## 2026 Medi-Cal Provider Manual Update

The following table identifies the chapters, sections, and subsections updated for the 2026 edition of the <u>Molina Medi-Cal Provider Manual</u>. This summary does not include all the changes. Providers are encouraged to review and familiarize themselves with the entire document.

Chapter	Section	Subsection	Updates	Page
1. Contact information	Claims department	N/A	Updated language	4
1. Contact information	Cultural and Linguistic Services	N/A	Updated contact information	6
1. Contact information	Facility Site review	N/A	Updated contact information	9
1. Contact information	Contacts: Health Net	Long-Term Services and Supports (LTSS)	Updated language	21
3. Benefits and Covered Services	Obtaining access to certain Covered Services	APL 25-011 HIV Pre- Exposure Prophylaxis (PrEP) Coverage	New section	49
4. Benefits and Covered Services: Health Education	Tobacco prevention and cessation services	N/A	Updated language	50
5. Culturally and linguistically appropriate services	Various	Various	Important updates made throughout chapter. Please review in full.	58 - 64
6. Provider responsibilities and information	Provider data accuracy and validation	N/A	Updated language	66 - 68
6. Provider responsibilities and information	Electronic Claim submission requirement	N/A	New language	70
6. Provider responsibilities and information	Availity Essentials portal	N/A	New language	71
6. Provider responsibilities and information	Provider network management portal: enrollment tool	N/A	New section	72
7. Quality	Maintaining Quality Improvement processes and programs	N/A	Updated contact information	79
7. Quality	Health Management and Care Management	N/A	Updated language	94
7. Quality	Clinical practice guidelines	N/A	Updated language	94
7. Quality	Provider/Practitioner review process	Medical Record Review (MRR)	Updated language	103
10. Healthcare Services: Utilization Management	Utilization Management (UM)	UM decisions	New language	120
10. Healthcare Services: Utilization Management	Utilization Management (UM)	Requesting prior authorization	Updated language	125
10. Healthcare Services: Utilization Management	Utilization Management (UM)	Allied health services – Prior authorization requirements	New language	126



10. Healthcare Services: Utilization Management	Inpatient management	Inpatient at the time of Termination of Coverage	New language	130
10. Healthcare Services: Utilization Management	Inpatient management	Level 1 Health Management	Updated language	138
10. Healthcare Services: Utilization Management	Inpatient management	Pediatric specialty Care Management programs	New language	139
10. Healthcare Services: Utilization Management	Care Management (CM) process	Transitions of Care (ToC) program	New language	142
11. Basic Population Health Management (BPHM) Care Management and Complex Care Management	N/A	N/A	Updated language	144
11. Basic Population Health Management (BPHM) Care Management and Complex Care Management	Care Management Member Outreach and Assessment	N/A	New language	147
12. Healthcare Services: Women's & adult health services, including preventive care	Pregnancy and maternity care	Provider/Practitioner responsibilities	New language	151
12. Healthcare Services: Women's & adult health services, including preventive care	Breastfeeding promotion, education, and counseling services	Human milk bank	New language	170
12. Healthcare Services: Women's & adult health services, including preventive care	Family planning services	N/A	New language	177
12. Healthcare Services: Women's & adult health services, including preventive care	Tuberculosis (TB) screening and treatment and Directly Observed Therapy (DOT)	All subsections	New and updated language throughout section.	189 - 193
13. Healthcare Services: Pediatric & child health services	Immunizations	N/A	Updated language	196
14. Healthcare Services: Home and Community-Based Services (HCBS) 1915 (c)	N/A	N/A	New language	218
14. Healthcare Services: Home and Community-Based Services (HCBS) 1915 (c)	Multipurpose Senior Services Program (MSSP)	N/A	New language	223
15. Healthcare Services: Managed Long-Term Services and Supports (MLTSS)	N/A	N/A	New language	226
15. Healthcare Services: Managed Long-Term Services and Supports (MLTSS)	Community-Based Adult Services (CBAS)	All subsections	New language	227 - 230
16. Healthcare Services: Alcohol & substance use	Hospice care	Referral	New language	258



disorders treatment & services				
19. Healthcare Services: Human reproductive sterilization procedure and consent	Ordering of consent forms	N/A	Updated language	270
20. Behavioral health	Behavioral Health Care Management	Access to Records and Information to Support Member Care Coordination and Care Management Activities	New language	273
22. Claims and compensation	N/A	N/A	New language	278
26. Compliance: Quality Improvement	Provider/Practitioner review process	Provider/Practitioner Facility Site Review (FSR)	Updated language	311
26. Compliance: Quality Improvement	Provider/Practitioner review process	Medical Record Review (MRR)	Updated language	311
28. Compliance: Privacy requirements & information	Artificial intelligence	N/A	New language	323
28. Compliance: Privacy requirements & information	Uses and disclosure of PHI	Confidentiality of substance use disorder patient records	Updated language	324
28. Compliance: Privacy requirements & information	Additional requirements for delegated Providers and atypical Providers	N/A	New language	327 - 334
28. Compliance: Privacy requirements & information	Business contact information	N/A	Updated language	344 - 351
29. Credentialing: Site Review program	Initial full scope review	N/A	Updated language	352
29. Credentialing: Site Review program	Compliance & Corrective Action Plan (CAP)	All subsections	Updated language	355 - 356
29. Credentialing: Site Review program	Department of Health Care Services (DHCS) review Of Molina Healthcare's performance of facility site reviews	Review process	New language	357
31. Delegation	Delegation reporting requirements	N/A	New language	368
31. Delegation	Utilization Management	N/A	Updated language	371
31. Delegation	Claims	N/A	Updated language	372
32. Risk adjustment accuracy and completeness	Your role as a Provider	N/A	New language	376
34. Enhanced Care Management	ECM eligibility and exclusions	N/A	New language	381
35. Community Supports	CS descriptions and eligibility criteria	Transitional Rent	New language	391

