SPECIAL PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE®

December 2025

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Next Generation MyCare Ohio Program: Quick Reference Guide

Information for MyCare Ohio providers

Effective Jan. 1, 2026, there are several new processes and program updates that will impact our MyCare Ohio providers.

- Subscribe to the Ohio Department of Medicaid (ODM) newsletters at medicaid.ohio.gov, by selecting Subscribe to Medicaid News at the bottom of the page.
- Continuously monitor the ODM's MyCare Ohio provider page at medicaid.ohio.gov by selecting Programs & Initiatives under Resources for Providers, then MyCare Ohio.
- Molina providers are strongly encouraged to sign up to receive the Molina Healthcare of Ohio, Inc. Provider Bulletin via email, in order to receive timely updates on Molina processes or policy changes. Sign up on the Provider Bulletin page, located under the Communication tab at MolinaHealthcare.com/providers/oh. An archive of Provider Bulletins is also available on the Provider Bulletin page.

In preparation for the launch of the Next Generation MyCare Ohio program:

- **Reference Guide**: Molina will develop a reference guide outlining key program changes that will impact our provider partners. The guide will include links and instructions on how to access source documents for future reference. Unless otherwise noted, the changes will be effective starting on Jan. 1, 2026.
- **Provider Manual**: Molina has posted a Next Generation Molina MyCare Ohio Provider Manual with full details under the Manual tab on the Provider Website. The Provider Manual has a Jan. 1, 2026 effective date.
- **Provider Training**: Join our You Matter to Molina: Next Generation MyCare Ohio Open Question & Answer session on Fri., Dec. 12, 2:30 to 3:30 p.m.

New terminology for authorization reconsiderations/appeals and claim reconsiderations:

Molina has aligned our terminology for the following Next Generation MyCare Ohio Program processes to match the language used in the Next Generation Medicaid Program.
Note: There are no operational changes to these processes.

- **Authorization Appeal**: Formerly known as an "authorization reconsideration." A provider dispute for the denial of a prior authorization. The Authorization Appeal must be submitted pre-claim and within 60 days of the authorization denial. The Authorization Appeal should be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form) and submitted via fax. Decisions will be made within forty-eight hours for urgent requests and within 10 calendar days for all other requests. Once the claim is on file, providers must follow the Clinical Claim Dispute process.
- **Clinical Claim Dispute:** Formerly known as an "authorization reconsideration." A post-claim provider dispute for the denial of a prior authorization or a retro-authorization request for

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

Extenuating Circumstances. The Clinical Claim Dispute must be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form). The Clinical Claim Dispute must be post-claim and submitted within 365 days of the date of service or 60 days from the remittance advice, whichever is greater. Providers may submit a Clinical Claim Dispute via the Availity Essentials Portal, fax or verbally. Decisions will be made within 30 business days.

- **Non-Clinical Claim Dispute:** Formerly known as a "claim reconsideration." This process is used only for disputing a payment denial, payment amount or a code edit. The Non-Clinical Claim Dispute must be submitted on the Claim Reconsideration Form (Non-Clinical Claim Dispute Form). The Non-Clinical Claim Dispute must be post-claim and submitted within 365 days of the date of service or 60 days from the remittance advice, whichever is greater. Providers may submit a Non-Clinical Claim Dispute via the Availity Essentials Portal, fax, or verbally by calling the Provider Services Contact Center. Decisions will be made within 15 business days or with continued communication if Molina needs more time to address the dispute.

The Molina Provider Services Contact Center:

- Available at (855) 322-4079
- Hours of Operation, excluding holidays and the day after Thanksgiving for MyCare Ohio: 8 a.m. to 8 p.m., Monday through Friday

Claim Submission:

Effective for claim submission dates of Jan. 1, 2026, and after, providers must submit MyCare Ohio claims electronically via the ODM Ohio Medicaid Enterprise System's (OMES) "One Front Door" through Electronic Data Interchange (EDI) or direct data entry claims via the Availity Essentials portal.

- **EDI Payer ID Number**: Molina's payer IDs for all lines of business, including the Next Generation MyCare Ohio OMES EDI transactions for dates of service before, on and after Jan. 1, 2026, are noted in the chart below.
- **For the Legacy MyCare Ohio Plan and the Next Generation MyCare Ohio Plan**: Providers must submit claims utilizing the Payer ID 0021586 for all dates of service submitted on Jan. 1, 2026, and after.
- **Paper Claims**: Paper claims will not be accepted.

EDI Payer IDs		
Line of Business	Payer ID	Which Member ID do I bill with?
Ohio ABD (Medicaid)	0007316	Molina's Medicaid Member ID
Ohio Adult Extension (Medicaid)	0007316	Molina's Medicaid Member ID
Ohio Healthy Families (Medicaid)	0007316	Molina's Medicaid Member ID
SKYGEN Dental: Medicaid	D007316	Molina's Medicaid Member ID
March Vision: Medicaid	V007316	Molina's Medicaid Member ID
Ohio Marketplace Program	20149	Molina's Marketplace Member ID
Ohio Marketplace Program Primary with Ohio Medicaid Secondary (ABD, Adult Extension, Healthy Families)	20149	Molina's Marketplace Member ID

EDI Payer IDs		
New Plan: Molina Complete Care for MyCare Ohio (HMO D-SNP/FIDE) (Dual Benefits) **for dates of service 1/1/2026 and after.**	0021586	Molina's Medicaid Member ID
New Plan: Molina MyCare Ohio Medicaid (Medicaid Only) **for dates of service 1/1/2026 and after.**	0021586	Molina's Medicaid Member ID
Legacy Plan: Molina Dual Options MyCare Ohio (HMO D-SNP) (Opt In) **for dates of service 12/31/2025 and prior.**	0021586	Molina's Medicaid Member ID
Legacy Plan: Molina MyCare Ohio Medicaid (Opt Out) **for dates of service 12/31/2025 and prior.**	0021586	Molina's Medicaid Member ID
SKYGEN Dental: Molina Complete Care for MyCare Ohio (HMO D-SNP/FIDE) (Dual Benefits)	D0021586	Molina's Medicaid Member ID
SKYGEN Dental: Molina MyCare Ohio Medicaid (Medicaid Only)	D0021586	Molina's Medicaid Member ID
March Vision: Molina Complete Care for MyCare Ohio (HMO D-SNP/FIDE) (Dual Benefits)	V0021586	Molina's Medicaid Member ID
March Vision: Molina MyCare Ohio Medicaid (Medicaid Only)	V0021586	Molina's Medicaid Member ID
Molina Medicare DSNP (Medicare/MAPD)	20149	Molina's Medicare Member ID

Claims Timely Filing:

All Claims should be submitted following ODM and Molina guidelines and include all medical records pertaining to the claim if required by Molina's policies and procedures.

- For services that bypass Medicare and Molina processes as the primary payer (Molina MyCare Ohio Medicaid), the timely filing is 365 calendar days.
- When Medicare and/or Molina Complete Care for MyCare Ohio is processed as the primary payer, the timely filing limit is based on the provider's contract language (standard is 120 days).
- Out-of-network: 365 days from the date of service.

Corrected Claims:

Molina must receive corrected claims no later than the filing limit stated in the provider contract or within 365 days of the original remittance.

Requests for Clinical Claim Disputes and Non-Clinical Claim Disputes:

A request for a clinical claim dispute or a non-clinical claim dispute may be submitted via the following:

- Availity Essentials Portal: availity.com/providers/
- Fax: (800) 499-3406
- Verbally: By calling the Provider Services Contact Center at (855) 322-4079. A verbal dispute will require a follow-up from the provider to send in the documentation supporting the dispute.

Reminder: Provider claim disputes are not accepted via email, including through the Provider Relations email boxes. Please read the [January 2023 Provider Bulletin](#) New Provider Claim Dispute Process article for detailed information on this process for all Molina lines of business.

Authorization Appeal and Clinical and Non-Clinical Claim Dispute Guides:
- [MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide](#)
- [Medicaid Auth Appeal, Clinical and Non-Clinical Disputes Guide](#)
- [Marketplace Authorization and Claim Reconsideration Guide](#)

Service area map and go-live dates for Ohio counties:
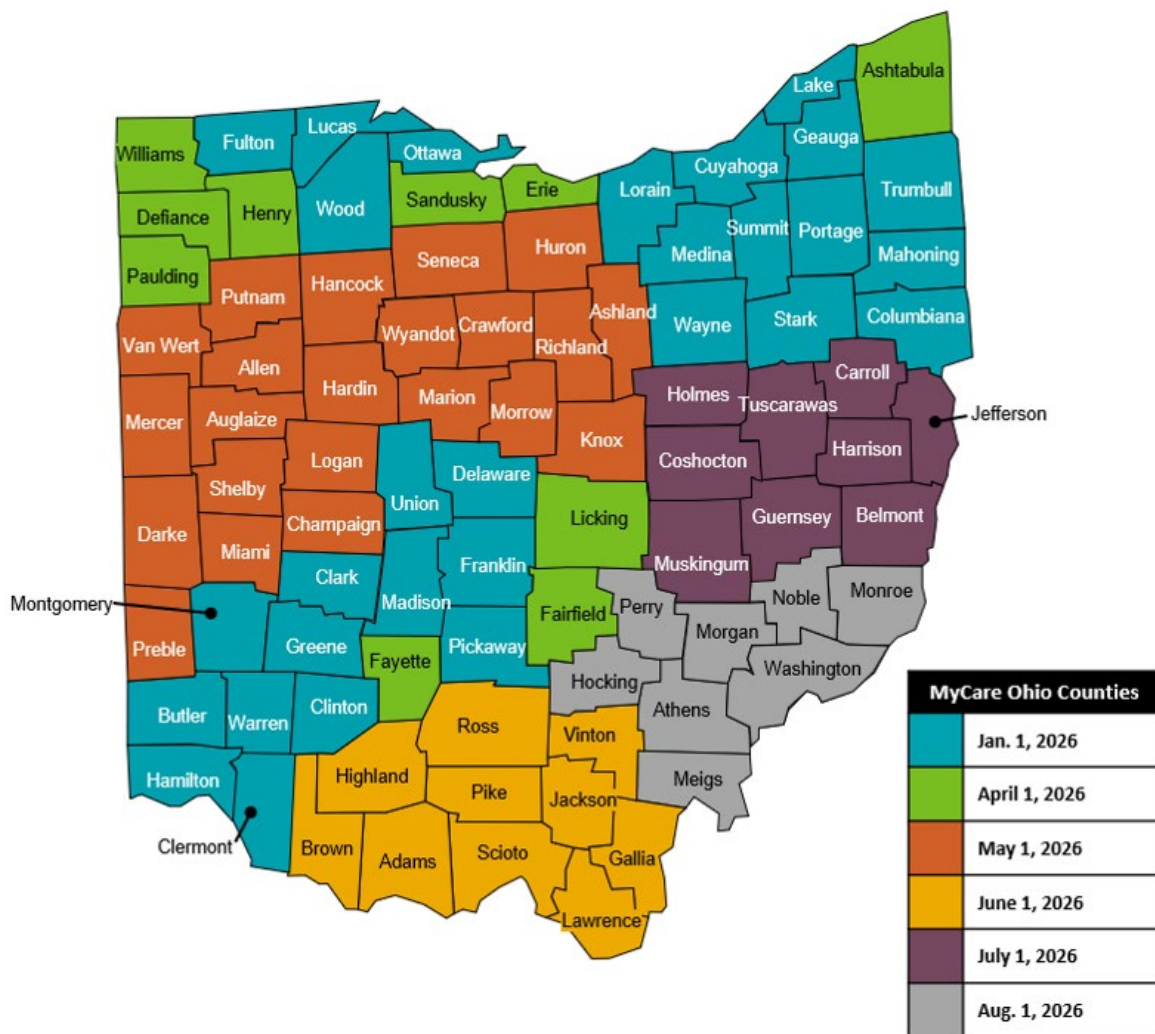
To learn more, visit the [ODM MyCare Ohio](#) page.

External Medical Review:
- Providers who disagree with Molina's decision to deny, limit, reduce, suspend or terminate a covered service for lack of medical necessity may access the External Medical Review process once they have exhausted Molina's provider appeal or dispute process.

- Please view the [Next Generation Molina MyCare Ohio Provider Manual](#) for information about when and how to access this new process. The Provider Manual is posted on the website.

Prior Authorization Requests:

Prior Authorization requests will continue to be submitted following the processes providers use today, via the Availity Essentials portal. To learn more, view the Digital First Utilization Management article in the [October 2025 Provider Bulletin](#) located on the Provider Bulletin page of our Provider Website, under the Communications tab, and in the Jan. 1, 2026 MyCare Ohio Provider Manual.

Availity Essentials Portal:

Molina has chosen Availity Essentials as its exclusive Provider Portal. Providers utilizing the Availity Essentials portal for Managed Care Plans already have access to Molina on Availity Essentials.

Once registered with Availity Essentials at [availity.com/providers/](#), providers will have access to the Availity Essentials portal training by following these steps:
1. Log in to the Availity Essentials Portal
2. Select Help & Training, Get Trained
3. In the Availity Learning Center (ALC) that opens in a new browser tab, search the catalog, and enroll for this title: "Availity Overview for Molina Providers – Recorded Webinar."

For questions about enrolling in courses, providers should email training@availity.com.

Atypical Providers: Once registered with Availity Essentials, under "News and Announcements," select "Atypical Providers: Here's Your Ticket to Working with the Availity Portal" to view training sessions.

For questions about Availity Essentials, please call Availity Client Services at (800) 282-4548 between 8 a.m. and 8 p.m. ET, Monday through Friday.

Molina Policies:
- [Clinical Policies](#): The Molina Clinical Policies page is available on the Provider Website under the Policies tab. Providers may access them at any time without the need to request them from Molina. Note: For Ohio-specific Medicaid, select Ohio Medicaid under the State Specific Sites at the bottom of the page.
- [Clinical Practice Guidelines](#): Molina publishes Clinical Practice Guidelines as an additional resource. Locate them on the Provider Website under the Health Resources tab.
- [Billing and Reimbursement Payment Policies](#): Coding policies and payment policies are available on the Billing and Reimbursement Policies page, under the Policies tab. For Ohio-specific Medicaid, select Ohio Medicaid under the State Specific Sites on the Molina Healthcare Medicaid Billing and Reimbursement Policies page.

Become an Ohio Medicaid Provider:

Enroll with ODM by visiting the Medicaid Provider Portal and completing the online application (credentialing, if required, will occur automatically during application processing). Find the Medicaid Provider Portal by selecting [Access the PNM Portal](#) at [medicaid.ohio.gov](#).

Contracting:

To learn how to become an in-network provider, review the [Ohio Provider Contracting Guide](#) located under the Non-Contracted Providers Information header on the Forms page of our Provider Website.

Information for ODM-Designated Providers (defined as Federally Qualified Health Centers (FQHC)/Rural Health Clinics [RHC], Qualified Family Planning Providers [QFPP] and hospitals):

Refer to the [ODM Designated Provider and Non-Contracted Provider Guidelines](#) located under the Non-Contracted Providers Information header on the Forms page of our Provider Website for complete instructions on:

- How to locate authorization and claim submission processes
- Timely Filing Guidelines
- Member Eligibility Verification
- Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs)
- Referral procedures
- Prescription Drugs
- Contract Requests
- Overpayments
- Cost Recovery
- Emergency Services
- Benefits and Payment Policy
- Post-stabilization care services
- Sample Molina member ID cards
- How to access Molina's laboratory and radiology providers
- Molina contact information

Pharmacy:

Providers will continue to work with CVS Caremark for pharmacy benefits in the Next Generation MyCare program. Refer to the [MyCare Ohio Pharmacy Billing Reference Guide](#) for more information, located at [medicaid.ohio.gov](#) by selecting Ohio Medicaid Pharmacy Program under Stakeholders & Partners, then Pharmacy Billing Information.

You Matter to Molina

Visit the [You Matter to Molina](#) page on our Provider Website, located under the Communications tab, for information on the following:

- Upcoming Training Opportunities
- Provider Surveys
- Molina Presentations
- Recorded Video Trainings
- Tools and Resources

Contact Provider Relations:

Molina Healthcare of Ohio has designated Provider Relations Representatives based on provider types to help answer your questions more efficiently or connect you to training opportunities. Visit the [Molina Healthcare of Ohio Provider Relations](#) page on our Provider Website, under the Contact Us tab to learn more.

Provider Resources:

Find the additional resources on the ODM MyCare Ohio page, located at medicaid.ohio.gov, by selecting Programs & Initiatives under Resources for Providers, then MyCare-Ohio.

- [MyCare Ohio Provider Frequently Asked Questions](): Highlights common questions about the program such as provider enrollment and program overview.
- [MyCare Ohio Program Provider One-Pager](): Provides information for providers about the program, including its impact and benefits.
- [MyCare Ohio Provider Help Desk One-Pager](): Provides guidance about which help desk to contact for different kinds of questions or issues.
- [MyCare Ohio Provider Webpage](): Provides additional resources for providers, including updates on the program, required actions and the conversion charter. ODM regularly updates this page.

Next Generation MyCare Ohio Program: Frequently Asked Questions
Information for MyCare Ohio providers

Q: Will contract amendments be required to continue serving Molina's MyCare Ohio members?

A. No. Providers with an impact to their contract have already received outreach and are connected to the Contracting team for updates.

Q: Will providers need to resubmit authorization requests for Jan. 1, 2026, forward?

A. No. All existing authorizations with a date of service into 2026 will remain valid with active member enrollment.

Q: For providers who care for members who will transition over to Molina on Jan. 1, 2026 from an exiting plan, what action do providers need to take with ECHO for their electronic payments?

A. Providers will need to enroll with "Molina" on their ECHO platform to avoid any fees. Molina Provider Relations is available to assist if they have any questions.

Q: Do members require a new Level of Care (LOC) assessment within a nursing facility?

A. No. Molina will continue our current LOC process and validation.

Enrollment Reminder
Information for MyCare Ohio providers

As Molina Healthcare of Ohio prepares to offer a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) on Jan. 1, 2026, eligible individuals still have the opportunity to make certain plan changes until Dec. 31, 2025, in order to have a Jan. 1, 2026 effective date.

During these special enrollment periods, providers have the opportunity to support patients who may benefit from a FIDE SNP. For questions, please contact Fran.Dennis@MolinaHealthcare.com.

Reminder: Q1 Prior Authorization (PA) Code Changes
Information for all network providers

As noted in the December 2025 Provider Bulletin, Molina posted the following PA Code Change documents on our Provider Website, under the Forms tab, for a Jan. 1, 2026, effective date:
- [Medicaid: Q1 2026 PA Code Changes]()
- [Medicare and MyCare Ohio Medicare: Q1 2026 PA Code Changes]()
- [Marketplace: Q1 2026 PA Code Changes]()

Reminder: Notice of Changes to the Provider Manual
Information for all network providers

As noted in the December 2025 Provider Bulletin, Molina is in the process of updating our Provider Manuals for an effective date of Jan. 1, 2026.

- **Medicaid**: Molina posted the 2026 Next Generation Molina Medicaid Provider Manual and Significant Update by Chapter: 2026 Medicaid Provider Manual document on the Medicaid Provider Website, on the Provider Manual page, under the Manual tab.
- **MyCare Ohio**: Molina posted the 2026 Next Generation Molina MyCare Ohio Provider Manual on the MyCare Ohio Provider Website, on the Provider Manual page, under the Manual tab.
- **Medicare and Marketplace**: Molina will post the Medicare and Marketplace Provider Manuals to the Provider Website by Jan. 1, 2026.

Questions and Quick Links		
Provider Services: (855) 322-4079 Mon. – Fri. Medicaid 7 a.m. to 8 p.m., MyCare Ohio 8 a.m. to 6 p.m., Medicare and Marketplace 8 a.m. to 5 p.m.	Email: OHProviderRelations@ MolinaHealthcare.com	Provider Website: Molina Healthcare.com/OhioProviders