

Table of Contents

January 2026

New In This Issue

- [Next Generation MyCare Ohio Program: Quick Reference Guide](#)
- [Member Eligibility Verification](#)
- [Update for Behavioral Health Providers](#)

- [NDC/HCPCS Combination Requirements](#)
- [Claim Editing Enhancements](#)
- [Claim Hold on Marketplace Prospective Payment System](#)
- [EDI Claim Submission](#)
- [Q4 Provider Newsletter](#)

Updated In This Issue

- [Digital First Utilization Management](#)
- [Notice of Changes to the Provider Manual](#)
- [Medicaid and MyCare Ohio Enrollment Requirements](#)
- [Website Roundup](#)
- [Live Provider Training](#)

Next Generation MyCare Ohio Program: Quick Reference Guide

Info for MyCare Ohio providers

Molina Healthcare of Ohio, Inc. has updated our Next Generation MyCare Ohio Program: Quick Reference Guide. Use it as a resource material for the below topics, including updates since its original distribution:

- Payer ID numbers
- Claim submission process
- Claims timely filing timeframes
- Requests for clinical claim disputes and non-clinical claim disputes
- Prior Authorization (PA) requests
- Service area map and go-live dates
- New terminology for reconsiderations and appeals
- Contracting with Molina

View the [Next Generation MyCare Ohio Program: Quick Reference Guide](#) Provider Bulletin on our Provider Website. Note: The Ohio Department of Medicaid (ODM) will launch the Next Generation of MyCare Ohio Program on Jan. 1, 2026.

Urgent: Member Eligibility Verification

Info for MyCare Ohio providers

Ensuring members receive care is a priority for ODM and Molina. When you provide services to Next Generation MyCare Ohio members and are confirming eligibility, the following methods can be used to support verification:

1. Check the Member ID Card. If the Member ID card has a Next Generation MyCare program logo it is indicative that the member is a Next Generation MyCare member.
2. Check member eligibility via the Provider Network Management (PNM) system or the Electronic Data Interchange (EDI) 270/271 process.
3. Call the ODM Integrated Helpdesk at (800) 686-1516 or via IHD@medicaid.ohio.gov. Representatives are available Monday through Friday, 8 a.m. – 4:30 p.m.

Digital First Utilization Management Reminder

Info for all network providers

As a reminder, on Jan. 1, 2026, Molina will transition to a Digital-Only Authorization Model via the Availability Essentials portal (Availability) and will no longer accept faxes after Dec. 31, 2025.

Important Updates Include:

Continued Stay/Concurrent Review: If a provider needs to submit additional information or a request for more days, they should submit a new authorization request on Availability, noting that it is a continued stay.

Reconsiderations, Changes in Coding or Add on Codes: Providers should submit a new authorization request on Availability to send in additional clinical information, noting that it is a reconsideration, a change in coding or an add on code in the notes.

Notes Section: When submitting an authorization, it is helpful for the provider to include a comment in the Notes section stating what is being requested. In the future, Availability will offer an option at submission to select a continued stay or reconsideration, eliminating the need to include a note.

Benefits to our Providers:

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

Member Benefits:

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

Availability Portal: The following enhancements have been made to Availability to help support PA requests through the portal:

- Processing is faster; files are pulled every 5 minutes

- You will receive real-time email alerts on status updates
- And more Current Procedural Terminology (CPT) codes are now automatically approved through MCG Auto Auth, so there is less paperwork
- The file sizes have been updated to accept larger attachments of clinical documentation

Support During the Transition: To ensure a smooth transition, Molina will provide information on how to access the Availity Learning Center for online trainings and to access available resource guides.

If your office has not registered for Availity, please refer to the Register for Availity Essentials link on the [You Matter to Molina](#) page, under the Provider Portal Resources drop-down menu for details on Availity onboarding and registration. Molina is ready to walk through any onboarding questions. For additional questions about the Digital First UM initiative, please reach out to your Provider Relations Representative.

Training: Navigate to Help and Training within the portal, or training opportunities are available at [availity.com/providers/](#), including:

Authorization Submission:

- [availitylearning.learnupon.com/content-details/4016255/0](#)

Claims:

- [Claim Status Training](#): Access claim status, summary results and claim details.
- [Quick Claims Training](#): Create templates and submit claims for multiple patients.
- [Atypical Provider Training](#): Navigate common struggles atypical providers endure.

Eligibility and Benefits:

- [Eligibility and Benefits Inquiry Training](#): Check a patient's eligibility and benefits.

Recorded Webinars:

- [Availity Overview - Recorded Webinar](#): Availity Overview for Molina Providers.
- [Claim Status - Recorded Webinar](#): Beyond the basics.

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 Utilization Management (UM) processes.

Important Update for BH Providers

Info for Behavioral Health providers in the Molina Medicaid Network

Following guidance from ODM, Molina is pausing the implementation of the current Intensive Outpatient Treatment Services Policy and new behavioral health Billing and Reimbursement Payment Policies.

During this period, Molina will continue to engage with our network and provider association partners to review and gather feedback. For any questions or input, please reach out to your Behavioral Health Provider Relations Representative.

National Drug Code (NDC) and Healthcare Common Procedure Coding System (HCPCS) Combination Requirements

Info for all network providers

Effective Feb. 1, 2026, Molina will begin denying claims that are submitted with an incorrect National Drug Code (NDC)/Healthcare Common Procedure Coding System (HCPCS) code combination.

Accurate billing for clinician-administered drugs requires the correct pairing of NDC with HCPCS codes. The NDC/HCPCS combination is a critical tool for ensuring claims are processed correctly, minimizing denials and maintaining compliance with Medicaid and Medicare requirements.

In order to prevent claim denials, providers should follow the best practices below:

- The NDC and HCPCS code combination must be valid, or the claim will be denied.
- If the NDC is required but missing, incomplete, invalid, or deactivated, the claim line is denied.
- Always verify that the NDC on the vial matches the HCPCS code description (route, dosage, strength).
- Submit the correct billing units as defined by the HCPCS code descriptor.
- Keep thorough documentation for all administered drugs, including any waste.

Claim Editing Enhancements

Info for all network providers

As part of our ongoing commitment to transparency and quality, Molina is updating our claims code editing program to better support accurate and compliant claim processing.

In the coming weeks, Molina will enhance our code editing source to further strengthen our claims editing processes. This enhancement uses rule-based edits aligned with state-specific and national Medicaid, Centers for Medicare & Medicaid (CMS) and industry standards.

There will be no changes to the provider's current claim submission, appeals or communication procedures.

Providers can continue to submit and manage claims as they do today. Please reach out to Provider Relations with questions.

Claim Hold on Marketplace Prospective Payment System

Info for Marketplace providers

Based on scheduled updates for the Outpatient, ASC and End-Stage Renal Disease (ESRD) Prospective Payment

System (PPS), Molina will implement a PPS hold for impacted claims. These claims will remain on hold for dates of service of Jan. 1, 2026 – Jan. 27, 2026.

Electronic Data Interchange (EDI) Claim Submission Info for all network providers

Providers should connect with their Clearinghouse to ensure connectivity to the Ohio Medicaid Enterprise System (OMES).

Each Clearinghouse must:

- Be set up directly with ODM
- Have an active contract with ODM as a Clearinghouse partner

Member eligibility for Jan. 1, 2026, and after: Use Availity to complete an Eligibility & Benefits inquiry to Molina. Include Jan. 1, 2026, or a future date, for the "as of" date. If you are unable to use Availity to perform the transaction, please call the Provider Services Contact Center.

For more details, visit the Trading Partners page at medicaid.ohio.gov by selecting Resources for Providers, then Billing and Trading Partners.

Q4 Provider Newsletter

Info for all network providers

The [Q4 Provider Newsletter](#) is available on the Provider Website under the Communications tab. Articles include:

- Utilization Management (UM) turnaround time for prior authorization
- UM letters available digitally
- Exciting enhancements to Availity Essentials
- Care Connections
- Model of Care training is underway
- 2025-2026 flu season
- Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program
- Molina's Special Investigation Unit partnering with you to prevent fraud, waste and abuse
- Clinical Policy

Updated: Notice of Changes to the Provider Manual

Molina is in the process of updating our Provider Manuals for an effective date of Jan. 1, 2026.

- Medicaid: Molina posted the 2026 Next Generation Molina Medicaid Provider Manual and Significant Update by Chapter: 2026 Medicaid Provider Manual document on the Medicaid Provider Website, under the Manual tab.
- MyCare Ohio: [Molina posted an addendum to the 2026 Next Generation Molina MyCare Ohio Provider Manual on Dec. 29, 2025, with updated timely claim filing requirements](#). View the complete January 2026

Next Generation Molina MyCare Ohio Provider Manual on the MyCare Ohio Provider Website, under the Manual tab.

- Marketplace: [Molina posted the 2026 Marketplace Provider Manual on the Marketplace Provider Website on the Forms and Documents page](#).
- Medicare: Molina will post the Medicare Provider Manual on the Provider Website by Jan. 1, 2026.

Updated: Medicaid and MyCare Ohio Enrollment Requirements

Info for Medicaid and MyCare Ohio providers

Any provider, group ordering or referring who is not enrolled and noted as "active" in the ODM Provider Network Management (PNM) system will receive denials for claims submitted to Molina. Claim denials will continue until the provider's Medicaid enrollment has an "active" status.

Attending and Emergency Room-related services from inactive providers will be denied.

If the rendering provider is not affiliated with the billing group provider in the PNM system, the claim will deny.

Providers who update their records after claims begin denying will need to submit corrected claims once the records are updated.

Visit medicaid.ohio.gov for additional information.

Website Roundup

Info for all network providers

Recently added or updated documents:

- [December CPSE Report](#)
- [February 2026: Clinical Policies Updates](#)
- [Q4 Provider Newsletter](#)
- [Processes by Line of Business](#)
- [Ohio Dental Provider Contract Request Form](#)
- [Psych Hub: Access Your Mental Health Practitioner Hub](#)

Live Provider Training Sessions

Info for all network providers

Molina is offering the chance to enter a monthly drawing for a prize! To enter, join a provider training and share your name and email.

You Matter to Molina Forums:

- Doula Training: Fri., Jan. 23, 1 to 2 p.m.
- Medicaid Incident Reporting: Mon., Feb. 16, 1 to 2 p.m.
- MyCare Ohio Incident Reporting: Wed., Feb. 18, 1 to 2 p.m.

General Provider Orientation:

- Wed., Jan. 7, 10 to 11 a.m.

- Tues., Feb. 3, 1 to 2 p.m.

Specialized Provider Orientation:

- Managed Long-Term Services and Support (MLTSS):
Mon., Jan. 12, 1 to 2 p.m.
- MLTSS: Thurs., Feb. 12, 1 to 2 p.m.

- Wed., Jan. 28, 3 to 4 p.m.
- Fri., Feb. 27, 2 to 3 p.m.

Availity Essentials Portal Training: Visit the Help & Training section on the portal or contact training@availity.com for training.

Molina Dental Services Training:

In Case You Missed It: View the complete articles on the Provider Bulletin page under the Communications tab of our Provider Website, under the identified month, noted in parentheses ().

- **ODM EVV Implementation Updates:** On March 1, 2026, ODM will begin Phase 7 of the EVV claims processing changes for MyCare Ohio. Phase 7 impacts claim validation requirements for all codes included in Phase 3 and Phase 4 with the addition of waiver codes. ([December 2025](#))
- **Q1 PA Code Changes:** Molina posted the following PA Code Change documents on our Provider Website, for a Jan. 1, 2026, effective date: Medicaid, Marketplace and the Medicare and MyCare Ohio Medicare. ([December 2025](#))
- **EVV Claim Processing Denial Information Reminder:** Based on the ODM EVV claims validation implementation changes, Molina has provided a crosswalk related to EVV denials. ([December 2025](#))
- **Family Navigator Maternity Telehealth:** Medicaid members in Vinton and Noble counties now have access to the Ohio University Family Navigator Program, which offers free telehealth support for Medicaid-eligible pregnant members. ([December 2025](#))
- **Availity Essentials Reports Tile:** Molina updated the Availity Essentials portal with a new Reports (NEW) tile in Payer Spaces. The previous Reports tile was removed on Dec. 5, 2025. ([December 2025](#))
- **Availity Essentials Attachment Size:** Based on provider feedback, Molina increased the maximum attachment size in Availity Essentials to 640 MB. ([December 2025](#))
- **Molina Clinical Policy: Enclosed Bed:** Molina continues to require PA for Enclosed Bed Systems, including safety enclosure frames and canopies. It is Molina's policy to require a member-specific, comprehensive home evaluation to be conducted by a qualified occupational or physical therapist. ([November 2025](#))
- **Durable Medical Equipment Update:** On April 1, 2025, Molina entered into a national partnership with Apria Healthcare and Byram Healthcare for DME equipment and supplies. ([November 2025](#))
- **ODM Update:** Terminations have resumed for failure to complete Medicaid Agreement Revalidations in PNM. In January 2024, ODM began terminating providers who failed to complete their revalidation prior to their specified deadline. ([May 2024](#))

Questions and Quick Links

Provider Services: (855) 322-4079 Mon. – Fri. 7 a.m. to 8 p.m. for Medicaid, 8 a.m. to 6 p.m. for MyCare Ohio and 8 a.m. to 5 p.m. for Medicare and Marketplace

- Email: OHProviderRelations@MolinaHealthcare.com
- Provider Website: MolinaHealthcare.com/OhioProviders

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