

DENTAL PROVIDER APPENDIX (Provider Manual)

Molina Healthcare of Ohio, Inc.
(Molina Healthcare or Molina)

MyCare Ohio
June 2023

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. “Molina Healthcare” or “Molina” have the same meaning as “Health Plan” in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com](https://www.MolinaHealthcare.com).

Last Updated: 06/2023



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I. Welcome and Introduction

Thank you for your participation in the delivery of quality health care services to Molina Plan Members. We look forward to working with you.

This Provider Manual shall serve as a supplement as referenced thereto and incorporated therein, to the Molina Healthcare of Ohio, Inc. Services Agreement. For additional information, please see the [MyCare Ohio Provider Manual](#)

The information contained within this manual is proprietary. The information is not to be copied in whole or in part; nor is the information to be distributed without the express written consent of Molina.

The Provider Manual is a reference tool that contains eligibility, benefits, contact information, policies/procedures for services that the Molina MyCare Ohio Medicaid Plan, and the Molina Dual Options MyCare Ohio Plan (MMP) specifically provides and administers on behalf of Molina.

II. Contact Information

General Contact Information

Molina Healthcare of Ohio
3000 Corporate Exchange Drive
Columbus, Ohio 43231

Provider Services Department

The Provider Services Department handles telephone and written inquiries from Providers regarding address and Tax Identification (ID) changes, contracting, and training. The department has Provider Services Representatives who serve all of Molina's Provider network.

Providers can conduct eligibility verifications at their convenience via the [SKYGEN Dental Hub](#)

- Phone: (855) 322-4079 (7 a.m. to 8 p.m., Monday through Friday)
- Fax: (888) 296-7851

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

Provider Services inquiries:

MDVSPROVIDERSERVICES@MOLINAHEALTHCARE.COM

Phone: (855) 322-4079 (7 a.m. to 8 p.m. EST, Monday through Friday)

Fax: (855) 297-3304

Provider Information Management Inquiries:

MDVSPIM@MOLINAHEALTHCARE.COM

Phone: (855) 322-4079 (7 a.m. to 8 p.m. EST, Monday through Friday)

Fax: (844) 891-2865

Member Services Department

The Member Services Department handles all telephone and written inquiries regarding Member Claims, benefits, eligibility/identification, and Member complaints. Member Services Representatives are available Monday through Friday from 7 a.m. to 8 p.m., excluding holidays and the Day after Thanksgiving. Providers can conduct eligibility verifications via the [SKYGEN Dental Hub](#) or via phone:

- Molina Dual Options MyCare Ohio: (855) 665-4623
- Molina MyCare Ohio Medicaid: (855) 687-7862
- TTY/TDD: 711

Claims Department

Providers must submit Claims electronically via the Ohio Department of Medicaid Ohio Medicaid Enterprise System (OMES) system through EDI, or electronically via the [SKYGEN Dental Hub](#) or clearinghouse.

- Access the [SKYGEN Dental Hub](#)
- Payer ID SKYGN

To verify the status of your Claims, please use the [SKYGEN Dental Hub](#). For other Claims questions contact Provider Services.

Claims Recovery Department

The Claims Recovery Department manages recovery for overpayment and incorrect payment of claims.

Please direct payment and any correspondence to:

Molina Healthcare Claims Recovery
PO Box 641
Milwaukee, WI 53201

OR

Molina Healthcare Provider Disputes
P.O. Box 649
Milwaukee, WI 53201

Please contact Molina provider services with questions at Phone: (855) 322-4079.

For additional information, please see the [MyCare Ohio Provider Manual](#)

Compliance and Fraud AlertLine

If you suspect cases of fraud, waste, or abuse, you must report it to Molina. You may do so by contacting the Molina AlertLine or submitting an electronic complaint using the website listed below. For more information about fraud, waste, and abuse, please see the Compliance section of this Provider Manual.

Molina Healthcare of Ohio Medicare
Attn: Compliance Official
200 Oceangate Suite 100
Long Beach, CA 90802

Phone: (866) 606-3889
Online: MolinaHealthcare.alertline.com

Credentialing Department

Please direct any credentialing inquiries to the Ohio Department of Medicaid (ODM) at Credentialing@medicaid.ohio.gov or visit the website:
<https://managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing>

Nurse Advice Line

This telephone-based Nurse Advice and Behavioral Health Crisis Line is available to all Molina Members. Members may call anytime they are experiencing symptoms or need health care information. Registered nurses are available 24 hours a day, seven days a week, 365 days a year to assess symptoms and help make good health care decisions.

Phone: (855) 895-9986
TTY/TDD: 711

Health Care Services Department

For information on the health care services department, please see the [MyCare Ohio Provider Manual](#)

Quality Improvement

Molina maintains a Quality Improvement (QI) Department to work with Members and Providers in administering the Molina Quality Program.

Phone: (855) 322-4079

Molina Healthcare of Ohio, Inc. Service Area

MyCare Ohio:



III. Enrollment, Eligibility, and Disenrollment

Verifying Eligibility

To ensure payment, Molina strongly encourages providers to verify eligibility at every visit and especially prior to providing services that require authorization. Possession of the ID card does not guarantee Member eligibility or coverage. It is the responsibility of the provider to verify the eligibility of the cardholder.

Providers who contract with Molina may verify a Member’s eligibility by checking the following:

- Log on to the [SKYGEN Dental Hub](#).

- Call Provider Services at: Molina Dual Options MyCare Ohio/Molina MyCare Ohio Medicaid: (855) 322-4079, Monday through Friday from 8 a.m. to 6 p.m.

For information on enrollment, eligibility, and disenrollment, please see the [MyCare Ohio Provider Manual](#)

IV. Benefits and Covered Services

Molina covers the services described in the Summary of Benefits documentation. If there are questions as to whether a service is covered or requires prior authorization, please contact Molina at (855) 322-4079 Monday through Friday from 8 a.m. to 6 p.m. for Molina Dual Options MyCare Ohio.

Link(s) to Molina Benefit Materials

Member benefit materials include the Summary of Benefits which can be found on Molina's website. Link(s):

- Molina Dual Options MyCare Ohio is offered by Molina in Ohio at MolinaHealthcare.com/members/oh/en-us/mem/mycare/duals/coverd/benefits.aspx. Read the Summary of Benefits at MolinaHealthcare.com/members/oh/en-us/mem/mycare/duals/plan-materials.aspx
- Molina MyCare Ohio Medicaid is only offered by Molina in Ohio at MolinaHealthcare.com/members/oh/en-us/mem/mycare/optout/coverd/benefits.aspx

Detailed information about benefits and services can be found in the Member Handbook, available on the Member Website.

For additional information on benefits and covered services, please see the [MyCare Ohio Provider Manual](#)

V. Behavioral Health

For information on behavioral health services, please see the [MyCare Ohio Provider Manual](#)

VI. Claims and Compensation

Molina generally follows CMS billing guidelines for Medicare Covered Services and ODM guidelines for non-Medicare Covered Services for the Molina Dual Options MyCare Ohio program.

Payer ID	SKYGN
SKYGEN Dental Hub	SKYGEN Dental Hub
Clean Claim Timely Filing: MyCare Ohio Medicaid	Unless otherwise agreed upon by ODM, the Molina shall accept claims from all provider types for up to 365 calendar days from the date of service
Clean Claim Timely Filing: Dual Options MyCare Ohio	<ul style="list-style-type: none"> • For services that bypass Medicare and Molina processes as the primary payer (MyCare Ohio Medicaid) timely filing limit is up to 365 calendar days from the date of service. • When Medicare and/or Dual Options MyCare Ohio processes as the primary payer, the timely filing limit is based on the provider's contract language. • Out-of-network: 365 days from the date of service

Electronic Claim Submission

Molina strongly encourages participating providers to submit Claims electronically, including secondary Claims. Electronic Claims submission provides significant benefits to the provider including:

- Helps to reduce operation costs associated with paper Claims (printing, postage, etc.).
- Increases accuracy of data and efficient information delivery.
- Reduces Claim delays since errors can be corrected and resubmitted electronically.
- Eliminates mailing time and Claims reach Molina faster.

Molina offers the following Claims submission options:

- Submit Claims directly to Molina via the [SKYGEN Dental Hub](#).
- Submit Claims to Molina via your regular EDI Clearinghouse using Payer ID SKYGN.

SKYGEN Dental Hub

The [SKYGEN Dental Hub](#) is a no cost online platform that offers a number of Claims processing features:

- Submit Dental Claims with attached files
- Correct/Void Claims
- Add attachments to previously submitted Claims
- Check Claims status
- View Electronic Remittance Advice (ERA) and Explanation of Payment (EOP)
- Create and submit a Claim Appeal with attached files
- Pull a claims report

- Submit questions through the Secure Messaging feature

EDI Claims Submission Issues

Providers who are experiencing EDI Submission issues should work with their clearinghouse to resolve this issue. If the provider’s clearinghouse is unable to resolve, the provider may contact SKYGEN (855) 322-4079 or <https://app.dentalhub.com/app/support/contact-us> for additional support.

A. Timely Claim Filing

The provider shall promptly submit Claims to Molina for Covered Services rendered to Members. All Claims shall be submitted in a form acceptable to and approved by Molina and shall include all medical records pertaining to the Claim if requested by Molina or otherwise required by Molina’s policies and procedures.

Clean Claim Timely Filing: MyCare Ohio Medicaid	Unless otherwise agreed upon by ODM, the Molina shall accept claims from all provider types for up to 365 calendar days from the date of service
Clean Claim Timely Filing: Dual Options MyCare Ohio	<ul style="list-style-type: none"> • For services that bypass Medicare and Molina processes as the primary payer (MyCare Ohio Medicaid) timely filing limit is up to 365 calendar days from the date of service. • When Medicare and/or Dual Options MyCare Ohio processes as the primary payer, the timely filing limit is based on the provider’s contract language. • Out-of-network: 365 days from the date of service

B. Claim Submission

Participating providers are required to submit Claims to Molina with appropriate documentation. Providers must follow the appropriate state and CMS provider billing guidelines. Providers must utilize electronic billing through a Clearinghouse or the [SKYGEN Dental Hub](#) whenever possible and use current HIPAA compliant ANSI X 12N format (e.g., 837D for dental Claims) and use electronic Payer ID: SKYGN.

C. EDI Claim Submission Issues

Providers who are experiencing EDI submission issues should work with their Clearinghouse to resolve this issue. If the Provider’s Clearinghouse is unable to resolve, the provider may contact SKYGEN (855) 322-4079 or the [SKYGEN Dental Hub](#) for additional support.

D. Corrected Claims

Corrected Claims are considered new Claims for processing purposes. Corrected Claims must be submitted electronically with the appropriate fields on the 837D completed. The [SKYGEN Dental Hub](#) includes functionality to submit corrected Dental Claims. Corrected Claims must include the correct coding to denote if the Claim is a Replacement of a Prior or Corrected Claim for an 837D or the correct Resubmission Code for an 837D and include the original Claim number.

E. Corrected Claim Process

Corrected Claims may be submitted electronically via EDI or the [SKYGEN Dental Hub](#).

Corrected Claims must be sent within 365 calendar days of the most recent adjudicated date of the Claim.

Claims submitted without the correct coding will be rejected.

Corrected Claim submissions are not adjustments and should be directed through the original submission process marked as a corrected Claim, as outlined below, or it may result in the Claim being denied. As a reminder: Primary insurance Explanation of Benefits (EOB) and itemized statements are not accepted via Claim reconsideration. Please submit as corrected Claims.

Reminders for the Corrected Claims Process:

- Submit electronically or on the [SKYGEN Dental Hub](#).
- 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.
- Do not submit paper corrected Claims.
- Include the original Molina Claim ID number.

Corrected Claims must be received by Molina no later than the filing limitation stated in the provider contract or within 365 days of the original remittance advice.

- [SKYGEN Dental Hub](#) Submission
- Electronic Submission: EDI (Clearinghouse) Submission

Attachments

When submitting attachments through the [SKYGEN Dental Hub](#):

- Supported file formats are PDF, TIFF, JPG, BMP and GIF.

F. Claim Reconsiderations (not related to an Authorization/Medical Necessity Review)

Submit Claim reconsiderations only when disputing a payment denial, payment amount or a code edit. As a reminder: Primary insurance Explanation of Benefits (EOB), corrected Claims, and itemized statements are not accepted via Claim reconsideration. Please refer to the Corrected Claims submission guidelines and the Reference Guide for Supporting Documents for Claims posted on the provider Website.

A Claim reconsideration must be submitted within 120 calendar days from the disputed Claim remit date.

Use the [SKYGEN Dental Hub](#) to submit the reconsideration online.

- You can access the [SKYGEN Dental Hub](#)
- You will need to log in with your User ID and Password.
- Attachments can be included with the reconsideration request.

The Claim Reconsideration Request Form (CRRF) must be filled out entirely and include the following details, or it will not be processed, and the provider will be notified:

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

Find the form at: MolinaHealthcare.com/OhioProviders under “Forms.” (Paper submissions received by mail will not be processed and the provider will be notified.)

According to Ohio regulations, health care providers are not permitted to balance bill Medicaid Members for services or supplies provided.

The provider will be notified of Molina’s decision in writing within state and contract requirements.

G. Provider Claim Reconsiderations – Contracted Providers

Providers disputing a Claim previously adjudicated must request such action within 120 calendar days of Molina’s original remittance advice date. Regardless of type of denial/dispute (service denied, incorrect payment, administrative, etc.); all Claim disputes must be submitted on the Molina Claims Request for Reconsideration Form (CRRF) found on Provider Website and the [SKYGEN Dental Hub](#). The form must be filled out completely in order to be processed.

Additionally, the item(s) being resubmitted should be clearly marked as a reconsideration and must include the following:

- Any documentation to support the adjustment and a copy of the Authorization form (if applicable) must accompany the reconsideration request.
- The Claim number clearly marked on all supporting documents.

Requests for Claims Disputes/Reconsiderations should be sent via the following methods:

- [SKYGEN Dental Hub](#):
- Call Provider Services at (855) 322-4079

By mail to:

Molina Healthcare Provider Disputes
P.O. Box 649
Milwaukee, WI 53201

The provider will be notified of Molina’s decision in writing within 60 days of receipt of the Claims Dispute/Adjustment request.

Refer to the ODM Designated Provider and Non-Contracted Provider Guidelines for timely filing and Claim reconsideration requirements specific to non-participating Providers.

For additional information on claims and compensation, please see the [MyCare Ohio Provider Manual](#)

VII. Health Care Services

Prior Authorizations/Service Requests

Molina offers the following electronic Prior Authorizations/Service Requests submission options:

- Submit requests directly to Molina via the [SKYGEN Dental Hub](#).

Phone: (855) 322-4079

For information on health care services, please see the [MyCare Ohio Provider Manual](#)

VIII. Managed Long-Term Services and Support (MLTSS)

For information on MLTSS services, please see the [MyCare Ohio Provider Manual](#)

IX. Credentialing and Recredentialing

Please direct any credentialing inquiries to ODM at Credentialing@medicaid.ohio.gov or visit the website: managedcare.medicaid.ohio.gov/managed-care/centralized-credentialing

For information on credentialing and recredentialing, please see the [MyCare Ohio Provider Manual](#)

X. Delegation

For information on delegation, please see the [MyCare Ohio Provider Manual](#)

XI. Quality

For information on quality standards, please see the [MyCare Ohio Provider Manual](#)

XII. Cultural Competency and Linguistic Services

For information on cultural competency and linguistic services, please see the [MyCare Ohio Provider Manual](#)

XIII. Compliance

For information on compliance, please see the [MyCare Ohio Provider Manual](#)

XIV. Members' Rights and Responsibilities

For information on members' rights and responsibilities, please see the [MyCare Ohio Provider Manual](#)

XV. Appeals and Grievances

For information on appeals and grievances, please see the [MyCare Ohio Provider Manual](#)

XVI. Provider Responsibilities

Electronic solutions/tools available to Molina providers include:

- Electronic Claims submission options.
- Electronic Payment: EFT with ERA.
- [SKYGEN Dental Hub](#).

For more information on EDI Claims submission, please see the [MyCare Ohio Provider Manual](#).

A. Electronic Claims Submission Requirement

Molina strongly encourages participating providers to submit Claims electronically whenever possible. Electronic Claims submission provides significant benefits to the provider, such as:

- Promoting HIPAA compliance.
- Helping to reduce operational costs associated with paper Claims (printing, postage, etc.).
- Increasing accuracy of data and efficient information delivery.
- Reducing Claim processing delays as errors can be corrected and resubmitted electronically.
- Eliminating mailing time and enabling Claims to reach Molina faster.

Molina offers the following electronic Claims submission options:

- Submit Claims directly to Molina via the [SKYGEN Dental Hub](#) or contact your Provider Services Team for registration and Claim submission guidance
- Submit Claims to Molina through your EDI Clearinghouse using Payer ID SKYGN, refer to our website, [MolinaHealthcare.com/OhioProviders](#), for additional information.

While both options are embraced by Molina, submitting Claims via the [SKYGEN Dental Hub](#) (available to all providers at no cost) offers a number of additional Claims processing benefits beyond the possible cost savings achieved from the reduction of high-cost paper Claims.

Providers and third-party billers can use the no cost [SKYGEN Dental Hub](#) to perform many functions online without the need to call or fax Molina. Registration can be performed online and once completed the easy-to-use tool offers the following features:

- Verify Member eligibility, and covered services
- Claims:

- Submit Dental Claims with attached files.
- Correct/Void Claims.
- Add attachments to open or pending submitted Claims.
- Check Claims status.
- View Electronic Remittance Advice (ERA) and Explanation of Payment (EOP)
- Create and submit a Claim Appeal with attached files.
- Prior Authorizations/Service Requests:
 - Create and submit Prior Authorization/Service Requests.
 - Check status of Authorization/Service Requests.

B. Healthcare Services (Utilization Management and Care Management)

For additional information on healthcare services, please see the [MyCare Ohio Provider Manual](#).

XVIII. MyCare Ohio Pharmacy

For information on the MyCare Ohio Pharmacy Program, please see the [MyCare Ohio Provider Manual](#).

XIX. MyCare Ohio Medicare Part D

For information on the MyCare Ohio Medicare Part D Program, please see the [MyCare Ohio Provider Manual](#).

XX. Risk Adjustment Management Program

For information on Risk Adjustment Management Program, please see the [MyCare Ohio Provider Manual](#).

XXI. Appendix A

Locum Tenens Services Substituting for an Absent Provider

A Molina contracted provider may arrange for a temporary replacement to provide services to their patients as an independent contractor for a limited time due to an illness, a pregnancy, vacation, etc. This is known as a locum tenens arrangement.

Locum Tenens Provider Requirements

- Sixty (60) days is the maximum timeframe allowed per provider, per leave of absence.

- Claims should be submitted by the absent provider’s office or group practice and that office receives payment.
- Must be a Medicaid participating provider.
- Must submit an attachment to Molina with locum tenens provider information prior to seeing Molina Members each time the provider will be substituting for a Molina participating provider.
- May be employed by the same group as the regular/absent provider, but not required.

Billing and Documentation Requirements

- Provider’s office must keep a record of each service provided by the locum tenens provider.
- Claims submitted for locum tenens services performed within the approved timeframe, not to exceed 60 days, should be billed with the locum tenens name in field 51 and NPI in field 54J of the ADA Claim form.
- Do not bill with the absent provider’s information as the rendering provider.
- The tax identification number in field 51 and the NPI in field 54 should be billed with the absent provider’s office or group practice information.
- The payment will be made to the absent provider’s office or group practice at the contracted rate. It is assumed that the locum tenens physician will be compensated by the regular physician on a per diem or similar fee for time basis.

National Provider Identification Number (NPI)

Molina requires all Claims and encounters include an NPI in all Claim fields that require provider identification, as provided below, to avoid any unnecessary Claim rejections.

- In accordance with 5010 requirements, NPIs are mandated on all electronic transactions per HIPAA.

If you do not have an NPI, please visit nppes.cms.hhs.gov to obtain an NPI. Any changes to an NPI should also be reported to Molina within 30 days of the change.

NPI Required Fields: CMS-1500	Required?	Field Location
Billing Provider NPI	Yes	Box49
Rendering Provider NPI	Yes	Box 54

Molina recommends all providers reference the appropriate ODM Companion Guide (837D) found on the ODM Trading Partner website at medicaid.ohio.gov, for the appropriate loop and segments to ensure all 5010 requirements are being met.

For HIPAA transaction and code set (TCS) questions or concerns, please call our toll-free HIPAA Provider Hotline at (866) MOLINA2 [(866) 665-4622].

A. MyCare Ohio Billing Guidelines

As stated in the three-way agreement between MCOs, ODM and CMS, Molina will offer at minimum all benefits included in Medicare Part A, Part B, and Part D as well as full state plan benefits. Providers should bill in accordance with CMS billing guidelines for all Medicare Covered Services. For non-Medicare Covered Services, providers should bill with ODM billing guidelines.

Vision and Dental

- HCBS Waiver Beneficiaries: Must honor PA's when item has not been delivered
- Non-Waiver Beneficiaries with LTC Needs (HH and PDN Use): Must honor PA's when item has not been delivered
- NF Beneficiaries/AL Beneficiaries: Must honor PA's when item has not been delivered
- Beneficiaries not Identified for LTC Services: Must honor PA's when item has not been delivered.

For additional information on benefits and covered services, please see the [MyCare Ohio Provider Manual](#).

XXII. Appendix B

Transition of Care

For information on transition of care, please see the [MyCare Ohio Provider Manual](#).