

September 2025 Provider Bulletin



Make the switch to Availity Essentials



Exciting updates with providers in mind

At Molina Healthcare, we're committed to making it easier for providers to do business with us. That's why we're excited to share several important enhancements to [Availity Essentials](#)—all designed to streamline processes, improve communication, and support more efficient care delivery.



Bigger and better attachment capabilities:

- **Expanded file size limits:** We've increased the maximum attachment size from 64/128MB to 64/640MB. This means fewer upload issues and smoother handling of large documents.
- **Faster transmission:** Attachments will now be pulled every 5 minutes (down from 15), allowing for quicker processing and fewer delays in your workflow.



New authorization experience (UX) design:

- **Simplified form navigation:** We've redesigned our authorization interface to reduce text and improve usability, making it faster and easier to complete forms.



Expanded auto-authorization capabilities:

- **CPT code expansion:** We've increased the number of CPT codes that are auto-approved, helping to reduce administrative burden and speed up time to care for many common services.



Sunset of the legacy prior authorization portal:

- **More integrated process:** As part of our modernization efforts, we are officially sunsetting the legacy authorization portal. Providers will now be directed to use the full Availity Authorization experience for a more streamlined, efficient and integrated process.

In this newsletter you can expect:

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New Reports Tile Coming to Availity in October

What's Changing?

We're excited to announce that the Reports Tile currently located in Payer Spaces will soon be replaced by the **Reports (New) Tile**.

- Look for the Reports (New) Tile to be available in **October 2025**.

What's Staying the Same?

You will continue to have access to the same reports you rely on today, just in a more efficient and user-friendly location.

We appreciate your participation in our network!

Training is Available

Want to explore all the features Availity Essentials has to offer? Access on-demand training anytime through the Help & Training section of [Availity.com](https://www.availity.com).

Before accessing training, be sure that:

1. You're logged in to Availity
2. Your browser allows pop-ups from the following sites:
 - [Apps.availity.com](https://apps.availity.com)
 - [Availity.com](https://www.availity.com)
 - [Learnupon.com](https://www.learnupon.com)

Not Registered Yet?

Register today! If your organization is not currently registered for Availity, the person designated as the Availity administrator should go to [Availity.com](https://www.availity.com) and select Get Started.

Need help? Visit Availity Customer Support for assistance with registration.

CMS-0057 Interoperability & Prior Authorization Rule (2026-2027)

Effective 1/1/2026 the New York turnaround time will be updated to align with the CMS0057 Prior Authorization rule: please see the chart for how the changes will affect expected turnaround times for our Managed Medicaid, HARP and CHP lines of business:

Request type	Turnaround Time through 12/31/25	Turnaround time starting 1/1/2026	Change
Urgent	Initial Request- 72 Hours* Concurrent Request- 1BD*	Initial Request- 72 Hours* Concurrent Request- 1BD*	No Change
Emergent (Unplanned Inpt hospitalization)	Initial request- 1 BD* Continued stay- 1 BD*	Initial request- 1 BD Continued stay- 1 BD*	No Change
Standard	Initial Request- 3BD but no greater than 14 calendar days* Concurrent Request- 1BD but no greater than 14 calendar days* *Extension of up to 14 days permitted in certain circumstances.	Initial Request- 3BD but no greater than 7 calendar days* Concurrent Request- 1BD but no greater than 7 calendar days* *Extension of up to 14 days permitted in certain circumstances.	Changing the turnaround time from 14 to 7 days

New York Medicaid Health Plan Payment Policy: Physician Assistants

What's New

Changes to Physician Assistant reimbursement to align with the NYS Medicaid Program Physician Policy Guidelines: [Physician Manual Policy Guidelines.pdf](#)

Effective 09/01/25, Molina Healthcare's reimbursement guidelines for Registered Physician Assistants (RPAs) will be updated to require the following:

- Services rendered by a registered physician's assistant (RPA) must be in accordance with the provisions outlined in Article 131A of the NYS Education Law and Article 37 of the NYS Public Health Law.
- License requirements are established by the NYSED, and can be found at: [NYS Physician Assistant: License Requirements](#)

Reimbursement

The services of RPAs will be reimbursed as follows:

- Payment will be made to the physician who employs the RPA.
- Payment will be according to the standard fees that physicians normally receive. This applies whether the physician, the employed RPA, or both individuals provide the service.
- Molina will allow Payment for RPA direct claims, but will be discounted by 15%.
- The physician for a service may make no duplication or increase in charges, solely because an RPA has provided assistance.
- The only exception is "Physician Assistant Services for Assist at Surgery". Please refer to the Fee Schedule for instructions on the use of Modifier '-AS'.
<http://www.emedny.org/ProviderManuals/Physician/>
- All claims for Medicaid reimbursement that are submitted by physicians must include an indication of those services or procedures that were rendered by or in conjunction with the RPA and also the name and Medicaid provider identification number of the RPA who rendered the care.
- The professional component for all services provided by a physician assistant (PA) in an Article 28 hospital outpatient department, hospital inpatient setting, emergency department, ambulatory surgery setting and diagnostic and treatment center (D&TC) for Medicaid fee-for-service patients is included in the APG or APRDRG payment to the facility.
- Supervising physicians and physician groups may not bill Medicaid separately for PA services provided in these settings.

Resources Available:

[Physician_Manual_Policy_Guidelines.pdf](#) / NYS Physician assistant: License Requirements

Zeroing out of OASAS Opioid Treatment Program (OTP) Bundle Rate (Effective November 3, 2025)

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.

UPDATE: Behavioral Health Appointment Wait Times Have Changed (Effective July 1, 2025)

Effective **7/1/2025**, the Behavioral Health appointment wait time standards for **Medicaid Managed Care, Child Health Plus (CHP), Essential Plans, and Commercial Insurers** have been updated as follows:

- **Ten (10) business days** for an **initial appointment** with an **outpatient facility** or **clinic**;
- **Ten (10) business days** for an **initial appointment** with a **behavioral health care professional** who is **not** employed by or contracted with an outpatient facility or clinic;
- **Five (5) business days** for a **follow-up visit after mental health/substance abuse emergency room (ER) or inpatient visit**;
- **Five (5) business days** for a **non-urgent mental health or substance abuse visit**.

Reference & Next Steps:

- Full details: [NYS Behavioral Health Access Regulations](#)
- Providers should also refer to the **Access to Care requirements** in the Molina Healthcare of New York Provider Manual, available at the [MolinaNY Provider Website](#).





Want to know more?

Contact your local **Molina Quality Department** at **(877) 872-4716**, visit the **Resources tab** at MolinaHealthcare.com, or refer to **Section 9: Quality** in the *2025 Molina Healthcare of New York Medicaid Provider Manual* (pg. 82-85).

Reminders






PCP ASSIGNMENT ON ID CARDS


-  **Confirm eligibility and PCP assignment** using the **Availity Provider Portal** before scheduling or treating patients.
-  If a member wishes to switch PCPs, they may call (800) 223-7242 before their appointment to request the change.
-  If there is a discrepancy with the PCP listed on a MMC member's ID card during ongoing care, **do not turn the patient away**.
-  Instead, **call** Molina Healthcare at **(877) 872-4716** to have the **PCP assignment updated and resolved**.



Submit Itemized Bills for Inpatient Claims and Timely Payment

To ensure proper reimbursement and reduce payment delays, providers should:

- Submit itemized bills for all inpatient claims when the date of service exceeds the authorization.
- Itemized billing is essential for:
 -  Validating services rendered
 -  Applying correct payment methodologies
 -  Maintaining compliance with reimbursement policies

 **Tip:** Prompt submission of itemized bills helps ensure timely and accurate reimbursement.



Reminders

Cultural & Language Tools Are Now in Availability

How to Access on Availability:

1. Log in to the [Availability Essentials portal](#).
2. Select **Molina Healthcare** under **Payer Spaces**.
3. Click the **Resources** tab.
4. Choose **Culturally and Linguistically Appropriate Services Provider Training Resources/Disability Resources and Links**.

2025 Quarterly Provider Town Hall Webinars

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 –

- November 5 – **Cost Recovery**
 - 9 a.m. to 10 a.m. ET

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

Frequently Used Links

- **Molina Provider Website:**
 - [Molina Healthcare.com](#)
 - [Molina Provider Communications - Updates and Bulletins](#)
 - [Molina Healthcare Provider Manual](#)
 - [2025 Provider Quick Reference Guide](#)
- **Forms:**
 - [New York Providers Home \(MolinaHealthcare.com\)](#) under the **Forms** tab.
- **Prior Authorization Lookup Tool**
 - [PA Lookup Tool](#)
- **Provider Roster / Demographic Updates:**
 - [MHNYSNetworkOperations@MolinaHealthcare.com](#)
- **Credentialing Updates**
 - [MHNYSProviderContracting@MolinaHealthcare.com](#)
- **MHNY Provider Services:**
 - [MHNYSProviderServices@MolinaHealthCare.com](#)