PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE

■ August 2026 | Table of Contents

Updated: Next Generation MyCare Program

Info for MyCare Ohio providers

On Aug. 1, 2026, the Ohio Department of Medicaid (ODM) is completing the Phase 2 roll out of the Next Generation MyCare program into Hocking, Perry, Morgan, Noble, Monroe, Washington, Athens and Meigs counties.

As of Aug. 1, 2026, the Next Generation MyCare Ohio program will be available across the state.

There are new processes and program updates that impact our MyCare Ohio providers.

Provider Bulletin: Sign Up for the Molina Provider Bulletin on our Provider Website. View the Next Generation MyCare Program Provider Bulletin for information on the following:

- ODM Training Events
- Provider Services Call Center and Provider Relations
- Claim Submission, Claims Timely Filing, Corrected Claims
- Requests for Clinical Claim Disputes and Non-Clinical Claim Disputes
- Molina Payer IDs
- Ohio Service Area Map and Go-Live Dates
- External Medical Review
- Prior Authorization (PA) Requests
- Waiver Authorizations
- Availity Essentials Portal (Availity)
- Molina Policies
- Becoming an Ohio Medicaid Provider and Contracting with Molina
- Information for ODM Designated Providers
- Pharmacy
- Member Eligibility Verification

Note: A Provider Bulletin archive is also available on the Provider Bulletin page.

Providers are also encouraged to view the following ODM resources at medicaid.ohio.gov:

- ODM Newsletters: Subscribe to the ODM newsletters by selecting Subscribe to Medicaid News at the bottom of the page.
- ODM MyCare Ohio Provider Page: Monitor the ODM MyCare Ohio provider page by selecting Programs & Initiatives under Resources for Providers, then MyCare Ohio.

Molina Healthcare Member and Provider Website Update

Info for all network providers

Molina is launching a redesigned Provider Website and Member Website in August 2026.

We know you rely on our website every day to access tools, check information and support patient care. When those tasks are quick and easy, it helps you spend more time where it matters most: caring for your patients.

The new design focuses on simpler navigation, improved search options and quicker access to key resources. Whether you're looking for forms, checking policies or

helping patients find care, the updated site makes it faster and easier to find the tools and information.

What's new:

- Easier navigation to help reach information with fewer clicks
- Improved search to locate resources
- Faster access to commonly used content
- A more consistent experience across the site

What's not changing:

- Core tools, resources and information
- The Availity Essentials portal login

After the launch of the new Provider Website:

- Provider Bulletin: Molina will send out a notification with a series of quick links to help providers navigate the new website
- Providers can use the search bar to quickly find forms, resources or provider information
- Providers should update their bookmarks for the fastest access to frequently used pages

OhioRISE Eligibility and Enrollment Update

Info for Medicaid and MyCare Ohio providers

ODM has updated Ohio Administrative Code (OAC) 5160-59-02 OhioRISE: eligibility and enrollment. Enrollment in OhioRISE is now effective on the first day of the calendar month in which the eligibility criteria are met.

ODM posted an updated Introduction to the OhioRISE Mixed Services Protocol document on July 1, 2026. Find it at managedcare.medicaid. ohio.gov by selecting Learn About Managed Care, then selecting OhioRISE (Resilience through Integrated Systems and Excellence), and Resources for Community Partners and Providers. It is located under the For More Information header.

Applied Behavior Analysis (ABA) Weekly Unit Structure

Info for behavioral health providers

Beginning Sept. 1, 2026, Applied Behavior Analysis (ABA) services reimbursed by Molina must follow a weekly approved unit structure. Claims must reflect only the units delivered within each weekly period, up to the medically necessary limit approved PA. Billing outside of the PA weekly unit structure may result in a payment denial or post payment recovery.

Molina's Bridges of Care Model

Info for all network providers

Bridges of Care is Molina's enterprise behavioral health (BH) care management model, providing structured, whole-person support for members with significant BH needs, spanning serious mental illness, severe emotional disturbance and substance use disorders (SUD).

Rather than treating these as separate efforts, Bridges of Care unifies them under one care model with a shared clinical approach.

Members are supported by dedicated BH care managers who use evidence-informed engagement to build trust, support treatment adherence and coordinate care across providers and settings. The model emphasizes whole-person care, timely follow-up after inpatient or emergency episodes, connection to community resources and social drivers of health, and consistent support through care transitions, helping members stay connected to care and move toward stability and recovery.

To send referrals to the Bridges of Care Program contact OHBehavioralHealthReferrals@MolinaHealthcare.com and include the member's name, date of birth, Medicaid ID and brief description of the issues/concern.

Notice of Admission (NOA) Home Health Claims

Info for Medicare providers

Home Health claims are processed in accordance the Centers for Medicare & Medicaid Services (CMS) guidelines outlined in MLN Matters Article MM12256, which established the notice of admission (NOA) submission requirements effective Jan. 1, 2022. Under these requirements:

- A one-time NOA submission is required to establish the home health period of care and must be on file prior to billing claims.
- The NOA must be submitted within five (5) calendar days of the start of care date.
- Claims are processed for payment only after a valid NOA is received and must align with the established episode of care.
- Failure to submit a timely NOA may result in payment reductions or claim impact in accordance with CMS policy.

Effective Nov. 1, 2026, claims submitted without a valid NOA, or outside of required timeframes, will be processed in accordance with these CMS guidelines and may be subject to denial, reduction or adjustment.

We encourage your organization to review internal billing processes to ensure compliance with these requirements and to avoid any disruption in claims processing. If you have questions or need assistance, please contact Provider Relations.

Updated: Molina Vision Care Vendor Change: VSP

Info for Medicaid and MyCare Ohio providers

Effective for Sept. 1, 2026 date of service and after, Molina's vision care vendor will change from March Vision to VSP.

New Payer IDs:

- Medicaid VSP: VSP07316
- MyCare Ohio VSP: VSP21586

Members will be able to search for VSP Vision Providers on the Molina Online Directory on and after Sept. 1, 2026.

Find out more at eyefinity.com, or via phone at (800) 615-1883.

Total Parenteral Nutrition (TPN) Invoice Requirement

Info for Medicaid providers

On Jan. 1, 2026, ODM updated the Fee Schedule to Determined by PA for Total Parenteral Nutrition (TPN) codes. In alignment with OAC 5160-10-01 Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions, Molina requires an invoice for reimbursement at 185% of the provider's cost multiplied by the contractual agreement.

Molina has identified a trend with submitted claim invoices that do not clearly indicate the provider's actual acquisition cost. To ensure accurate claim pricing, providers should provide invoices that clearly reflect their actual cost.

Note: Molina does not price the individual ingredients contained within a TPN bag. Pricing should be based on the provider's documented cost as supported by the invoice rather than a separate calculation of each component. Failure to provide accurate invoice information may result in a payment denial.

OAC 5160-13-08: Dialysis Center Services

Info for Medicaid providers

ODM has implemented a new OAC 5160-13-08 Dialysis center services: add-on payment for nursing facility-based hemodialysis furnished by a dialysis center.

The OAC establishes an add-on payment for hemodialysis (HD) that is furnished by a dialysis center on the premises of a nursing facility.

- Molina will pay an extra $110 per HD treatment to eligible providers whose reimbursement is based on Ohio Medicaid rates. The add-on payment applies to Revenue Center Code 0821 claims billed with modifier U5 and is in addition to the standard HD per-visit rate described in rule 5160-13-02 of the Administrative Code.
- To be eligible for the add-on payment, the dialysis center must have been furnishing nursing facility-based HD services on or before July 1, 2026.
- The add-on payment will only be paid during the SFY27 (July 1, 2026–June 30, 2027). It will expire on June 30, 2027, or when the $2.1M funds have been exhausted, whichever is first.
- Claims must meet all ODM eligibility requirements to qualify for the add-on payment. If a provider is determined not to meet the eligibility criteria, Molina may recover any improperly paid add-on amounts through applicable program integrity activities.
- For individuals who are eligible for both Medicare and Medicaid, the add-on payment will no longer be applied once Medicare coverage begins.

ODM Fee-for-Service Maternity Code Update for Jan. 1, 2027

Info for Medicaid providers

ODM has posted a new bulletin, Update on Medicaid Fee for Service (FFS) Maternity Care Code Changes, with information on the transition from global obstetric codes to the 2027 maternity service codes. As of Jan. 1, 2027, the current maternity care services global and/or bundled codes will be discontinued.

View it at medicaid.ohio.gov. Selecting Programs & Initiatives under Families & Individuals, then selecting Maternal and Infant Support.

ODM Perinatal Risk Assessment Form (PRAF) and Report of Pregnancy (ROP) Billing Guidelines

Info for Medicaid providers

ODM posted an Perinatal Risk Assessment Form (PRAF) and Report of Pregnancy (ROP) Fee for Service (FFS) Billing Guidelines document, which includes descriptions, billing instructions and resources related to the PRAF and ROP.

View it at medicaid.ohio.gov. Selecting Programs & Initiatives under Families & Individuals, then selecting Maternal and Infant Support.

Availity: Appeals and Disputes

Info for all network providers

Molina has updated Availity to make it easier to submit appeals and disputes.

What's changing – Molina is improving how appeals and disputes are submitted by:

- Simplifying the submission screen to reduce steps and improve clarity.
- Enhancing attachment handling, including the ability to select an attachment type and improved organization of uploaded documents.
- Automatically routing attachments to the appropriate team.

What does this mean for the provider – These enhancements will help:

- Reduce submission errors and rework.
- Ensure supporting documentation reaches the right team the first time.
- Improve processing efficiency and turnaround times.

- Provide a more intuitive and streamlined submission experience.

Access training anytime through the Help & Training section of Availity.com.

Availity: Patient Care Portlet Enhancement

Info for all network providers

Molina is introducing new options within Availity, allowing providers to reduce manual effort within the patient care portlet.

What's changing:

- Providers are able to select multiple providers or locations at once
- Providers can create one combined member roster across multiple sections
- Larger member rosters are available through the reporting portlet applications
- Optional email notifications when the roster files are ready
- Enhanced on-screen guidance
- Advanced member search capabilities for large rosters
- A step-by-step user guide with screenshots and navigation support

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: Availity 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 OAC 5160-26-05 Managed care: provider network and contracting requirements and OAC 5160-1-13.1 Medicaid recipient liability, providers contracted with Molina are prohibited from billing a member for any covered benefit.

Provider Hours Requirement

Info for Medicaid and MyCare Ohio providers

As a reminder, providers must offer hours to Molina members that are comparable to commercial or Medicaid Fee-for-Services plans if the provider serves only Medicaid members.

Ordering, Referring and Prescribing (ORP) Requirements Reminder

Info for all network providers

As a reminder, under 42 CFR § 455.410(b) and § 455.440, Medicaid agencies must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services.

Starting on Jan. 1, 2027, ODM will begin enforcement of the above NPI requirement for Managed Care Organizations (MCOs). In addition, ODM has created a single list of services subject to ORP. In the future, services subject to ORP requirements will be identified within ODM fee schedules. Find more information in the April 20, 2026, ODM Memo ''Updated Guidance on Ordering, Referring, and Prescribing (ORP) Requirements'' located at medicaid.ohio.gov, by selecting Managed Care under the Resources for Providers header, then Policy and Managed Care Policy Guidance.

Molina Clinical and Payment Policy Updates

Info for Medicaid providers

Molina has posted the September 2026: Clinical and Payment Policies Updates document on the Clinical

Coverage Policies page of our Provider Website with all of the updates that will be effective on Sept. 1, 2026.

Website Roundup

Info for all network providers

Recently added or updated documents:

- July CPSE Report
- Sept. 2026: Clinical Policies Updates
- Provider Quick Reference Guide: Diabetes and Hypertension Care

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.

Specialized Provider Orientation**:**

- Managed Long-Term Services and Support (MLTSS): Tues., Aug. 18, 1 to 2 p.m.
- MLTSS: Tues., Sept. 29, 1 to 2 p.m.

Model of Care**:**

- Mon. Aug. 10, 1 to 2 p.m.
- Wed., Sept. 16, 12 to 1 p.m.

Molina Dental Services Training**:**

- Thurs., Aug. 27, 2 to 3 p.m.
- Wed., Sept. 30, 3:30 to 4:30 p.m.

Visit the You Matter to Molina page and click on the training to access meeting details.

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.

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 ( ).

- Behavioral Health Outpatient Codes: Effective Aug. 5, 2026, Molina is expanding the Auto Auth program to include Behavioral Health Outpatient (BH OP) services. BH codes 90867, 90868 and 90869 will route through the MCG Cite Auto Auth (CAA) process. (July 2026)
- DME, Home Health and LTSS Contractual Rates for Payment: Effective for claims processed on or after Aug. 1, 2026, claims will pay the contractual rate as agreed upon at the time of the contract execution. (July 2026)
- HQ Modifier for Services in a Group Setting: Molina reviews authorizations and reimbursement for home health and waiver services to determine if they are provided in an individual or group setting. The HQ modifier should be added to services provided in a group setting. (July 2026)
- Personal Care Aide, T1019: Molina has identified a trend in EVV claim denials for Waiver Personal Care Aide services (T1019). Claims are denying with RARC code N56, indicating that the procedure code billed is not correct or valid for services billed. (July 2026)
- Performant Healthcare Solutions Partnership with Molina: Molina has an existing relationship with Performant Recovery, Inc. d/b/a Performant Healthcare Solutions for Medicare and will be expanding to the Medicaid and Marketplace lines of business. (July 2026)
- Evaluation and Management (E&M) Prepay Edit Review: Molina is deploying a prepay edit review, effective for Aug. 1, 2026, to ensure that the level of E&M services reported by the provider reflects the services performed. When a provider submits an E&M service that exceeds the maximum level of E&M service based on the diagnosis and other claim documentation elements, the E&M code is reduced to reflect the maximum level of E&M service. (July 2026)
- New ODM Utilization Management Policies for Community Behavioral Health Providers: As a reminder, as of July 1, 2026, Molina will align with the ODM new Community BH and SUD Services guidance. (July 2026)
- Annual Mandatory D-SNP Medicare Model of Care Training: CMS requires contracted Medicare medical providers to complete training on the D-SNP MOC by Dec. 31, 2026. Molina hosts training sessions for providers and their staff. (July 2026)
- Multiple Visits Per Day EVV Reminder: If a member receives services more than once on the same calendar day and those visits are documented as separate services within the EVV system, providers are required to bill each visit as a separate claim line with the appropriate modifiers to accurately reflect multiple distinct visits. (June 2026)
- Digital Correspondence Hub Fax Suppression: The Digital Correspondence Hub on Availity lets your organization manage communication preferences. Providers have the option to opt-in or opt-out of receiving decision letters through the digital correspondence hub. (June 2026)
- Executive Order: Approving Emergency Rules on Medicaid Provider Revalidation: On May 18, 2018, Ohio Governor Mike DeWine signed Executive Order 2026-01D to allow ODM to implement emergency rules to require frequent revalidation of providers being identified as higher-risk for committing fraud. (June 2026)
- ODM DMEPOS Provider Enrollment Moratorium: ODM has implemented a moratorium on the enrollment of new DMEPOS providers. This action is in alignment with federal direction issued through CMS6099N and 42 CFR § 455.470. (June 2026)

- Medicaid & 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: Molina Healthcare.com/OhioProviders

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Fighting Fraud, Waste and Abuse

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