PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE®

Digital First Utilization Management
Info for all network providers

Molina Healthcare, Inc. is committed to serving our providers in the most efficient and transparent ways possible while also adhering to a regulatory landscape that is pushing us to faster, more streamlined Utilization Management (UM) processes. To achieve this, Molina will be transitioning to a Digital-Only Prior Authorization (PA) Model via the Availity Essentials portal (Availity) and will no longer accept faxes after Dec. 31, 2025. As of Jan. 1, 2026, authorization requests will be required to be submitted through Availity.

Benefits to our Providers:
- Faster overall turnaround time
- Decreased administrative denials and appeals
- Greater transparency in authorization tracking, status updates and delays

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

Availity Portal: The following enhancements have been made to Availity to help support PA requests through the portal:
- Processing is faster; files are pulled every 5 minutes
- You will receive real-time email alerts on status updates
- And more Current Procedural Terminology (CPT) codes are now automatically approved through MCG Auto Auth, so there is less paperwork
- The file sizes have been updated to accept larger attachments of clinical documentation

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

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

You Matter to Molina: At Molina, we are committed to making it easier for our provider partners to do business with us. Your feedback is a critical component of this process. Please communicate any questions or concerns to your dedicated Provider Relations Representative. For additional training with Availity Essentials, navigate to Help and Training within the portal.

Molina Updated Non-Emergency Medical Transportation Policy
Info for Marketplace providers

Effective Oct. 1, 2025, Molina is implementing a revised coverage limitation for Non-Emergency Medical Transportation (NEMT) services for the Marketplace line of business.

Updated Coverage Policy: As of Oct. 1, 2025, NEMT services will only be covered under the following condition:
- Transportation must be between two healthcare facilities that both qualify under the H modifier designation. This change applies uniformly across all Marketplace products and is intended to align with Molina's updated utilization and coverage guidelines.

Non-Covered Services: Under this revised policy, the following types of NEMT services are no longer covered:
- Transportation to and from member appointments
- Transportation to facilities without H modifier qualification
- Transportation to community-based services or non-clinical locations

Lastly, effective for Oct. 1, 2025, prior authorization requirements have been removed. Claims that meet the covered conditions will be applicable to claim payment. Claims received outside of the coverage condition will result in a denial with patient responsibility applied.

Report of Pregnancy
Info for Medicaid providers

Reminder: Current Procedural Terminology (CPT) code T1023 (Report of Pregnancy - ROP) must be billed with an Evaluation and Management (E/M) code not associated with a normal obstetrics/gynecology visit per Ohio Administrative Code (OAC) 5160-21-04 Reproductive health services: pregnancy-related services; otherwise, it will be denied.

ODM EVV Implementation Updates
Info for DODD waiver service providers

On Oct. 1, 2025, ODM will implement Phase 5 of the Electronic Visit Verification (EVV) claims processing changes. Phase 5 impacts claim validation requirements for some Department of Developmental Disabilities (DODD) waiver services. To learn more about Phase 5, visit the Electronic Visit Verification page at medicaid.ohio.gov, by selecting Programs & Initiatives under the Resources for Providers drop-down menu, then Electronic Visit Verification.

If you need additional assistance for Phase 5, contact the EVV Provider Hotline (available 24/7) at (855) 805-3505 or via email at ODMCustomerCareEmail@Sandata.com.

Availity Essentials: Reports Tile
Info for all network providers

In October 2025, Molina will update the Availity Essentials portal (Availity) with a new Reports (NEW) tile in Payer Spaces. The current Reports tile will be removed in November 2025.

This update will not have any impact on the reports that providers currently can access on Availity.

Availity Essentials: Utilization Management Determination Notifications
Info for all network providers

On Aug. 22, 2025, as part of the launch of the digital correspondence hub, providers began receiving Utilization Management (UM) determination notifications (ex., Approval or denial letters) directly through Availity for the authorization decisions they submit.

Starting on Dec. 5, 2025, most communications will switch to digital-only and they will not be faxed. Providers who prefer faxed communications may opt out in Availity by filling out and submitting an online form.

Reminder: All documents on Availity can be viewed, downloaded and saved.

Drugs Carved Out: Fee-for-Service
Info for Medicaid providers

For information on drugs carved out for fee-for-service, including billing information, view the ODM Carve Out List – April 2025 document. It is located on the ODM Carved Out Drugs page at medicaid.ohio.gov, by selecting Ohio Medicaid Pharmacy Program under the Stakeholders & Partners drop-down menu, then Carved Out Drugs.

New Cotiviti Drug and Biological Edits
Info for Medicaid providers

Effective Dec. 29, 2025, Molina will implement new Cotiviti Drug and Biological edits based on guidance from the Federal Drug Administration (FDA). The following drugs are subject to denial for frequency limitations and missing required indicators:

- Aripiprazole (Abilify Maintena): J0401
- Cemiplimab: J9119
- Paliperidone Palmitate (Invega Sustenna): J2426

These edits are designed to ensure appropriate utilization and billing practices for select medications and procedures. Please ensure claims meet diagnosis and billing criteria to avoid denials.

Find more information at fda.gov.

Open Enrollment: January 2026
Info for all network providers

Medicaid: Open enrollment period will run from Nov. 1, 2025 – Nov. 30, 2025. During this time, members are able to select their plan (effective Jan. 1, 2026) by calling the Ohio Consumer Hotline at (800) 324-8680 or by visiting members.ohiomh.com/Login.aspx.

Note: If a member does not wish to change their current plan, then no action is required.

Next Generation MyCare Ohio (Medicaid + Medicare) Fully Integrated Dual Eligible (FIDE) Special Needs Plan (SNP): Annual Enrollment Period will run from Oct. 15, 2025 – Dec. 7, 2025. Beneficiaries can call the Consumer Hotline. If the beneficiary is a Molina member for Medicaid and wishes to join Molina for both Medicaid and Medicare, they can call the Molina Medicare Enrollment and Information Center at (866) 403-8293 for more information and to sign up.

Marketplace: Open enrollment will run Nov. 1, 2025 – Dec. 15, 2025.

Medicare: Open enrollment will run Oct. 15, 2025 – Dec. 7, 2025.

Provider Relations Contact Page on Provider Website
Info for all network providers

Molina Provider Relations has a contact page on the Provider Website to make it easier for providers to contact their Provider Relations Representatives.

Visit the Provider Website, and select the Molina Healthcare of Ohio Provider Relations page under the Contact Us tab. You will find a list of designated email addresses based on provider types, including:

- Behavioral Health questions: BHProvider Relations@MolinaHealthcare.com
- Hospital or hospital-affiliated physician group questions: OHProvider.RelationsHospital @MolinaHealthcare.com
- MyCare Ohio LTSS and Ancillary questions: OHMyCareLTSS@MolinaHealthcare.com
- Nursing Facilities questions: OHProvider RelationsNF@MolinaHealthcare.com
- Physician practice questions: OHProvider RelationsPhysician@MolinaHealthcare.com
- General questions: OHProviderRelations @MolinaHealthcare.com

UPDL: 30-Day Change Notice
Info for Medicaid providers

ODM posted their Ohio Unified Preferred Drug List (UPDL) 30-Day Change Notice on Sept. 1, for an effective date of Oct. 1, 2025. Find it at medicaid.ohio.gov/stakeholders-and-partners/phm.

Q3 Provider Newsletter
Info for all network providers

The Q3 Provider Newsletter is available on the Provider Website under the Communications tab. Articles include:

- Benefits of submitting claims electronically
- Update provider data accuracy and validation
- National Plan and Provider Enumeration System review for data accuracy
- Culturally and Linguistically Appropriate Services (CLAS) resources for providers and office staff
- 2025 Molina Model of Care provider training
- Helping members in their language
- Provider Manuals
- Clinical Policies

Updated: Website Roundup
Info for all network providers

Recently added or updated documents:

- September CPSE Report
- November 2025: Clinical Policies Updates
- Nursing Facility Assignments Q4 2025
- Doula Training

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**:**
- Medicaid and FIDE SNP Open Enrollment, plus FIDE SNP Supplemental Benefits: Wed., Oct. 1, 10 to 11 a.m.
- Molina Member Value Added and FIDE SNP Benefits Overview for Providers: Thurs., Oct. 30, 1 to 2 p.m.
- Cost Recovery: Fri., Nov. 21, 9 to 10 a.m.

General Provider Orientation**:**
- Wed., Oct. 8, 2 to 3 p.m.
- Fri., Nov. 7, 10 to 11 a.m.

Specialized Provider Orientation**:**
- Behavioral Health: Thurs., Oct. 23, 2 to 3 p.m.
- Managed Long-Term Services and Support (MLTSS): Mon., Nov. 17, 10 to 11 a.m.
- MLTSS: Mon., Nov. 24, 10 to 11 a.m.

Molina Model of Care**:**
- Fri., Oct. 17, 10 to 11 a.m.
- Wed., Nov. 12, 2 to 3 p.m.

Molina Dental Services Training**:**
- Thurs., Oct. 30, 11 a.m. to 12 p.m.
- Thurs., Nov. 20, 3:30 to 4:30 p.m.

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

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)

If your practice falls into one of the referenced provider types, you 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 and 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 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.

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 ( ).

- Authorization Requests without Inpatient Order or Supporting Clinical Documentation will be Rejected Starting Oct. 1, 2025: Effective Oct. 1, 2025, Molina will begin closing authorization requests received without inpatient orders or supporting clinical documentation for incompleteness. The authorization request will be formally rejected. (September 2025)
- Place of Service 02 Telehealth: Molina is aligning with CMS reimbursement guidelines regarding POS 02. View the CMS Transmittal 3873 Change Request 10272 at cms.gov for more details. (September 2025)
- Specialized Recovery Service Program T1016: On Aug. 22, 2025, HCPCS Code T1016 was updated based on OAC 5160-43-08 Specialized Recovery Services program billing procedures and payment rates for recovery management. (September 2025)
- Marketplace Appointment Access Standards Update: Molina has added an addendum to our Marketplace Provider Manual with updated Medical Appointment Access standards aligned to CMS. (September 2025)
- Maternal and Infant Support Program Billing Guidelines: ODM has created a MISP Services Overview and Billing Guidelines document. (September 2025)
- Availity Essentials Care Managed Member: Effective Oct. 18, 2025, Molina will retire the Care Managed Member tile in the Availity Essentials portal. (September 2025)
- Availity Essentials PA Submissions Require Clinical Records: Effective Oct. 20, 2025, Molina will begin requiring additional documentation, including clinical records, for all PA submissions. (September 2025)
- Availity Essentials Attachment Size: Molina has increased the maximum attachment size in the Availity Essentials portal from 128MB to 640MB. (September 2025)
- Updated Medicaid Reimbursed Home Health Services: In accordance with OAC 5160-12-01, home health services are only reimbursable to providers who are Medicare-certified home health agencies, Provider Type 60. (September 2025)
- Updated Ordering, Referring and Prescribing Providers National Provider Identifier: Effective Sept. 25, 2025, Molina began denying claims missing an ORP provider. (September 2025)
- Molina Partnership with Evolent Health to Include Oncology: As of Sept. 1, 2025, Molina expanded our collaboration with Evolent as the administrator of the Molina Oncology Quality Management program. (September 2025)
- National Drug Code Source Change: Effective Sept. 1, 2025, Molina updated our adjudication process to be more accurate and complete by updating our database source for NDC. Providers must ensure all NDCs are valid and actively marketed. All other billing criteria for NDCs will remain unchanged. (August 2025)
- Sharing Member Information with Molina: Under the HIPAA Privacy Rule providers are allowed to share contact information for their patients with the appropriate MCO. Molina staff may reach out to you and request contact information for you patients who are Molina members. (August 2025)
- New Provider Type: Pediatric Recovery Centers: ODM has added Pediatric Recovery Centers as a new provider type as of Jully 1, 2025. (August 2025)
- Real-Time Claim Adjustments: LTSS: As of Sept. 1, 2025, Molina enhanced our real-time claim adjustments by including LTSS HCPCS codes T1019, T2031, S5170, T1003, T1002, S5102, S5160, S5161, S5130 and A0080. (August 2025)
- Therapy Visit Limits and Modifier Requirements: On July 1, 2025, Molina updated our Marketplace therapy visit limits. Visits exceeding these limits will require a PA to be eligible for reimbursement. (August 2025)
- Automated Authorization Tool on Provider Portal: On Aug. 1, 2025, Molina launched an automated authorization tool in Availity. The tool allows Marketplace providers to submit authorization requests that may be automatically approved if they meet medical necessity based on MCG guidelines. (August 2025)
- Marketplace Skilled Nursing Facility Per Diem: As of Aug. 9, 2025, Molina requires Marketplace SNF authorizations to be submitted with the LOC requested. Authorizations submitted without the LOC may result in determination delays. (August 2025)
- Availity Essentials: Prior Authorization: On Aug. 25, 2025, Molina retired the legacy PA application located in Availity Essentials > Payer Spaces. (August 2025)
- Dental Reminder: D2991 Covered Service: D2991 is a covered dental service. Diagnostic-quality radiographic images must be submitted with the claim and show evidence of incipient decay and photos of the affected surface. X-rays with AI markup are not acceptable. (August 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)

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.

- 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 denying 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.