## June 2025



# Molina Healthcare of New York, Inc. Provider Bulletin

Addendum to the 2025 Provider Manual: Access to Records and Information to Support Member Care Coordination and Care Management Activities

Molina Healthcare is committed to working with Providers to address the care coordination and care management needs of its members. To support these activities, all Providers, including those specializing in substance use disorders and behavioral health, must cooperate with and provide Molina Healthcare with any relevant patient/member records and information requested.

If legal consent and/or authorization from the patient/member is required to disclose the requested records/information to Molina Healthcare, Providers should make best efforts to obtain the necessary consent(s) and/or authorization(s). Both Molina Healthcare and

Providers agree to comply with

HIPAA and other applicable federal and state privacy laws and regulations, including but not limited to:

- ·HIPAA privacy regulations (45 C.F.R. Part 164 Subpart E)
- ·HIPAA security regulations (45 C.F.R. Part 164 Subpart C)
- ·42 C.F.R. Part 2 Regulations governing the Confidentiality of Substance Use Disorder Patient Records
- New York medical privacy laws

For more details, please refer to the updated 2025 Molina Healthcare of New York Medicaid Provider Manual.

Thank you for your cooperation and commitment to ensuring the best care for our members. In this newsletter you can expect:

New Addendum to the 2025 Provider Manual

Zeroing out of OASAS Opioid Treatment Program (OTP) Bundle Rate

Payment Refund and Forwarding Balance Reporting Enhancement

Friendly Reminders

<u>Frequently Used</u> <u>Links</u>

**Upcoming Trainings** 

### Explanation of Payment Refund and Forwarding Balance Reporting Enhancement

Molina Healthcare Inc would like to provide some details regarding a forthcoming enhancement to the reporting of refunds received that are displayed on your Explanation of Payment and 835 files.

#### What is the Change?

Currently on your Explanation of Payment (EOP) and 835, refund amounts are listed on your payment with a reference ID of the Molina claimID and payment checkhistoryID (eg: 123456789R1-CHK123456789).

A forthcoming enhancement scheduled for 04/30/25 will update these sections on the EOP and 835 to change the reference ID from the Molina claim ID to your patient control number, allowing for faster reporting of these transactions. The setup of utilizing WO/72 code types will remain. The updates are:

• Reference ID on the Explanation of Payment adjustment section will reflect your patient control number for the transactions related to each refund posting, followed by the CHKHSTID.

- Changes to the PLB segment on the 835.
  - Items labeled as Provider Return/Refund credit will be reflected on your 835 as adjustment code 72 with a reference ID of the patient control number and CHKHSTID for each refund.
  - Items labeled as Overpayment Recovery will be reflected on your 835 as adjustment code type WO with a reference ID of the patient control number and CHKHSTID for each refund.
  - This is our method of recording refunds received and will result in a net total of \$0.00 on your payment.

#### What do providers need to do?

Please review your Explanation of Payment and 835's for payments issued after 04/30/25 to ensure these new PLB segment adjustment types process accurately within you or your clearinghouse systems. If you have questions, please contact Provider Services at

MHNYProviderServices@MolinaHealthCare.Com.

#### Zeroing out of OASAS Opioid Treatment <u>Program (OTP) Bundle Rate Effective</u> <u>November 3, 2025</u>

Beginning July 1, 2024, providers were given the option to bill OTP bundle services either under the existing OTP bundle rate codes or the APG methodology. The May memorandum also indicated that OASAS would zero out the bundle rate codes (7969-7976) after a short transition period.

As of November 4, 2024, all OASAS programs were expected to exclusively bill OTP bundle services under the APG methodology using procedure codes G2067, G2068, G2078 and G2079. Providers may choose to bill other relevant APG procedure codes (e.g., H0020, 90834,etc.) instead of the bundle procedure codes.

Within the APG methodology, providers may switch between using the bundled and unbundled billing approaches as often as weekly, based on their preference.

As most providers and plans have now updated their systems to accommodate OTP bundle billing through the APG methodology, OASAS will officially zero out OTP bundle rate codes 7969-7976 effective November 3, 2025.

# Provide the second state of the second stat

You can access Availity Essentials training and support right from the platform:

#### **Essentials Provider Help**

- Select Help & Training > Find Help for page-level guidance
- Click the question-mark icons next to fields for quick tips

#### **Availity Learning Center**

- Go to Help & Training > Get Trained
- Use filters or search to find courses
- Select Sessions for live webinars
- Click Watch a Demo at the top of many pages for walkthroughs

Log in at Availity.com to get started!

# Reminders

## Did You Know? Molina's Access to Care Standards Help Ensure Timely Services

Molina Healthcare is committed to ensuring Members receive timely and appropriate access to care. To support this, Molina regularly monitors contracted PCPs and specialists including OB/GYN, oncology, and behavioral health—to ensure they meet established access standards. Providers must adhere to the following:

#### Medical Appointments

- Routine, asymptomatic: Within 28 days
- Routine, symptomatic: Within 2-3 days
- Urgent Care: Within 24
   hours
- Specialty Care: Within 28-42 days
- Obstetrical Care: Within 21 days (first trimester), 14 days (second trimester), 7 days (third trimester)

#### Behavioral Health Appointments

### Office Wait Time

- Life Threatening Emergency: Immediately
- Non-life Threatening Emergency: Within 6 hours
- Urgent Care: Within 24
   hours
- Routine Care: Within 14 calendar days
- Follow-up Routine Care: Within 7 calendar days

- In-office wait: Under 60 minutes
- Providers must offer 24/7 access via live person or answering service (voicemail alone not allowed)

#### **Inclusive Access & Scheduling**

#### **Providers must:**

- Accommodate special needs (e.g., wheelchair access, language services)
- Document and follow up on missed appointments
- Offer next available or alternate provider if canceling

Want to know more? Contact your local Molina Quality department at (877) 872-4716, visit the *Resources* tab at MolinaHealthcare.com or refer to <u>Section 9: Quality in the 2025 Molina</u> <u>Healthcare of New York Medicaid Provider Manual</u> (pg. 82-85).

# Reminders

#### **\*** Where to send provider roster and demographic updates

To help us keep our records accurate and ensure members have access to the most upto-date information, please send all provider roster and demographic updates to: <u>MHNYNetworkOperations@MolinaHealthcare.com</u>

#### **Frequently Used Links**

#### Molina Provider Website:

- Molina Healthcare.com
- Molina Provider Communications

   <u>- Updates and Bulletins</u>
- <u>Molina Healthcare Provider</u> <u>Manual</u>
- <u>2025 Provider Quick Reference</u> <u>Guide</u>
- Forms:
  - <u>New York Providers Home</u> (<u>MolinaHealthcare.com</u>) under the **Forms** tab.
- Prior Authorization Lookup Tool

   PA Lookup Tool
- MHNY Provider Services <u>MHNYProviderServices@MolinaHealt</u>
   <u>hCare.Com</u>

#### **2025 Quarterly Provider Town** <u>Hall Webinars</u>

Stay connected with Molina Healthcare of New York through our upcoming provider webinars. Each session covers key updates and offers time for Q&A.

#### Upcoming Sessions – 9 a.m. to 10 a.m. ET

- June 26 Provider General Orientation (<u>Register now</u>)
- July 30 Claims & Billing (<u>Register now</u>)
- November 5 Cost Recovery

Invites and reminders will be sent before each session. We hope to see you there!