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Provider Supports for Next Generation MyCare (Electronic Visit Verification [EVV] Related)

Info for Medicaid and MyCare Ohio providers

As previously shared by the Ohio Department of Medicaid (ODM), Medicaid members may switch from PASSPORT to MyCare beginning April 1.

Local Area Agencies on Aging (AAAs) should be working with members and their health plans before the expansion to coordinate program transitions.

Providers and AAA representatives supporting members transitioning to MyCare need to update the Recipient Program, payer, services and EVV authorization within the EVV system. These updates can be made today in the Sandata EVV recipient record, allowing the system to automatically change the member's status to "Active" on April 1.

Find additional information in the ODM Provider Supports for Next Generation MyCare article, located in the ODM [March EVV Newsletter](#), at medicaid.ohio.gov, by selecting Programs & Initiatives under the Resources for Providers header, then Electronic Visit Verification (EVV) and Electronic Visit Verification Newsletters.

For additional guidance, providers may view the ODM [February EVV newsletter](#) Automation Simplifies Recipient Record Management article which refers to [How to Future Date Recipient Records](#) for guidance.

EVV authorizations must be updated in the EVV system when a member's payor changes. Review [Creating Recipient Authorizations](#) for guidance.

Alternate EVV System Vendors

Info for Medicaid and MyCare Ohio providers

As previously shared by ODM, alternate EVV systems must be configured to use Reason Code 99 for services provided on or after April 1 that are manually edited. This includes manually created visits. Failure to implement this requirement will trigger Sandata aggregator rejections for manually created or edited visits, delaying reimbursements for the care provided.

Find additional information in the ODM Certified Alternative EVV System Vendors article, located in the ODM [March EVV Newsletter](#). Encourage your vendors to review guidance outlined in Appendix H of the [Alternate EVV Technical Specifications](#), linked in the March EVV Newsletter.

Sandata to Launch Customer Support and Learning Enhancements on April 20 (EVV Related)

Info for all Medicaid and MyCare Ohio providers

Per ODM, Sandata is making support and learning faster, better and easier for providers.

Starting April 20:

- [New Customer Support Portal](#): Submit tickets quickly and track progress with streamlined process for faster resolutions from the Technical Customer Care (TCC) team.
- [New Sandata Learn at HHAeXchange University](#): Sandata Learn is moving to HHAeXchange University but will contain the same video content providers are accustomed to viewing.

- [New Sandata Knowledge Base](#): Sandata on Demand is getting a new home and introducing Caree, a virtual assistant for instant answers and training resources. Note: Sandata Knowledge Base resources will contain the same documents providers are accustomed to with new articles to come.

Find additional information on all the changes at sandata.zendesk.com by selecting the Sandata On-Demand/Sandata Learn tile, then [Coming Soon...2026](#).

What is NOT changing:

- Providers can contact the TCC team using the same phone number (855) 805-3505 and email ODMCustomerCareEmail@Sandata.com.
- Sandata Alternative EVV providers can call (844) 289-4246 or email OHAltEVV@Sandata.com.

ODM and Sandata/HHAeXchange are committed to making this a smooth transition. We'll be sharing more information about the transition ahead, including steps you can take to prepare for the upgrades.

Cost Recovery Claim Dispute Process

Info for all network providers

Effective for May 1, 2026, Molina will no longer accept Cost Recovery related claim disputes via the standard dispute process. Providers should follow the dispute process outlined in the overpayment notification. All Cost Recovery disputes should be submitted via Availity Overpayments, faxed or mailed directly to the Claims Recovery Department.

Subrogation Email Update

Info for Medicaid and Marketplace providers

Molina has changed vendors for subrogation to Katch IQ, email submitreferrals@katchiq.com.

As a reminder, Molina retains the right to recover benefits paid for a member's health care services when a third party is responsible for the member's injury or illness to the extent permitted under state and federal law and the Member's benefit plan. If third party liability is suspected or known, please refer pertinent case information to Molina's vendor Katch IQ. Find additional information in our Provider Manual.

CAHPS® Tip Sheet

Info for all network providers

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool to evaluate patient satisfaction. Improving patient satisfaction has many benefits, so please encourage patients who have received the CAHPS® Survey to participate.

The Molina CAHPS® Tip Sheets provide helpful information, including:

Measure Description: The Getting Appointments and Care Quickly measure evaluates patients' satisfaction with how quickly they were able to get appointments and care.

This is self-reported by patients and collected annually as part of the CAHPS® Survey.

Survey Questions:

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a checkup or routine care as soon as you needed?

Ways to Improve Patient Satisfaction:

- If the requested provider is not available within the standard timeframe, offer patients an available appointment with an alternative provider.
- Explore and consider offering telephone, telehealth and telemedicine visits when appropriate for the patient's needs.
- Leave a few appointments open each day to accommodate urgent and follow-up visits.
- Encourage patients to use the 24-hour Nurse Advice Line, anytime they have question about their health.
- If the provider is behind schedule, the office staff should respect the patient's time by giving them choices and a realistic estimate of when they will be seen.

View the CAHPS® Tip Sheets in Availity, by selecting Resources on the Molina Payer Spaces.

Molina Baby Bucks

Info for Medicaid providers

Starting May 1, 2026, Molina Medicaid members can get a **\$100 gift card reward** to buy the baby items they need.

Members who are pregnant and within six months of their expected due date can get Molina Baby Bucks when they sign up for a Molina Care Management program and go to an

educational event while pregnant. Events may be held virtually by phone, or in-person at local community centers.

Members can speak to their Molina Care Manager or Care Guide for more information.

Expedited Prior Authorization Reminder

Info for Medicaid providers

An Expedited prior authorization (PA) is appropriate when, the requestor is certifying the standard seven timeframe may jeopardize the life or health of the member as per Ohio Administrative Code (OAC) [5160-26-31](#).

Requests that **do not meet Expedited** may be downgraded to a standard request:

- Retrospective (services already rendered)
- Requests that start date 8+ days (no immediate need and falls within standard processing turn-around-times)
- Date of Service is to-be-determined or not provided

To avoid delays in processing, all supporting clinical documentation must be submitted with the initial PA request.

- Standard request decisions are made within 7 calendar days.
- Expedited requests decisions are made as soon as medically necessary, within 48 hours (including weekends and holidays) following receipt of the validated request.

As a reminder, a request is expedited if applying the standard determination timeframes could seriously jeopardize **the life or health of the member or the member's ability to regain maximum function**. Find additional details in our Provider Manual.

Q1 Provider Newsletter

Info for all network providers

The [Q1 Provider Newsletter](#) is available on the Provider Website under the Communications tab. Articles include:

- Medicare Stars: Health Outcomes Survey and Pharmacy Tip Sheets
- Evaluating Molina's quality performance
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Update provider data accuracy and validation
- 2026 Molina Model of Care provider training
- Clinical Policy

Ownership and Control Disclosure Form Requirements

Info for all network providers

As a reminder, providers are required to complete the Ownership and Control Disclosure Form during the initial contracting process and re-attest every 36 months during the recredentialing process, or any time changes are made that require disclosure regarding ownership and control.

Note: If a provider has completed the form within the last credentialing period and there are no changes to report, this form does not need to be completed and returned to Molina at this time.

The [Ownership and Control Disclosure](#) form is available on the Molina Provider Website, under the Forms tab. Submit completed forms to OHAttestationForms@MolinaHealthcare.com.

Quality Living Program Awardees

Info for all network providers

Molina is proud to announce the most recent quarter's performance for nursing facilities in the Molina Quality Living Program:

- **Platinum Level:** Logan Elm Health Care Center, Siena Gardens, Venetian Gardens, Bethany Village, Mt Healthy Christian Village, Chesterwood Nursing Care, Country Club Manor, Eastgate Health Care Center, Glendale Place Care Center, Stonespring of Vandalia, The Lodge Care Center, Country View of Sunbury
- **Gold Level:** Glen Meadows, Golden Years Nursing Center, Highbanks Care Center, Terrace View Gardens, The Home at Hearthstone, The Residence at Salem Woods, Otterbein Clear Creek, SEM Haven Health Care Center, Friends Care Community, Friendship Village of Columbus Westwood, Maple Knoll Village, Dayspring Health Care Center, Sycamore Glen Health Care
- **Silver Level:** Astoria Health and Rehab Center, Wilmington Nursing & Rehabilitation, Meadow Grove City, Inc., Otterbein Middletown, Springfield Masonic Community, The Knolls of Oxford, Bayley Senior Care, Twin Towers, Westover Retirement Community, Willow Brooke Christian Services, Deupree Cottages, Marjorie P Lee Retirement

Community, Mason Christian Village, Mohun Health Care Center, Dayview Care Center, Willow Knoll Post Acute and Senior Living, Worthington Christian Village, Brookside Healthcare Center, Circleville Post Acute, Hillspring Health Care Center, Inc., Norwood Towers Post Acute, Oak Creek Terrace, Sanctuary Pointe Nursing & Rehab Center, LLC., Shawneespring Health Care Center, Inc., The Laurels of Middletown, The Laurels of Milford, Western Hills Nursing Rehab Center

The Molina Quality Living Program recognizes and awards nursing facility partners that meet or exceed select Centers for Medicare and Medicaid Services (CMS) quality measures when providing care to Molina MyCare Ohio members in custodial care.

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.

Specialized Provider Orientation:

- Managed Long-Term Services and Support (MLTSS): Thurs., April 16, 10 to 11 a.m.
- MLTSS: Thurs., May 7, 1 to 2 p.m.

Molina Dental Services Training:

- Wed., April 22, 2 to 3 p.m.
- Wed., May 27, 3 to 4 p.m.

Additional Trainings: View Recorded Video Trainings and additional Molina Presentations on the You Matter to Molina page of our Provider Website.

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

Website Roundup

Info for all network providers

Recently added or updated documents:

- [March CPSE Report](#)
- [May 2026: Clinical Policies Updates](#)

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 began Phase 7 of the EVV claims processing changes for MyCare Ohio. ([March 2026](#))
- [Trading Partner Reminders for One Front Door Submissions](#): Per ODM there are two issues the ODM EDI team continues to see, which are causing rejections on the 999 and HTML, as well as on the 277CA Claim Acknowledgement.
 - All claims must use the 12-digit ODM assigned member ID in the 2010BA-Subscriber Name loop.
 - 277CA's are returning a high level of claim rejections due to the Payer ID submitted in the 2010BB loop, NM109 data element which allows the health plan(s) and their vendor(s) to route claims correctly for the member. ([March 2026](#))
- [Free Home Health Aide Training](#): Molina is sponsoring 15,000 Home Health Aide scholarships (100% tuition covered) through myCNAjobs in partnership with HealthStream's MissionCare Collective. ([March 2026](#))
- [Member Eligibility Look Up Guidance](#): Providers are encouraged to utilize self-service options to confirm member eligibility, including accessing the details on the Availity portal, via the PNM system, or by calling the ODM Helpdesk at (800) 686-1516. ([March 2026](#))
- [Telehealth Extended through Dec. 31, 2027](#): Per CMS, telehealth flexibilities have been extended through Dec. 31, 2027. ([March 2026](#))
- [Transition of Care Authorizations \(Continuity of Care\)](#): For members who join Molina from an existing plan, Transition of Care authorizations (waiver and medical) were successfully loaded in Molina's core operating systems and are available within Availity. ([March 2026](#))
- [Waiver Authorizations](#): Providers serving MyCare Ohio members under a waiver benefit should work directly with the AAA or the Molina Care Coordinator to establish the waiver service plan. Once established, the waiver service plan is converted into a PA to enable claim payment. ([March 2026](#))
- [Group Therapy Limits](#): As a reminder, the limit of Group Therapy (H0005) is no more than one hour (or four units) when rendered on the same day as H0015 (per diem) Intensive Outpatient. ([March 2026](#))

- **Evaluation and Management Reminder:** As a reminder, Molina continues to evaluate and review high level E&M services for high-coding practitioners that appear to have been incorrectly coded, based upon diagnostic information that appears on the claim and peer comparison. ([March 2026](#))
- **Digital First Utilization Management Reminder:** As a reminder, on Jan. 1, 2026, Molina transitioned to a Digital-Only Authorization Model via Availity and no longer accepts faxes as of Dec. 31, 2025. ([March 2026](#))
- **Place of Service (POS):** Molina continues to align with CMS reimbursement guidelines regarding POS 02, which designates telehealth services provided outside the patient’s home. View the CMS Transmittal 3873 Change Request 10272 at cms.gov. ([February 2026](#))
- **Molina Payer ID:** Molina has observed a high volume of claim rejections due to incorrect payer IDs required by ODM for the One Front Door entry. Please ensure your organization is using the correct Payer ID as of Jan. 1, 2026. View the Processes by Line of Business document on our Provider Website Quick Reference Guides & FAQs page. ([February 2026](#))
- **OAC 5123-9 Updates:** Providers should review the updates to OAC 5123-9 Rules for Home and Community Based Services. Note that ODM rescinded OAC 5123-9-35. ([February 2026](#))
- **CAHPS®:** CAHPS® is an industry-standard survey tool to evaluate patient satisfaction. Please encourage patients who have received the CAHPS® Survey to participate. ([February 2026](#))
- **Electronic Funds Transfer: ECHO Health:** As a reminder, Molina contracts with our payment vendor, the SSI Group, who partnered with ECHO Health, Inc. for EFT and ERA. Note: Access to the SSI Group is free to Molina providers. ([February 2026](#))
- **2026 HEDIS® Data Collection:** HEDIS® is a tool used to report performance on quality of care and service. Molina is required to collect and provide medical documentation from providers to fulfill state and federal regulatory and accreditation requirements. Molina started collecting this data in February. ([February 2026](#))
- **Paper Forms Reminder:** As a reminder, paper forms are not accepted by Molina for Medicaid or MyCare Ohio. Claim submissions are accepted only via EDI or Availity. ([February 2026](#))
- **Notice of Changes to the Provider Manual:** Molina posted an addendum to the 2026 Next Generation Molina MyCare Ohio Provider Manual on Jan. 16, 2026, with clarifying information on 340B drug billing guidelines. ([February 2026](#))
- **Medicaid and MyCare Ohio Enrollment Requirements Updated:** Any provider, group ordering or referring who is not enrolled and noted as “active” in the ODM PNM system will receive denials for claims submitted to Molina. Claim denials will continue until the provider’s Medicaid enrollment has an “active” status. ([January 2026](#))
- **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 8 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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Fighting Fraud, Waste and Abuse

Suspect member or provider fraud?
 The Molina AlertLine is available 24
 hours a day, 7 days a week at (866)
 606-3889. Reports are confidential,
 but you may choose to report
 anonymously.

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