

# Provider Bulletin

**December 2025**

## December is Behavioral Health Month

December is Behavioral Health Month and a great time to remind our valued provider partners of Molina's Behavioral Health Toolkit, available at [MolinaHealthcare.com/providers/common/bh\\_toolkit/bh\\_toolkit.aspx](https://MolinaHealthcare.com/providers/common/bh_toolkit/bh_toolkit.aspx). The toolkit is designed to offer providers guidance regarding mental health and substance use conditions commonly seen in the primary care and community settings. Components of the toolkit include assessment tools, HEDIS® tips and information on continuing education credits and learning tools.

## 2025 Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires primary care providers (PCPs) and key high-volume specialists, including hematologists/oncologists, cardiologists and neurologists, to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC). The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.



**Below are the locations of Molina MOC training materials and attestation forms.**

**2025 Model of Care video training:**

[MolinaHealthcare.com/providers/common/medicare/medicare.aspx](https://MolinaHealthcare.com/providers/common/medicare/medicare.aspx)

**Training deck (PDF):**

[MolinaHealthcare.com/-/media/Molina/PublicWebsite/2025ModelofCareProviderTraining.pdf](https://MolinaHealthcare.com/-/media/Molina/PublicWebsite/2025ModelofCareProviderTraining.pdf)

**Attestation form:** [MolinaHealthcare.com/providers/common/MOC/2025/MI](https://MolinaHealthcare.com/providers/common/MOC/2025/MI)

**We are accepting attestations through December 31, 2025.**

### Post stabilization authorization request reminder

Post stabilization care services are covered services related to an emergency medical condition that are provided after a member is stabilized.

As a reminder, and consistent with the terms of the Michigan Hospital Access agreement, MDHHS Bulletin MSA 13-08 and the Molina Provider Manual, all post-stabilization care service requests require that the requesting hospital facility call Molina to review the clinical information and approve the request. The hospital must provide the following information on the call:

- The clinical status upon initial presentation
- The clinical status after stabilization
- The initial treatment plan

Molina will respond to the request within the required timeframe if the initial phone call includes all of the necessary and current clinical information.

Providers requesting an authorization for in-patient admission related to a post-stabilization service must request this type of service by contacting Molina at (855) 322-4077.

For additional information, visit:

- Michigan Department of Health & Human Services MSA 13-08 available at [Michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/2013-medicaid-policy-bulletins](https://Michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/2013-medicaid-policy-bulletins)
- Michigan Hospital Access Agreement available at [Michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/hospital-access-initiative](https://Michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/hospital-access-initiative)
- Molina Healthcare of Michigan Provider Manual available at [Molinahealthcare.com/providers/mi/medicaid/manual/provmanual.aspx](https://Molinahealthcare.com/providers/mi/medicaid/manual/provmanual.aspx)



### Reminder - Molina Healthcare of Michigan Marketplace product changes

Molina is working to improve the affordability of our Marketplace program, particularly given the uncertainty surrounding market dynamics for 2026. To achieve this, we will discontinue our On-Exchange product offerings for the 2026 plan year, with the intention of re-entering the Marketplace On-Exchange, subject to market conditions, for the 2027 plan year.

#### Provider-focused considerations

Our provider agreements for Marketplace will remain the same; however, you will not see patient volume flowing through these agreements in 2026 as we work to adjust our provider network and service area for 2027. If our agreements cover other lines of business, they remain unchanged for those products.

#### Next steps

##### Marketplace re-entry planning

As we look toward 2027, we're preparing to offer an On-Exchange provider network and service area in Michigan for future years. This may involve some adjustments along the way, but we're committed to working collaboratively and communicating clearly throughout the process.

##### Member transition

For members with an ongoing course of treatment at the end of 2025, we will work collaboratively with you to assist with their care needs as they transition to their new coverage.

##### Continued mission focus

Molina will continue to focus on serving Medicaid and Dually Eligible populations, improving health outcomes for those we serve. Additionally, if you have any questions about the 2026 plan year, please contact your Provider Relations manager.

Thank you for your continued partnership and dedication to the communities we support. We look forward to working together through this transition and appreciate your ongoing collaboration.

### Surveys—your opinion matters!

Molina is committed to our provider community and is interested in what you want to see in our Provider Bulletin. To share your thoughts, please visit [MolinaHealthcare.surveymonkey.com/r/VFLCVPQ](https://MolinaHealthcare.surveymonkey.com/r/VFLCVPQ).

We are also interested in your recent interaction with our provider network team. To comment on this, please visit [MolinaHealthcare.surveymonkey.com/r/C6HSPVK](https://MolinaHealthcare.surveymonkey.com/r/C6HSPVK) or use the link at the bottom of your Provider Relations manager's signature.

### Molina is stepping into a new era with digital correspondence!

The **Digital Correspondence Hub** is a brand-new tool, crafted to streamline communication, allowing providers to receive, manage and track digital communications within the Availity Essentials workflow. This will reduce inefficiencies tied to traditional correspondence methods.

Experience the future of communication with our digital letters (initially rolling out with prior authorization (PA) letters) along with paper letters! Digital PA letters will be sent in real-time and tracked seamlessly.

As a provider, digital correspondence offers an easy way to manage and track digital communications in one place, integrating with other applications in Availity Essentials.

For more information, please visit [MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx](https://MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx).

### Appointment access requirements

As a reminder, Molina has certain appointment access requirements for each of its products. A detailed overview of these requirements is available in our You Matter to Molina website section for our provider partners. To view this overview, please visit [MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx](https://MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx) and select “Tools and Resources.”

### Americans with Disabilities Act (ADA) resources: Provider education series

A series of provider education materials related to disabilities is now available to providers and office staff on Molina’s website. Please visit Molina’s Culturally and Linguistically Appropriate Resources/Disability Resources in the Availity portal.

Molina Healthcare’s Provider Education Series – Disability resources consist of the following educational materials:

- **Americans with Disabilities Act (ADA)**
  - Introduction to the ADA and questions and answers for health care providers (e.g., Which health care providers are covered under the ADA? How does one remove structural communication barriers? Is there money available to assist with ADA compliance costs?).



## Provider Bulletin

- **Members who are blind or have low vision**

- How to get information in alternate formats such as Braille, large font, audio or other formats.

- **Service animals**

- Examples of tasks performed by a service animal; tasks that do not meet the definition of a service animal; inquiries you can make regarding service animals, and exclusions, charges or other specific rules.

- **Tips for communicating with people with disabilities and seniors**

- Communicating with Individuals who are blind or visually impaired, deaf or hard of hearing, communicating with individuals with mobility challenges, speech impairments and communicating with seniors.

Please contact your Provider Relations manager if you have any questions.

### **Molina's language access services**

Providing language access services is a legal requirement for health care systems that receive federal funds. Accurate communication strengthens mutual understanding of illness and treatment, increases patient satisfaction and improves health care quality. A member cannot be refused services due to language barriers. When needed, Molina provides the following services directly to members at no cost:

- Written material in other formats (i.e., large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and sign language interpreter services
- Relay Service (711)
- 24-hour Nurse Advice line
- Bilingual/bicultural staff

In many cases, Molina will also cover the cost of a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call the Member and Provider Contact Center to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written simply in plain language and at the required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).

### **Supplemental data deadlines for Measurement Year (MY) 2025**

Molina strongly encourages all providers to bill appropriate National Committee for Quality Assurance (NCQA) codes through claims submission to comply with measure rates. Claims submission and Electronic Data Exchange should be received by Feb. 28, 2026 to count toward MY 2025. Supplemental data by fax or email should be received by Jan. 12, 2026 by 5 p.m. ET, to count toward MY 2025. For more information, please refer to the 2025 HEDIS® Provider Manual.



## Provider Bulletin

### Prior authorization (PA) updates

Molina's Prior Authorization (PA) Guide and PA Code Matrix will be updated, effective Jan. 1, 2026. To access all of Molina's online PA tools, please visit: [MolinaHealthcare.com/providers/mi/medicaid/PriorAuthorization/PA.aspx](https://MolinaHealthcare.com/providers/mi/medicaid/PriorAuthorization/PA.aspx).

The PA Code Lookup Tool makes finding services that require PA simple.

### Important reminder – Digital first Utilization Management (UM)

Molina is committed to serving our providers in the most efficient and transparent ways possible, while also adhering to a regulatory landscape that is pushing us to faster, more streamlined UM processes. To achieve this, Molina will be transitioning to a digital only PA model via Availity Essentials and will no longer accept faxes after Jan. 31, 2025. As of Feb. 1, 2026, authorization requests will be required to be submitted through Availity Essentials.

Your benefits:

- Faster overall turnaround time
- Decreased administrative denials and appeals
- Greater transparency in auth tracking, status updates and delays

Member benefits:

- Faster access to care and improved continuity of care
- Safer handling of sensitive member data
- Fewer denials (admin denials, incorrect data, etc.)

To help with the new process going forward, the portal has been upgraded:

- Processing is faster; files are pulled every 5 minutes
- You'll get real-time email alerts on status updates
- And more CPT codes are now auto-approved, so there's less paperwork

### Support during the transition:

To ensure a smooth transition, Molina will publish Availity Support guides and distribute recorded trainings and webinars. In the event your office has not registered for Availity Essentials, please contact Availity Client Services for onboarding and registration at (800) 282-4548. We are happy to walk through any on-boarding questions. Please reach out to your local Provider Relations representative.

### You Matter to Molina

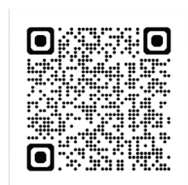
At Molina, we are committed to making it easier for our provider partners to do business with us. Your feedback is a critical component of this process. We encourage you to communicate any questions and concerns to our feedback channels including the Availity Essentials portal, our Availity Essentials inbox and your dedicated Provider Relations representative.

### Attention home health care providers – important update to HHAeXchange+ mobile app!

The Michigan Department of Health and Human Services (MDHHS) mobile app for home health care providers – HHAeXchange+ – has been updated with new features. Home health care providers who use the app will need to setup the new offline PIN.

For additional information on the updates, please use the QR codes below.

#### Provider knowledge base



#### Caregiver knowledge base



#### What's new - Update to HHAeXchange+ mobile app



### Overpayment disputes must go through Availity Overpayments Module

We've recently received feedback that some providers are submitting overpayment disputes through the claims appeals process in Availity. While this is understandable, it can result in delays, since these disputes are routed to the wrong department.

The confusion is due in part to the current letter language, which doesn't clearly distinguish between standard disputes and overpayment disputes. We recognize how this can be unclear—and we're actively working with internal teams to explore updates that will improve future guidance.

In the meantime, to help ensure faster and more accurate processing:

- Submit overpayment disputes via Availity's **Overpayments Module**, not the Claims Appeals Module
- Download the Quick Start Guide at [Essentials.availity.com/availity/Demos/QSG\\_Overpayments.pdf](https://essentials.availity.com/availity/Demos/QSG_Overpayments.pdf)
- Complete the **"Availity Overpayments – Training Demo"** under **Help & Training → Get Trained**
- Ensure users have the **Provider Overpayments – Manager** role assigned (admin setup info in the QSG)

Submitting overpayment disputes correctly will ensure a faster routing and resolution process.

### Find out more in Molina's quarterly provider newsletter

In addition to our monthly Provider Bulletin, we publish quarterly newsletters for our health care provider partners. This newsletter includes medical management policies and procedures to support providers in delivering quality health care services to your patients, our members. Below is a list of some articles in our recent additions:

#### Third quarter 2025 newsletter articles

- Benefits of submitting claims electronically
- Update provider data accuracy and validation
- National Plan and Provider Enumeration System review for data accuracy

#### Fourth quarter 2025 newsletter articles

- Utilization Management (UM) turnaround time for prior authorization
- Utilization Management letters available digitally
- Care Connections

Please visit [MolinaHealthcare.com/providers/mi/medicaid/home.aspx](https://MolinaHealthcare.com/providers/mi/medicaid/home.aspx) for the second quarter provider newsletter, under the Communications tab.