PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE

Ordering, Referring and Prescribing Providers National Provider Identifier (NPI) Update

Info for all network providers

Effective Oct. 1, 2025, Molina Healthcare of Ohio, Inc. will begin denying claims missing an Ordering, Referring, and Prescribing (ORP) provider based on the guidance below.

As a reminder:

Molina began to require the billing of ORP providers on July 1, 2021, based upon the requirements developed by ODM in compliance with federal regulations 42 CFR 438.602 and 42 CFR 455.410. Claims billed with the attending field information populated will also be used to satisfy the ORP requirements.

A valid NPI is required on claims for select ORP provider types, including:

- Hospital
- Independent Diagnostic Testing Facility
- Psychiatric Hospital
- Waivered Services Organization
- Nursing Facility
- Medicare Certified Home Health Agency
- Professional Medical Group
- Other Accredited Home Health Agency
- Hospice
- Ohio Department of Mental Health and Addiction Services (OMHAS) Certified/ Licensed Treatment Program
- Pharmacy
- Psychiatric Residential Treatment Facility
- Federally Qualified Health Center (FQHC)
- Certified Ohio (OH) Behavioral Analyst
- Clinic
- Occupational Therapist Individual
- Independent Laboratory
- Certified Registered Nurse (RN) Anesthetist Individual
- Waivered Services Individual
- Durable Medical Equipment Supplier
- Audiologist Individual
- Speech Language Pathologist
- Anesthesia Assistant Individual
- Ohio Department of Mental Health Provider
- Physical Therapist Individual
- Non-Agency Personal Care Aide
- Wheelchair Van
- Non-Agency Nurse – RN or Licensed Practical Nurse (LPN)
- Portable X-Ray Supplier
- Non-Agency Home Care Attendant

For additional information and provider type/code specific information visit medicaid.ohio.gov/resources-for-providers/managed-care/methods-and-specifications/mcp-file-specifications-and-methodologies, select the 2025 tab and view Appendix K.

Molina started to include the following CARC/RARC (Claim Adjustment Reason

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The Provider Bulletin is a monthly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

Code/Remittance Advice Remark Code) remit messaging in December 2021:

Referring:
- Remit: N286
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N286
- RARC Description: Missing/incomplete/ invalid referring provider primary identifier

Ordering:
- Remit: N265
- CARC: 16
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N265
- RARC Description: Missing/incomplete/ invalid referring provider primary identifier

Attending:
- Remit: N253
- CARC:
- CARC Description: Claim/service lacks information or has submission/billing error(s)
- RARC: N253
- RARC Description: Missing/incomplete/ invalid referring provider primary identifier

Find additional information on ORP NPI in our [Provider Manual](#).

Molina Partnership with Evolent Health to Include Oncology
Info for Medicaid network providers

Molina cares about our members' health and is continually enhancing programs to improve the quality of care. We are pleased to announce our expanding collaboration with Evolent, formerly known as New Century Health, as the administrator of the Molina Oncology Quality Management program.

Beginning Sept. 1, 2025, Evolent will review oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatment Prior Authorization (PA) requests for services that will be administered in a physician's office, outpatient hospital or ambulatory setting.

Evolent will process in-scope oncology PA requests for **Providers who are in-network*** with Molina for the Medicaid line of business for

members 18 years of age and older. PA requests for members under 18 years of age should be submitted directly to Molina as you do today.

Out-of-network providers* should continue to send all oncology PA requests directly to Molina. Providers should continue to send any Marketplace/Medicare/MyCare Ohio Medicare PA requests for the above-referenced services directly to Molina, regardless of the age of the member.

*Non-participating providers may submit authorization requests as a requesting provider if the servicing provider is participating with Molina.

In the August Provider Bulletin, providers will receive additional details about the Molina Oncology Quality Management program, including Current Procedural Terminology (CPT) codes requiring PA and access to clinical policies.

Beginning on Aug. 1, 2025, an Evolent Provider Network Manager will contact providers in scope for this program to schedule an introductory meeting and training. Should you have any questions prior to the introductory meeting, you may contact Evolent at (888) 999-7713, Option 6 or self-register at [Evolent.com/provider-portal](#).

Availity Essentials: Prior Authorization Update
Info for all network providers

On Aug. 25, 2025, Molina will retire the legacy PA application currently located in Availity Essentials > Payer Spaces.

Providers should begin to use the multi-payer PA application in Availity Essentials today to ensure a smooth transition. Get started by:
- **Verifying access**: Confirm your authorization role assignment with your organization's Availity Essentials administrator
- **Logging In**: Go to Availity Essentials and navigate to Patient Registration > Authorizations and Referrals
- **Trying it out**: Begin using the application to submit PAs and explore its functionality

Availity Essentials PA benefits include:
- Step-by-step submission process
- Authorization inquiry to view any case linked to you

- Multi-payer dashboard to manage all authorizations
- Templates for frequently used services

To locate additional training, visit the Availity Learning Center.

ProgenyHealth for Marketplace
Info for Marketplace providers

Molina is happy to announce an expansion of our Medicaid partnership with ProgenyHealth to our Marketplace line of business. ProgenyHealth specializes in Neonatal Care Management Services. This collaboration presents an exciting opportunity to enhance the services we provide to our members, and ProgenyHealth's care management program supports our mission to make a lasting difference in our members' lives by improving their health and well-being.

Beginning Aug. 4, 2025, ProgenyHealth's Neonatologists, Pediatricians and Neonatal Nurse Care Managers will begin working closely with Molina members, as well as attending physicians and nurses, to promote healthy outcomes for premature and medically complex newborns.

The benefits of this partnership to you:
- The support of a team who understands the complexity and stress of managing infants in the neonatal intensive care unit (NICU) and will work with you to achieve the best possible outcomes.
- A collaborative and proactive approach to care management that supports timely and safe discharge to home.
- A company that believes in sharing best practices and works with NICUs nationwide to improve the health outcomes of our next generation.

Additional benefits include:
- Families will have a dedicated care manager who will provide support and education to members in the program, along with access to an "on-call" staff member available 24/7.
- For our hospitals, ProgenyHealth will serve as a liaison for Molina, providing inpatient review services and assisting with the discharge planning process to ensure a smooth transition to the home setting.

Starting **Aug. 4, 2025**, your process for notifying Molina of infants admitted to a NICU or special care nursery will change. Please send notifications of admissions directly to ProgenyHealth via Sfax at (855) 845-5734. The clinical staff at ProgenyHealth will contact your designated staff to perform utilization management and discharge planning throughout the member's inpatient stay.

If you wish to learn more about ProgenyHealth's programs and services, visit progenyhealth.com.

Updated: Electronic Visit Verification (EVV) Claim Processing Changes
Info for Medicaid providers

On Aug. 1, 2025, the Ohio Department of Medicaid (ODM) will begin Phase 4 of the Electronic Visit Verification (EVV) claims processing changes. Phase 4 impacts claims validation requirements for nurse assessments and consults (Healthcare Common Procedure Coding System [HCPCS] codes T1001 and T1001 UB) billed to Molina, as well as Medicaid claims submitted to Molina for Private Duty Nursing (HCPCS code T1000).

As a reminder, on June 1, 2025, ODM began rolling out the EVV claims processing changes for Phase 3, which impacted Medicaid claims submitted to Molina for Home Health Services. HCPCS codes G0156, G0151, G0152, G0153, G0299 and G0300 are now subject to claim validation. For payment to be eligible, the claim must match a visit logged in Sandata.

Following claim validation, any changes made in Sandata or on the claim due to an unmatched visit will require a corrected claim. Claim disputes will not be accepted for unmatched EVV claim validations. To learn more about corrected claims, visit our Provider Website and view the Corrected Claims Billing Guide under the Forms tab and the Medicaid Provider Manual under the Manual tab.

The ODM EVV website provides additional information on the seven phases. You can sign up for upcoming ODM/Sandata trainings at medicaid.ohio.gov by selecting Programs & Initiatives under Resources for Providers, then Electronic Visit Verification (EVV) and looking

under the Claims Validation Readiness Resources header.

Electronic Visit Verification (EVV) Claim Processing Denial Information
Info for Medicaid providers

Based on the ODM EVV claims validation implementations changes, Molina is providing the following crosswalk related to EVV denials.

The RARC description is cross walked to the reason for the EVV non-compliance (Remit Description).

RARC Code: N521
- RARC Description: Mismatch between the submitted provider information and the provider information stored in our system
- Remit Description: Provider ID does not match

RARC Code: N819
- RARC Description: Patient not enrolled in Electronic Verification System
- Remit Description: Recipient ID does not match

RARC Code N56
- RARC Description: Procedure code billed is not correct/valid for the services billed or the date of service billed
- Remit Description: Procedure code does not match

RARC Code N820
- RARC Description: Electronic Visit Verification System Units do not meet requirements of visit
- Remit Description: Unmatched Units

Note: All of these RARCs include the following CARC and CAGC (Claim Adjustment Group Code) information:
- CARC: 272
- CARC Description: Coverage/program guidelines were not met
- CAGC: CO

Reimbursement for Residential Treatment Services
Info for Medicaid and MyCare Ohio providers

In accordance with paragraph (B)(3) of the Ohio Administrative Code (OAC) rule 5160-27-09 substance use disorder treatment services, the following services are included in the residential treatment service and will not be reimbursed separately:
- Ongoing assessments and diagnostic evaluations
- Crisis intervention
- Individual, group, family psychotherapy and counseling
- Case management
- Substance use disorder peer recovery
- Urine drug screens
- Medical services

Enhanced Benefit for Medicaid Members: Free Smartphone and Phone Plan
Info for Medicaid providers

Adult Molina Medicaid Members in Ohio can now get a free 6.5" Android smartphone and phone plan. Molina offers this benefit through our partnership with TruConnect.

The phone plan includes unlimited talk and text, 4.5 GB of high-speed data monthly and international calling to more than 200 countries. To sign up for a smartphone and phone plan, members can visit TruConnect.com/Molina/OH.

Opioid Treatment Program Code Reminder
Info for Marketplace behavioral health providers

As a reminder, when billing Opioid Treatment Program (OTP) codes, the Place of Service (POS) 58 must be used. If any other POS is used, the claim will be denied for an invalid POS.

Find additional information:
- On the CMS OTP Billing & Payment page, located at cms.gov, by selecting Payment under the Medicare header, then Opioid Treatment Programs (OTP) and Billing & Payment.
- In the Molina Reimbursement Policy for Opioid Treatment Services, located on the Reimbursement Policies page of the Molina Marketplace Website, Providers, then Policies.

Partnering for Better Care: Supporting Molina Members in Appropriate Emergency Department Use
Info for Medicaid providers

As a trusted partner in the care of Molina members, your role as a medical provider is essential in guiding patients toward the right care at the right time. One area where your

influence is especially impactful is in helping members understand when and how to use the emergency department (ED) appropriately.

How you can help:

1. Identify At-Risk Members: Your team is often the first to recognize patterns of inappropriate ED use. If you notice members who frequently visit the ED for non-urgent issues, we encourage you to refer them to Molina for outreach and care coordination.
2. Refer for Outreach: Molina's Care Management and Care Guide teams are ready to support your efforts. By referring members to us, we can:
   - Educate them on when to use the ED versus primary or urgent care
   - Help them schedule follow-up appointments
   - Connect them with transportation, after-hours care options and the Molina Nurse Advice Line
3. Promote Access and Communication: Encourage members to call your office first when they're unsure about where to go for care.

Making a Referral: Please use the Molina Care Coordination Portal to submit a referral. Include any relevant notes about the member's ED usage or barriers to care. If you have questions about the Molina Care Coordination Portal, please email population_health@MolinaHealthcare.com.

Let's Work Together: Together we can improve health outcomes, reduce unnecessary ED utilization and enhance the patient experience.

Q2 Provider Newsletter
Info for all network providers

The Q2 Provider Newsletter is available on the Provider Website under the Communications tab. Articles include:

- Salesforce Communications
- Molina's Utilization Management
- Care Management
- Important Message: Updating Provider Information
- Practitioner Credentialing Rights: What You Need to Know
- Drug Formulary and Pharmaceutical Procedures
- Resources Available on Molina's Provider Website

- Translation Services
- Patient Safety
- Care for Older Adults
- Hours of Operation
- Non-Discrimination
- Member Rights and Responsibilities
- Population Health (Health Education, Disease Management, Care Management and Complex Care Management)
- Quality Improvement Program
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Advance Directives
- Behavioral Health
- Care Coordination and Transitions
- Health Risk Assessment and Self-Management Tools

Remind Patients about Healthchek
Info for Primary Care Providers in the Medicaid and MyCare Ohio networks

Remind your patients or their parents/guardians when it's time to get important Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Molina covers Healthchek services at no cost to our members. Physicians and advanced practice nurses are eligible to provide Healthchek services. For additional information, visit:

- The ODM website at medicaid.ohio.gov and under Families & Individuals, select Programs & Initiatives, then Healthchek
- The Molina Provider Website, under Health Resources, on the Healthchek-EPSDT page

Itemized Statement Requirements
Info for all network providers

Molina requires an itemized statement to process certain claims for payment. When the itemized statement is not received with the initial claim, the claim will be denied for the missing information, and a corrected claim will be needed. To reduce rework, submit an itemized statement with your initial claim using the Availity Essentials portal either with a direct submission or add your attachment to after the claim has gone through the EDI submission with the PWK process. For more information on submitting attachments, reference our Reference Guide Supporting Documentation for Claims document

on the You Matter to Molina page of our Provider Website.

Itemized statements are needed with a claim in the following scenarios:
- Medicare benefits were exhausted
- An authorization date span does not match the claim date span
- The claim is over $100,000 in billed charges
- Global Obstetrics (OB) claim (global code billed to a primary carrier and Molina is secondary)
- Claims where an outlier payment would be applicable

Balance Billing
Info for all network providers

Reminder: Providers are prohibited from balance billing members for covered services other than the member's applicable copayment, coinsurance or deductible amounts. Covered services include health care services and supplies, including emergency services provided to members that are medically necessary and covered by Molina as a member benefit.

Providers are responsible for:
- Verifying Eligibility: The Availity Essentials portal can be utilized to verify membership and coverage.
- Obtaining Approval for Services that Require PA: Molina's Provider Website features several resources, including the PA LookUp Tool and quarterly PA Code Change documents.

Providers agree that under no circumstance shall a Molina member be liable to the provider for any payment owed that is the legal obligation of Molina.

Note: Molina strongly recommends that providers ask patients if they have multiple forms of health insurance when verifying their coverage.

Examples of balance billing include:
- Holding members who are dually eligible for Medicare and Medicaid liable for Medicare Part A and B cost-sharing
- Requiring Molina members to pay the difference between the discounted and negotiated fees and the provider's usual and customary fees
- Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance

- Requiring members to pay for a covered service that was denied or rejected by the health plan for valid/appropriate reasons

Providers are encouraged to review balance billing material in the Provider Manual(s) and in their agreement with Molina. Please reach out to your Provider Relations Team with questions.

Medicaid Reminder: Per Ohio Administrative Code (OAC) 5160-26-05 Managed health care programs: provider panel and subcontracting requirements and OAC 5160-1-13 Medicaid consumer liability, providers contracted with Molina are prohibited from billing a member for any covered benefit.

Annual Mandatory D-SNP Medicare Model of Care Training Reminder
Info for Medicare providers

The Centers for Medicare and Medicaid Services (CMS) requires certain contracted **Medicare** medical providers to complete basic training on the Molina Healthcare-specific Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2025. This includes the following provider types:
- Primary Care Provider (all specialties for PCP Physicians)
- Hematology/Oncology (Gynecologic Oncology, Hematology, Hematology and Oncology/Oncology and Hematology, Medical Oncology, Oncology, Surgical Oncology)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)
- Cardiology (cardiovascular disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional, Hypertension Specialist)

Your practice must take action to complete this training and submit your attestation.
- **Online Training:** The Molina 2025 Model of Care Provider Training is on the Medicare Provider Website under the Model of Care header.

After reviewing the training, providers should complete and submit the OH MOC Attestation Form located in the Select State Form drop-down menu. **Reminder**: Individual providers can fill out and submit the OH MOC Attestation Form online.

If one provider is willing to sign off for a group or clinic, the provider **should not** fill out and submit the OH MOC Attestation Form online; instead, the provider must:

1. Export the OH MOC Attestation Form using the "Export to PDF" button
2. Fill out an Excel spreadsheet of all the providers in the clinic/group and include:
   - Name of the provider giving the training
   - Clinic/Practice name address
   - Tax Identification Number (TIN)
   - The method used to train office staff and providers
   - Date the office staff and providers were trained and signed the attestation
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to OHAttestationForms@MolinaHealthcare.com

Find additional information on CMS Model of Care requirements at cms.gov under Regulations & Guidance, then Manuals, and Internet-Only Manuals (IOMs) in the CMS 100-16 Medicare Managed Care, then Chapter 5 – Quality Assessment, find Section 20.2.1 – Model of Care Elements, then 3. SNP Provider Network, and C. MOC Training for the Provider Network.

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Orientation
Info for all network providers

Molina posted a new Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC) Orientation to the Provider Website on the You Matter to Molina page under the Communications tab. Topics discussed in the presentation include:
- Provider Resources
- FQHC
- RHC
- Billing Requirements
- Telehealth Claims and Billing
- Common Billing Errors

Updated: Molina Clinical Policy Page Update
Info for Medicaid providers

Molina has posted the August 2025: Clinical Policies Updates document on the Clinical Coverage Policies page of our Provider Website with all of the updates that will be effective on Aug. 1, 2025.

Updated: You Matter to Molina: Get to Know Your Provider Relations Representatives
Info for all network providers

Our Molina Provider Relations team is here to help answer your questions and connect you with training opportunities. Throughout 2025, we will introduce you to our team members and explain how to contact us directly for assistance.

Sarah Stevens, Provider Relations Representative:
- **My favorite thing to do:** I enjoy many things, including crafting, shopping, event planning and movies, but helping people brings me the most joy. Teaching English to adult learners is especially rewarding. It's not just about language; it's about empowerment, confidence and cultural connection.
- **Interesting fact:** My passion for currency collecting began as a teen with a zigzag-shaped U.S. quarter. That unique find sparked a global hobby. Now, each coin opens a window into history, culture and the art of money.
- **Why I serve our Molina providers:** I serve our Provider Network because I've lived each part of the healthcare loop as a patient, office worker and insurance provider. I truly want to make a difference in people's lives every day.
- **Available by email at:** OHProviderRelations@MolinaHealthcare.com

Yevette Wright, Provider Relations Representative:
- **My favorite thing to do:** My favorite thing to do is spend time with my family and close friends. My second favorite thing to do is take a good nap.
- **Interesting fact:** My birthday is on the same day as Michael Jackson's. When I was a little girl, I thought I was going to meet him someday because of that (sharing a birthday).
- **Why I serve our Molina providers:** Serving our providers is a direct extension of servicing our members, which is ultimately what led me here. I have a heart for service, especially for vulnerable communities that struggle with access to fair treatment. Ensuring our providers get what they need means they can serve our members.
- **Available by email at:** OHProviderRelationsNF@MolinaHealthcare.com

Updated: Website Roundup
Info for network providers

Recently added or updated documents:
- [June CPSE Report](#)
- [August 2025: Clinical Policies Updates](#)
- [Ohio CPC: Managed Medicaid Consolidated Plan Resource Guide](#)
- [Ohio Comprehensive Maternal Care (CMC): Ohio Medicaid Managed Care Organization (MCOs) Consolidated Resource Guide](#)

Updated: 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:
- Ensuring Patients' Health: Wed., July 30, 2 to 3 p.m.
- Cost Recovery: Thurs., Aug. 28, 2 to 3 p.m.

General Provider Orientation:
- Tues., July 8, 1 to 2 p.m.
- Thurs., Aug. 7, 1 to 2 p.m.

Specialized Provider Orientation:
- Claims and Billing: Fri., July 25, 11 a.m. to 12 p.m.
- Nursing Facility and Assisted Living: Fri., Aug. 22, 10 to 11 a.m.

Molina Model of Care:
- Mon., July 14, 1 to 2 p.m.
- Wed., Aug. 13, 11 a.m. to 12 p.m.

Molina Dental Services Training:
- Wed., July 30, 3 to 4 p.m.
- Tues., Aug. 26, 10 to 11 a.m.

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

- [Availity Essentials Claim Disputes Update](#): Molina has developed a step-by-step guide to better assist providers with claim disputes within Availity Essentials. ([June 2025](#))
- [Availity Essentials Digital Correspondence Update](#): Molina has added a Digital Correspondence Hub to the Availity Essentials Portal to allow providers to receive, manage and track digital communications with Molina. ([June 2025](#))
- [Nursing Facility and Hospice Ventilator and Ventilator Weaning](#): Effective July 1, 2025, NF and Hospice Ventilator and Ventilator Weaning claims must include diagnosis code Z99.11. ([June 2025](#))
- [Alzheimer's Disease and Related Dementias (ADRD) Program](#): Molina has announced the launch of the ADRD Program in partnership with Isaac Health, by July 1, 2025, which aims to provide specialized services and support for Molina members living with or at risk of ADRD. ([June 2025](#))
- [ODM MyCare Ohio Program Launch](#): ODM will launch the Next Generation MyCare Ohio program in two phases starting in January 2026. Stay up to date with the ODM News at Medicaid.ohio.gov. ([June 2025](#))
- [Explanation of Payment (EOP) Update](#): Effective May 1, 2025, based on feedback from our provider network, the claimID referenced on the EOP/835 for refund posting will now have the provider's patient control number on the claim. ([May 2025](#))
- [Drugs Carved Out: Fee-for-Service](#): Based on ODM guidance, Kebilidi™ is now covered under the Ohio Medicaid FFS medical benefit, including coverage for Medicaid Managed Care enrollees. ([May 2025](#))
- [Provider Office Lab Testing Policy](#): Molina has updated the Provider Office Lab Testing policy, effective for dates of service on and after May 1, 2025. ([April 2025](#))
- [MCO Resource Document for Doulas](#): Molina posted a Medicaid MCOs Consolidated Doula Resource Guide on our Provider Website to use as a quick reference for key information from the seven MCOs. ([April 2025](#))
- [PNM Update- Multi-Factor Authentication](#): Starting May 4, 2025, ODM began implementing a Multi-Factor Authentication process for the PNM system. ([April 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](#))

- PA Request: The preferred method of PA submission is through Availity. Availity offers a more streamlined provider experience compared to faxing. Contact training@availity.com for training. Note: Using an older version of the PA request form may cause delays in processing. (March 2024)
- Medicaid Enrollment Requirements: 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 is noted as an "active" status. Providers who update their records after claims begin rejecting will need to submit corrected claims once the records are updated. Visit medicaid.ohio.gov for additional information. (March 2024)

Questions and Quick Links	Connect with Us	Join Our Email Distribution List
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: Molina Healthcare.com/OhioProviders	facebook.com/MolinaHealth x.com/MolinaHealth **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.	Did you receive this provider bulletin via fax? Sign up to receive the Provider Bulletin via email or to request removal from our fax distribution list by clicking the Sign up to receive Molina's Provider Bulletin via email here link on the Provider Bulletin page of our website.