancy Rewards, take a short pregnancy assessment and visit their physician for their first prenatal visit within 42 days of joining Molina.

$100 Gift Card Requirement:
- The member must be enrolled in the Pregnancy Rewards program and go to their postpartum visit within 7-84 days of delivery. A visit to remove staples from a C-section does NOT qualify for this reward.

$100 Gift Card Requirement:
- The member must take her baby to all 6 well child visits before the baby turns 15 months old.

Provider Bulletin Articles

Women's Health: Quality Measures

Information for Medicaid providers who offer obstetrics and gynecological services

Timeliness of Prenatal Care: The quality measure, timeliness of prenatal care, is based upon a **prenatal visit in the first trimester or a prenatal visit within 42 days** of becoming a Molina Healthcare member.

Prenatal care visit, where the practitioner type is Obstetrics and Gynecology (OB/GYN) or other prenatal care practitioner or Primary Care Provider (PCP), with one of these:
- Basic physical obstetrical exam that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used)
- Documented last menstrual period (LMP) or estimated date of delivery (EDD) with either a completed obstetric history or prenatal risk assessment and counseling/education
- Evidence that a prenatal procedure was performed

Prenatal Risk Assessment Form (PRAF): Submit the PRAF 2.0 using NurtureOhio at http://www.nurtureohio.com. Instructions can be found at http://medicaid.ohio.gov/Provider/PRAF. Users must register in the Medicaid Information Technology System (MITS).

For username and password issues visit http://www.ohmits.com/. For difficulties with NurtureOhio, email: Progresterone_PIP@medicaid.ohio.gov.

Molina offers an additional provider payment of $50 for online submission of the PRAF.

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Provider Bulletin Articles

Provider Newsletter

Information for providers in all networks

View the Second Quarter 2020 Provider Newsletter under the Communications tab, on the "Provider Newsletter" page at MolinaHealthcare.com/OhioProviders.

Articles in this edition include:
- Updating Provider Information
- Practitioner Credentialing Rights
- Molina Healthcare's Utilization Management
- Drug Formulary and Pharmaceutical Procedures
- Complex Care Management
- Website
- Translation Services
- Member Safety
- Care for Older Adults
- Hours of Operation
- Non-Discrimination
- Member Rights and Responsibilities
- Population Health
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health

- Care Coordination and Transitions
- Verifying NPPES Data
- Coronavirus Information
- Provider Portal Corner

Also available on our website:
- Privacy Notices
- Molina Policies
- Provider Manuals
- Prior Authorization (PA) Code List
- Quick Reference Guides and Frequently Asked Questions (FAQs)

It Matters to Molina

Feedback

Information for providers in all networks

Molina wants your feedback! Please take time to share feedback with us about your experience working with Molina. Please let us know what we are doing well, and what we can do to improve your experience

Your feedback is important, and It Matters to Molina.

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 Services Representative

Your Opinion Matters to Molina

Email us to share your comments, concerns or ideas. Your feedback is important to us. Let us know what we're doing well and what we can do to improve.

Monthly It Matters to Molina Provider Forum Topic:

Notice of Medicare Non-Coverage (NOMNC) Form Question and Answer (Q&A): Molina is hosting a Q&A forum on the NOMNC Form to assist with questions.
- Thurs., Aug. 27, 1 to 2 p.m. meeting number 133 725 9902, password 3PmYpJhEN44

Claim and Prior Authorization Reconsideration Process: Molina is hosting a Q&A forum on the Claim and Prior Authorization Reconsideration Process to assist with questions.
- Wed., Sept. 30, 2 to 3 p.m. meeting number 133 297 7127, password jGSfJPrD452

Contact Information

Physician practice specific questions:
- OHProviderServicesPhysician@MolinaHealthcare.com

Hospital or hospital-affiliated physician group specific questions:
- OHProviderServicesHospital@MolinaHealthcare.com

Behavioral Health specific questions:
- BHProviderServices@MolinaHealthcare.com

MyCare Ohio specific questions:
- OHMyCareLTSS@MolinaHealthcare.com

Nursing Facilities specific questions:
- OHProviderServicesNF@MolinaHealthcare.com

Contact for general questions not related to any of the above group emails or for training:
- OHProviderRelations@MolinaHealthcare.com

Provider Services:
- (855) 322-4079