PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE

■ September 2026 | Table of Contents

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Updated: Next Generation MyCare Program

Info for MyCare Ohio providers

The Ohio Department of Medicaid (ODM) has completed the Phase 2 roll out of the Next Generation MyCare program into all Ohio counties. Find out more on the Next Generation MyCare Program website at medicaid.ohio.gov, by selecting Next Generation MyCare Program under the Families & Individuals header.

As a reminder, there are new processes and program updates that impact our MyCare Ohio providers. Find out more in the Next Generation MyCare Program Provider Bulletin**,** including 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
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Note: A Provider Bulletin archive is also available on the Provider Bulletin page. Sign Up for the Molina Healthcare of Ohio, Inc. Provider Bulletin on our Provider Website.

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.

Updated: New Molina Member and Provider Website

Info for all network providers

Molina has postponed the launch of our redesigned Provider Website and Member Website. Molina will issue a Provider Bulletin announcing the new launch date once it is available.

Q4 Prior Authorization (PA) Code Changes

Info for all network providers

Molina posted the following PA Code Change documents on our Provider Website, under the Forms tab, for an Oct. 1, 2026, effective date:

- Medicaid: Q4 2026 PA Code Changes
- Medicare and MyCare Ohio Medicare: Q4 2026 PA Code Changes
- Marketplace: Q4 2026 PA Code Changes

Survey: Transportation-Related Appointment Cancellations

Info for all network providers

Molina is seeking provider feedback on transportation barriers that may affect members' ability to keep scheduled appointments. Recent provider feedback suggests that transportation barriers are often last-minute and may be related to ride cancellations or reliance on friends and family for transportation.

We want to help you improve patient outcomes. Complete a three-minute survey regarding transportation-related delays, cancellations and missed appointments. Understanding these challenges from your perspective will help Molina identify ways to better support members and reduce avoidable appointment disruptions.

Take the survey here: MolinaHealthcare.surveymonkey.com/r/6W85RWX

The survey will close after Fri., Sept. 11. Thank you for partnering with Molina to improve access to care.

Doula Symposium

Info for doula providers

Join doulas, healthcare professionals, community organizations, public health leaders and advocates for two days of learning, collaboration and connection focused on improving maternal and infant health outcomes.

Register for the Sept. 17-18, 2026, Doula Symposium at eventbrite.com /e/2026-doula-symposium-a-labor-of-love-tickets-1997484001419. The symposium is in person.

What to Expect:

- Discussions on maternal and infant health, birth equity and family support
- Interactive breakout sessions
- Community resource sharing

835 Remittance Files

Info for Medicaid and MyCare Providers

Providers may receive some Electronic Remittance Advice (ERA) files through their clearinghouse while other remittances are not delivered due to enrollment or routing configuration differences.

Molina uses Availity as its clearinghouse and distribution partner for ERA delivery. Depending on the remittance type, enrollment and routing information may be maintained through either Availity or ODM.

For certain Medicaid remittances, ERA routing is based on enrollment information maintained by ODM. Providers who wish to receive these remittances through Availity should ensure their ODM enrollment reflects Availity as their designated clearinghouse.

Receipt of one ERA does not necessarily indicate that all remittances are configured for delivery. Providers who would like to enroll in ERA delivery or verify their ERA enrollment should contact Availity Client Services at (800) 282-4548 or work with their clearinghouse to review their enrollment and routing configuration.

If an expected 835 is not available through your clearinghouse, the remittance can still be accessed and downloaded through ECHO Health, Inc. (ECHO), which serves as the source repository for all Molina 835 files.

Visit the ECHO enrollment portal to register for access to 835 remittance files. Questions regarding ECHO registration or access to 835 files should be directed to ECHO Health at (888) 834-3511 or edi@echohealthinc.com.

UPDL: 30-Day Change Notice

Info for Medicaid providers

ODM will post their Ohio Unified Preferred Drug List (UPDL) 30-Day Change Notice on Sept. 1, 2026, for an effective date of Oct 1, 2026. Find it at medicaid.ohio.gov/stakeholders-and-partners/phm.

Find the Molina 2026 Complete Care for MyCare Ohio Drug Formulary on the Molina MyCare Ohio Provider Website, on the Drug Formulary page, under the Drug List tab.

Molina Payer ID

Info for MyCare Ohio providers

Molina has observed a high volume of claim rejections due to incorrect payer IDs required by ODM for the One Front Door entry. Molina is sharing vital resources to support our providers.

It is important to **use the Medicaid ID for all MyCare claims** regardless of the primary payer as ODM will not accept the claim via the One Front Door using the Medicare ID. Please ensure your organization is using the correct payer ID as of **Jan. 1, 2026**.

The Medicaid ID can be located:

- **Member ID Card**: On the member's ID card as the Medicaid Management Information System (MMIS) Number. To view a copy of the Member ID card, and where to locate the MMIS Number on the card, review our MyCare Ohio Provider Manual, page 160.
- **Availity**: Via Availity, through an Eligibility and Benefits inquiry. Within Availity the ID will display as "Molina Medicaid."
- **Provider Manuals**: The Molina Payer IDs are available in our Provider Manuals.

Important Reminder: Claim rejections cannot be disputed or reprocessed by Molina. Providers must resubmit claims through their clearinghouse using the correct payer ID.

A helpful guide, Molina Healthcare of Ohio Inc.'s Processes by Line of Business, is located on the Provider Website, on the Quick Reference Guides & FAQs page, under the Manual tab.

Billing Behavioral Health Services

Info for Rural Health Clinics, Federally Qualified Health Centers and Professional Medical Groups

Provider Types 05 (RHC), 12 (FQHC), and 21 (Professional Medical Group) can bill behavioral health services outlined in OAC 5160-8-05. Behavioral health services outside the scope of OAC 5160-8-05 are not payable when billed under Provider Types 05, 12, or 21 and will be denied. To receive payment for the broader range of Community Behavioral Health (CBH) services identified in the CBH Medicaid Fee Schedule (Appendix A to OAC 5160-27-03), providers must be enrolled and bill under a Provider Type 84 (Ohio Department of Mental Health Provider) and/or 95 (OMHAS Certified/Licensed Treatment Program) TIN/NPI provider record.

Laboratory Services

Info for Medicaid and MyCare Ohio providers

As a reminder, for laboratory services that require PA or medical necessity for coverage, it is the responsibility of the treating physician ordering the laboratory service to maintain documentation of medical necessity in the patient's medical record. Providers are responsible for ensuring compliance with all provisions including obtaining or verifying a PA to exceed frequency limits as outlined in rule 5160-11-11 or Molina's utilization management program. As described in rule 5160-11-11(C)(3)(d), laboratory providers must obtain and maintain the following appropriate documentation:

i. a copy of each written order for a procedure or service;
ii. a copy of any clinical diagnostic procedure result for which consultation or interpretation was ordered; and
iii. a copy of any written narrative report prepared by the consulting or interpreting practitioner.

If a claim meets medical necessity requirements but the required supporting documentation is not submitted, the provider will receive a request for the missing information. Until the documentation is received, the claim will not be considered a clean claim. If the requested information is not provided within 45 days, the claim will be denied.

New ODM Utilization Management Policies for Community Behavioral Health Providers for Oct. 1, 2026

Info for Medicaid and MyCare Ohio providers

The next wave of PA implementation will take place on **Oct 1, 2026,** for SUD services.

Training: Molina is offering an ODM Utilization Management (UM) Policy for Behavioral Health (BH) You Matter to Molina forum on Thurs., Sept 24, 2026. Visit the You Matter to Molina page and click on the training to access meeting details. Registration is not required.

As a reminder:

- Utilization prior to July 1, 2026 will not count towards the newly established service thresholds. All service thresholds for SUD services began accumulating on July 1, 2026.
- Effective July 1, 2026, Molina aligned with the ODM new Community BH and Substance Use Disorder (SUD) Services guidance.

Please note: This UM policy applies to all provider types; excluding previously communicated exceptions outlined in the policies.

Molina will implement PA review on Oct. 1, 2026, for the service codes noted below:

- SUD Ambulatory Withdrawal Management (WM): Service Codes: H0012, H0014
- SUD Intensive Outpatient Program: Service Code: H0015
- SUD Residential Clinically Managed – WM: Service Code: H0010
- SUD Residential Medically Managed – WM: Service Code: H0011

For more information, including for existing SUD services for authorization requirements review the policy.

View the ODM Utilization Management Policies for Community BH Provider Bulletin under the Communications tab of our Provider Website for additional information.

Hospice Billing for Nursing Facility Room and Board and Ventilator/Ventilator Weaning Services

Info for Medicaid and MyCare Ohio providers

As a reminder, Hospice providers billing for Nursing Facility (NF) Room and Board and Ventilator/Ventilator Weaning Services must include the NF information on the claim.

Hospice providers billing for NF room and board must bill using the HCFA (CMS 1500). The name of the NF in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the NF must be placed in 32a.

When billing Ventilator Dependent and Weaning claims, a UB-04 is appropriate. The hospice provider is required to include the Name and National Provider Identifier (NPI) of the nursing facility in which the services were delivered in Box 80 (Remark code). In addition, when billing for Ventilator and/or Ventilator Weaning services, the diagnosis code Z99.11 must be included.

Find additional information in the Hospice Nursing Facility Room & Board Billing Guidance Add-On Rate document, located on our Provider Website, on the Quick Reference Guides & FAQ page, under the Manual tab.

GB Collects

Info for all network providers

GB Collects is a nationwide debt collection vendor that Molina has contracted with to collect outstanding debts from providers due to overpaid claims. Molina has made all required notifications of overpayment and attempts to recoup the overpaid amounts.

The provider will receive a letter stating: "Your hospital/clinic/Doctors Group etc. was notified regarding Overpaid Claims paid by Molina. Molina attempted to recoup the money via adjustment and offsetting of the claim but was not successful in recovering the funds. The Overpaid Claims have not been resolved. Therefore, the matter is being managed by our Overpaid Claim Collection Vendor, GB Collects. Please contact them at (888) 688-5700."

Frequently Asked Questions (FAQ):

1. Why was this matter sent to collection? The provider was overpaid by Molina. Molina notified providers previously of overpayments and attempted to collect the overpayments via claim adjustment/recoupment but was unsuccessful. Molina was unable to automatically move the debt balance within its payment systems within state and federal guidelines. Therefore, the open payable amount due has been sent to GB Collects to outreach to providers and collect a refund check on Molina's behalf.
2. Will this impact our Organization's Credit Report? No. GB Collects does not report to Credit Bureaus. However, unresolved matters may be referred to a lawyer for potential legal action.
3. Can we pay Molina directly? Yes, the provider can pay GB Collects or Molina. However, to ensure that the debt is properly accounted for, it is preferred that provider submit payment through GB Collects.
4. Can we pay in installments? Yes, contact GB Collects at (888) 688-5700 to arrange installment payments.
5. I dispute the balance amount; how can I resolve it? Yes, review the dispute by contacting GB Collects at (888) 688-5700 for additional details regarding the debts.
6. What method(s) of payments are available to our organization? Most common methods of payment are ACH payments, check and credit cards.

Continued Stay Requests in Availity

Info for all network providers

Effective Sept. 7, 2026, Inpatient and Nursing facilities should submit Continued Stay Requests for ongoing services through the Availity portal.

- Open the existing authorization in Availity and click the update button
- Enter a new discharge date in the" To Date" field
- Attach additional clinical documentation
- Click Submit

Home Health Fee-for-Service Prior Authorization

Info for all Medicaid providers

This is a courtesy notice to increase awareness that impacts Fee-for-Service Prior Authorizations only, there is no change for Molina: Starting Oct. 1, 2026, ODM will require prior authorization for all home health fee-for-service claims (G0151, G0152, G0153, G0156, G0299, G0300). This prior authorization will need to be obtained through the ODM Provider Network Management (PNM) portal. This will be for all members, regardless of waiver type.

Annual: Culturally and Linguistically Appropriate Services (CLAS) Training

Info for all Medicaid and MyCare Ohio providers

Per the CMS guidelines in rule 42 Code of Federal Regulations (CFR) § 438.10 (h) (1) (vii), Molina is required to validate our network providers' completion of Culturally and Linguistically Appropriate Services (CLAS) Training. This requirement helps to ensure providers meet all members' unique and diverse needs.

Molina provides annual CLAS training to our participating provider network.

Molina offers educational opportunities in CLAS concepts for providers, their staff and Community-Based Organizations through training modules delivered through a variety of methods, including:

- Written materials
- CLAS Training Videos
- Access to reference materials, including the Industry Collaborative Effort (ICE) and A Physician's Practical Guide to Culturally Competent Care

To learn more, view the training resources on the Availity Essentials Provider Portal. After logging into Availity Essentials navigate to Molina Healthcare under Payer Spaces, then select the Resources tab.

Note: Providers have the option to utilize their own CLAS training that meets the federal requirement.

Once the CLAS training is completed, fill out the Culturally and Linguistically Appropriate Services (CLAS) Training Attestation available in Availity Essentials.

Thank you for your cooperation.

Did You Know: Small Actions Disrupt Big Disparities

Info for all network providers

Accurate documentation of race, ethnicity, language and pronouns; consistent interpreter use; and teach-back methods can prevent miscommunication and reduce readmissions. Even small shifts in practice can reduce inequities in chronic disease management, maternal care, behavioral health and pain treatment. We appreciate your continued commitment to precision and compassion in every encounter. Together, we can create safe environments that honor cultural context and remove obstacles to care.

Americans with Disabilities Act

Info for all network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities access to services. The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to healthcare access, we can improve the quality of life for people with disabilities.

Learn more in the Molina Provider Education Series Americans with Disability Act (ADA), located on our Provider Website, on the You Matter to Molina page, under the Communications tab, or the Americans with Disabilities Act FAQ on our MyCare Ohio website under the Manual tab, on the Quick Reference Guides & FAQs page.

Updated: Telehealth Billing Guidelines

Info for Medicaid providers

Effective Jan. 1, 2026, POS 02 and POS 10 are no longer accepted on professional claims when Medicaid is the primary payer, unless stated otherwise. Patient location modifiers should be used as applicable to identify the location of the patient, and the POS code must reflect the physical location of the practitioner.

Exception: Home health services, the RN assessment service, and the RN consultation service can be provided using telehealth when clinically appropriate. The value "02" should be used to indicate telehealth as the "Place of Service" on these claims.

As a reminder, ODM has updated the Telehealth Billing Guidelines for Managed Care Entities, at Medicaid.ohio.gov, by selecting Managed Care under Resources for Providers then Policy, COVID-19 Information and Telehealth Services: Guidelines for Managed Care Entities.

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 Vision Care Vendor Change: VSP Reminder

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.

Molina Clinical and Payment Policy Updates

Info for Medicaid providers

Molina has posted the October 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 Oct. 1, 2026.

Website Roundup

Info for all network providers

Recently added or updated documents:

- August CPSE Report
- Oct. 2026: Clinical Policies Updates
- Return of Overpayment Provider Form
- Molina Provider Services Agreement
- Molina Hospital Services Agreement
- Ohio Medicaid Community Behavioral Health Authorization Request Form
- Ohio Medicaid Substance Use Disorder (SUD) Authorization Request

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., Sept. 29, 1 to 2 p.m.

You Matter to Molina:

- ODM Utilization Management Policy for Behavioral Health Forum: Thurs., Sept. 24, 12 to 1:30 p.m.
- Medicaid and MyCare Extra Benefits: Wed., Oct. 7, 11 a.m. to 12 p.m.
- LTSS Provider Forum: Tues., Oct. 27, 1 to 2 p.m.

Model of Care:

- Wed., Sept. 16, 12 to 1 p.m.
- Tues., Oct. 6, 1 to 2 p.m.

Molina Dental Services Training:

- Wed., Sept. 30, 3:30 to 4:30 p.m.
- Thurs., Oct. 22, 2 to 3 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 ( ).

- OhioRISE Eligibility and Enrollment Update: ODM updated OAC 5160-59-02. Enrollment in OhioRISE is now effective on the first day of the calendar month in which the eligibility criteria are met. (August 2026)
- Applied Behavior Analysis Weekly Unit Structure: Beginning Sept. 1, 2026, 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. (August 2026)
- Molina's Bridges of Care Model: Bridges of Care is Molina's enterprise BH care management model, providing structured, whole-person support for members with significant BH needs, spanning serious mental illness, severe emotional disturbance and SUD. Rather than treating these as separate efforts, Bridges of Care unifies them under one care model with a shared clinical approach. (August 2026)
- Notice of Admission Home Health Claims: Home Health claims are processed in accordance with the CMS guidelines outlined in MLN Matters Article MM12256, which established the NOA submission requirements effective Jan. 1, 2022. (August 2026)

- Total Parenteral Nutrition Invoice Requirement: On Jan. 1, 2026, ODM updated the Fee Schedule to Determine by PA for TPN codes. In alignment with OAC 5160-10-01, Molina requires an invoice for reimbursement at 185% of the provider's cost multiplied by the contractual agreement. (August 2026)
- OAC 5160-13-08: Dialysis Center Services: OAC 5160-13-08, establishes an add-on payment for hemodialysis that is furnished by a dialysis center on the premises of a nursing facility. (August 2026)
- ODM FFS Maternity Codes Updated for Jan. 1, 2027: ODM posted a new bulletin – Update on Medicare FFS Maternity Care Codes Changes – with information on the transition from global obstetric codes to the 2027 maternity services code. As of Jan. 1, 2027, the current maternity care services global and/or bundled codes will be discontinued. (August 2026)
- ODM PRAF and ROP Billing Guidelines: ODM posted a PRAF and ROP FFS Billing Guidelines document, which includes descriptions, billing instructions and resources related to the PRAF and ROP. (August 2026)
- Availity: Appeals and Disputes: Molina has updated Availity to make it easier to submit appeals and disputes. (August 2026)
- Availity: Patient Care Portlet Enhancement: Molina is introducing new options within Availity, allowing providers to reduce manual effort within the patient care portlet. (August 2026)
- Behavioral Health Outpatient Codes: Effective Aug. 5, 2026, Molina is expanding the Auto Auth program to include BH Outpatient 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: Claims processed on or after Aug. 1, 2026, will pay the contractual rate as agreed upon at the time of the contract execution. (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)
- 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: 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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