

June 2026 Provider Bulletin

New York Regulatory Update: Essential Plan Continuity of Care FAQ

New York State Department of Health has provided guidance on the continuity of care for EP consumers.

This is posted here: <https://info.nystateofhealth.ny.gov/keeping-your-health-care-when-coverage-changes-fact-sheet>

It has also been added to the Stay Connected page (<https://info.nystateofhealth.ny.gov/stay-connected>) in the EP info for consumers section.

PCP Panel Verification and Panel Status Confirmation

To enhance the member experience and reduce unnecessary calls to provider offices, Molina Healthcare of New York has added a PCP Panel Verification step to the PCP change process. When a member requests a PCP change, Support Center staff may contact provider offices to confirm whether they are accepting new Molina members by service location and line of business, and to verify contact details.

Molina will conduct outreach when recent verification indicates potential discrepancies, such as closed panels, outdated location or contact information, or inconsistencies in panel status updates. Maintaining accurate information helps minimize member assignment issues, reduce repeat outreach, and ensure members are connected to available providers.

In this newsletter you can expect:

New York
Regulatory Update:
Essential Plan
Continuity
of Care (FAQ)

PCP Panel
Verification
and Panel Status
Confirmation

NY Medicaid Article
29-I Billing and
Appeals
Requirements

Provider Claim
Inquiry (PCI)
Email Requirement

Molina to Partner
with Codoxo on
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Education

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Reminders

Need Quick Answers?

Find the **2026 NY Medicaid Provider Quick Reference Guide** under the **Contact Us** dropdown on the **Molina Provider website**

NY Medicaid Article 29-I Billing and Appeals Requirements

Article 29-I Health Facilities and providers must follow all NY Medicaid billing guidelines when submitting claims and should use the formal appeals process when a claim is denied and an appeal is required. Submitting corrected or replacement claims instead of a filing an appeal may result in a denial for untimely filing.

All Article 29-I claims must be submitted accurately and completely, including correct rate codes, procedure codes, modifiers, dates of service, required documentation, and must comply with Medicaid timely filing limits. Providers are responsible for ensuring claims are correct at the time of original submission.

When a claim is denied, providers should review the denial reason to determine the appropriate action. Appeals are required for denials related to medical necessity, coverage or benefit determinations, authorization or eligibility issues, or payment decisions based on policy or guideline interpretation, and should be submitted within required contractual and NY Medicaid timeframes.

Corrected or replacement claims are only appropriate to fix clerical or data entry errors, such as incorrect codes, modifiers, member IDs, or dates of service, and do not replace the appeals process.

Providers with questions should contact Provider Services at (877) 872-4716 or email MHNYProviderServices@MolinaHealthcare.com before resubmitting a denied claim.

Provider Claim Inquiry (PCI) Email Requirement

To enhance our communication with providers regarding claim inquiries, Molina Healthcare, Inc. is introducing a new step to the PCI process, effective July 24, 2026. **Providers will now be required to include an email address** when submitting a PCI through our Network team or Provider Services team to ensure Molina is able to provide timely feedback.

Why this matters:

This small change will make a big difference:

Providers will get **written digital updates**, ensuring systematic communication of claim decisions.

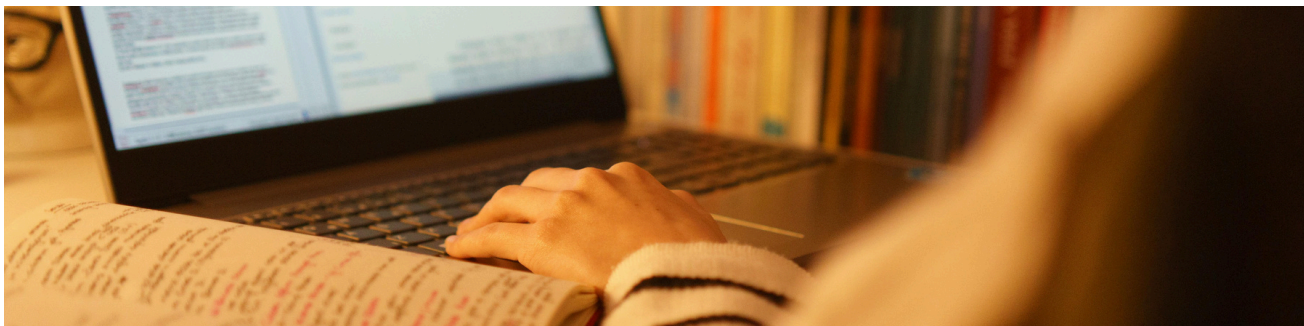
No more wondering—**resolution confirmations** will be sent directly to the provider via the provided email address.

Fewer follow-up calls needed, reducing a time-consuming burden!

How it works:

- When a PCI is submitted to Molina Network team or Provider Services team, the **email provided will be** used for communication about that inquiry.
- Our claims team will send a **digital response** with resolution details—no phone calls or manual follow-up needed.

Please note: If a provider cannot provide an email address, we will need to redirect your inquiry to the Availity Essentials portal. This will ensure that your questions and concerns are addressed appropriately and efficiently. This update does not affect Provider Agreements.



Molina to Partner with Codoxoon Provider Scope® Education

Molina Healthcare of New York, Inc. (Molina) is informing providers that, as of July 15, 2026, we began partnering with Codoxo to implement its Provider Scope® Education solution. Provider Scope is a platform that reviews providers' coding patterns and practices.

How it will help providers

Provider Scope provides transparency, education and coding pattern insights to the provider community to ensure you are following correct documentation and coding guidelines.

You will have the ability to log in to Codoxo's provider portal to review your billing activity as compared to your specialty or peer group. Molina encourages providers to take advantage of the portal to assist with ongoing education, as it will offer insights into specific billing patterns. These patterns could be cause for prepay or post-pay audits in the future, if not addressed.

In addition, the program may involve Codoxo reaching out to providers directly via letters, emails or phone calls to discuss billing patterns. Codoxo has experienced coding, clinical, and billing staff who can answer questions about identified billing patterns and provide relevant guidance.

Next steps

We ask providers to preregister here: Molina.ProviderScope.com/preregistration.

If you have any questions about this program, please contact the Codoxo Provider Support team:

- Phone: (470) 223-3591
- Email: ProviderSupport@Codoxo.com

Digital-only PA

[Availity Essentials](#) is the exclusive provider portal for Molina Healthcare—and the only way to submit authorization requests, with the exception of Pharmacy requests and delegated UM vendors. Clinical supporting documents **must** accompany **all** authorization requests. Log in today to access claims management, eligibility/benefit verification, Digital Correspondence Hub, and more.



Reminders

Primary Care Visits for Foster Care Members

For ongoing primary care visits, if there is a discrepancy with the assigned PCP on the MMC member ID card, the child/youth should not be turned away; instead, please immediately call Molina Healthcare of New York, Inc. at (877) 872- 4716 to rectify this matter.

Availity Provider Portal Enhancement: Inpatient Continued Stay Requests

Effective 7/23/2026

Molina Healthcare is introducing a new digital option in the Availity Provider Portal that allows providers to submit inpatient continued stay requests online.

What's Changing

A new Update button will be added to the Availity Provider Portal to support digital submission of inpatient continued stay requests.

The Update button will be available:

- On the Authorization Dashboard
- Within the Authorization Inquiry details page

How it works

Providers can:

- Select an existing inpatient authorization
- Use the Update button to extend the service end date (forward only)
- Attach required clinical documentation (at least one attachment required)
- Submit the continued stay request online

The Submit button will remain disabled until an attachment is added.

All standard file validation rules (file type, size, and security scanning) remain in place.



Reminders

Behavioral Health Billing

This reminder is for Behavioral Health providers billing Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) services. Claims must be submitted in accordance with New York State Medicaid requirements. Submitting complete and accurate claims—using correct rate codes, procedure codes, modifiers, units, and allowable same-day service combinations—helps reduce avoidable denials and payment delays.

Key Billing Reminders

- **Use the correct rate code and procedure code** that matches the service, program, setting, and billing provider type per OMH and OASAS guidance.
- **Bill modifiers and units exactly as required** (follow unit definitions and any limits)
- **Ensure your documentation supports what you billed** and is submitted within timely filing limits.

Same-Day Billing and Service Combinations

- **Bill same-day services only when allowed** - confirm the combination is permitted by NY Medicaid policy for the member and date of service.
- **Avoid duplicate or overlapping billing** - do not bill services that duplicate or overlap; make sure dates of service (and times, when applicable) and documentation support each billed service.

Denials: Appeals vs. Corrected Claims

When a claim is denied, providers should carefully review the denial reason to determine the appropriate course of action. Appeals are required for denials related to medical necessity, coverage or benefit determinations, authorization or eligibility issues, or payment decisions based on policy or guideline interpretation. Appeals must be submitted within applicable contractual requirements and New York State Medicaid timeframes.

Corrected or replacement claims are only appropriate to address clerical or data entry errors, such as incorrect procedure codes, modifiers, member identification numbers, or dates of service. Corrected claims do not replace the appeals process and should not be submitted for denials that require an appeal.

For additional billing guidance, review the NYS resources listed below:

- [Billing Behavioral Health \(BH\) Services Under Managed Care](#)
- [OMH Medicaid Reimbursement Rates](#)
- [Reimbursement | Office of Addiction Services and Supports](#)

Please contact the Molina NY Provider Services team with any questions.



Reminders

Provider Manual Updates

Molina Healthcare is committed to ensuring providers have access to accurate and up-to-date guidance that supports high-quality care for our members. The **Provider Manual** is reviewed annually and may also be updated more frequently as needed to reflect operational, regulatory, or program changes.

The most current version of the Provider Manual is available online at: MolinaHealthcare.com/providers/ny/medicaid/manual/medical.aspx

Availity Essentials Training

Access training anytime through the Availity Essentials Provider Portal at availability.com/providers. Select Help & Training for tutorials, webinars, and step-by-step guidance.

Most utilized courses include:

Training Area	Course
Authorizations	<ul style="list-style-type: none"> Authorization Submission Training Claim Status Training
Claims	<ul style="list-style-type: none"> Quick Claims Training Atypical Provider Training Remittance Viewer Training
Eligibility & Benefits	<ul style="list-style-type: none"> Eligibility and Benefits Inquiry Training
Recorded Webinars	<ul style="list-style-type: none"> Availity Overview - Recorded Webinar Claim Status - Recorded Webinar

Frequently Used Links

- [2026 Provider Quick Reference Guide](#)
- **Molina Provider Website:**
 - [Molina Healthcare.com](https://MolinaHealthcare.com)
 - [Molina Provider Communications - Updates and Bulletins](#)
 - [Molina Healthcare Provider Manual](#)
 - [Access and Availability Standards](#)
- **Forms:**
 - [New York Providers Home \(MolinaHealthcare.com\)](#) under the Forms tab
- **Prior Authorization Lookup Tool:**
 - [PA Lookup Tool](#)
- **Provider Data Updates: Demographic Changes, Rosters, and Credentialing:**
 - MHNYNetworkOperations@Molinahealthcare.com
- **Provider Contracting:**
 - MHNYProviderContracting@MolinaHealthcare.com
- **General Inquiries - Provider Services:**
 - MHNYProviderServices@MolinaHealthCare.com