

## New In This Issue

- [ODM EVV Implementation Updates](#)
- [Q1 PA Code Changes](#)
- [Notice of Changes to the Provider Manual](#)
- [Delivery Code Modifiers for Multiple Births](#)
- [OAC 5160-8-43 Doula Services Update](#)
- [OAC 5160-46 Ohio Home Care Waiver](#)
- [OAC 5160-1-14 Healthchek Update](#)

- [ODM Designated Provider and Non-Contracted Provider Guidelines](#)
- [EVV Claim Processing Denial Information Reminder](#)
- [Family Navigator Maternity Telehealth](#)
- [UPDL: 30-Day Change Notice](#)
- [Annual Appropriate Services \(CLAS\) Training Reminder](#)

- [Annual Mandatory D-SNP Medicare Model of Care Training Reminder](#)
- [How to Compress Files](#)
- [Availity: Attachment Size](#)

## Updated In This Issue

- [Digital First Utilization Management](#)
- [Intensive Outpatient Treatment Services Policy](#)
- [Availity: Reports Tile](#)
- [Website Roundup](#)
- [Live Provider Training](#)

## Updated: Digital First Utilization Management Info for all network providers

As a reminder, on Jan. 1, 2026, Molina Healthcare, Inc. will transition to a Digital-Only Authorization Model via the Availity Essentials portal (Availity) and will no longer accept faxes after Dec. 31, 2025.

### Important Updates Include:

Continued Stay/Concurrent Review: If a provider needs to submit additional information or a request for more days, they should submit a new authorization request on Availity, noting that it is a continued stay.

Reconsiderations, Changes in Coding or Add on Codes: Providers should submit a new authorization request on Availity to send in additional clinical information, noting that it is a reconsideration, a change in coding or an add on code in the notes.

Notes Section: When submitting an authorization, it is helpful for the provider to include a comment in the Notes section stating what is being requested.

In the future, Availity will offer an option at submission to select a continued stay or reconsideration, eliminating the need to include a note.

### 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.

### Training:

#### Dec. 16, 2025: Live Training: Submit Authorization Requests on Availity Essentials

- Register by navigating to Help and Training, then select Get Trained. Search for Submit Authorization Requests on Availity Essentials, then register for the Dec. 16<sup>th</sup> live training.

Additional training opportunities are available on the Availity portal at [availity.com/providers/](https://availity.com/providers/), including:

#### Authorization Submission:

- [availitylearning.learnupon.com/content-details/4016255/0](https://availitylearning.learnupon.com/content-details/4016255/0)

#### Claims:

- [Claim Status Training](#): Learn how to access claim status, review summary results, and review claim details.
- [Quick Claims Training](#): Learn how to create templates and submit claims for multiple patients.
- [Atypical Provider Training](#): Learn how to navigate common struggles atypical providers endure.

#### Eligibility and Benefits

- [Eligibility and Benefits Inquiry Training](#): Learn how to check a patient's eligibility and benefits.

#### Recorded Webinars

- [Availity Overview - Recorded Webinar](#): Availity Essentials Provider Portal Overview for Molina Healthcare Providers.
- [Claim Status - Recorded Webinar](#): Beyond the basics.

For additional training on Availity Essentials, navigate to Help and Training within the portal.

Molina 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.

## ODM Electronic Visit Verification (EVV) Implementation Updates

### *Info for all Medicaid and MyCare Ohio network providers*

On March 1, 2026, the Ohio Department of Medicaid (ODM) will begin Phase 7 of the Electronic Visit Verification (EVV) claims processing changes for MyCare Ohio.

Phase 7 impacts claim validation requirements for all codes included in Phase 3 and 4 with the addition of waiver codes. As a reminder, for payment to be eligible, the claim must match a visit logged in Sandata.

Below is the list of codes in scope for Phase 7:

- Phase 3: G0156, G0151, G0152, G0153, G0299 and G0300
- Phase 4: T1001, T1001 and T1000
- Phase 7: T2025, T1002, T1003, T1019 and S5125

For code specifics, including modifier requirements, visit the [Electronic Visit Verification](#) page at [medicaid.ohio.gov](https://medicaid.ohio.gov), by selecting Programs & Initiatives under the Resources for providers drop-down menu, then Electronic Visit Verification.

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 MyCare 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](https://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.

For trainings and user guides, visit Sandata at [sandata.zendesk.com/](https://sandata.zendesk.com/), and select Payer Programs then Ohio (OH ODM).

## Q1 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 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

## Notice of Changes to the Provider Manual

### *Info for all network providers*

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.

## Delivery Code Modifiers for Multiple Births

### *Info for Medicaid providers*

ODM has provided new guidance on delivery code modifiers for multiple births. Per ODM, delivery codes for multiple births should be reported on separate details (lines) on the claim with modifier 51 appended. Modifier 51 should only be billed on the second or subsequent delivery of a multiple birth. Previous communication in ODM Medicaid Advisory Letter (MAL) No. 605 advised to add modifier 59 for multiple birth deliveries.

Find additional information in MAL No. 685 Delivery Code Modifier for Multiple Births, located at [medicaid.ohio.gov](https://medicaid.ohio.gov) by selecting Policies & Guidelines under the Resources for Providers header, then Medicaid Advisory Letters (MALs).

## OAC 5160-8-43 Doula Services Update

### *Info for Medicaid providers*

Ohio Administrative Code (OAC) [5160-8-43](#) Doula Services section (C)(2)(c) to include report of pregnancy requirements at the first identification of pregnancy and submitted on form ODM 10257 Report of Pregnancy.

## OAC 5160-46 Ohio Home Care Waiver

### *Info for Medicaid providers*

ODM has updated the following OAC [5160-46](#) Ohio Home Care Waiver rules to allow easier navigation to find specific Ohio home care waiver services, with each service now having its own rule:

- 5160-46-04: Personal Care Aide Service
- 5160-46-06: Reimbursement Rates and Billing Procedures
- 5160-46-09: Vehicle Modification Service
- 5160-46-10: Supplemental Transportation Service
- 5160-46-11: Ohio Home Care Waiver: Supplemental Assistive and Adaptive Device Service
- 5160-46-12: Adult Day Health Center Service

## OAC 5160-1-14 Healthchek Update

### *Info for Medicaid providers*

OAC [5160-1-14](#) Healthchek: early and periodic screening, diagnostic and treatment (EPSDT) covered services has been updated.

Section (D)(4) was updated to include a provision specifying that EPSDT services are covered for incarcerated individuals under the age of 21 in the 30 days prior to release, in accordance with Section 5121 of the Consolidated Appropriations Act of 2023, 42 U.S.C. § 1396a.

## ODM Designated Provider and Non-Contracted Provider Guidelines

### *Info for ODM-designated and non-contracted providers in the Medicaid and MyCare Ohio lines of business*

As an ODM designated provider and/or a non-contracted provider with Molina, it is important to understand Molina's operating guidelines, including PA and claims processes, to avoid delays in claims payment. Molina knows efficient processes are important to providers, and we are committed to getting you the most current information.

Following the guidelines and references linked in the ODM Designated Provider and Non-Contracted Provider Guidelines will help ensure we receive all the information we need to process your requests as quickly as possible so you can focus on what's most important: providing excellent care to your patients.

View the [ODM Designated Provider and Non-Contracted Provider Guidelines](#) on the Provider Website, on the Forms page, under the Non-Contracted Practice/Group Information header.

### **Electronic Visit Verification (EVV) Claim Processing Denial Information Reminder**

#### ***Info for Medicaid and MyCare Ohio 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

### **Family Navigator Maternity Telehealth**

#### ***Info for Medicaid providers***

Medicaid members in Vinton and Noble counties now have access to the Ohio University Family Navigator Program, which offers free telehealth support for Medicaid-eligible pregnant members.

Highlights include:

- Nurse-led support for pregnancy and postpartum
- Guidance on staying healthy during pregnancy and preparing for delivery
- Coordination with providers
- Referrals to local programs for baby items and family supports

Members may reach out to the Family Navigator Program via phone at (740) 593-9780, or via email at [lees6@ohio.edu](mailto:lees6@ohio.edu).

### **UPDL: 30-Day Change Notice**

#### ***Info for Medicaid providers***

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

### **Annual Appropriate Services (CLAS) Training Reminder**

#### ***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.

### 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](mailto:OHAttestationForms@MolinaHealthcare.com)

Find additional information on CMS Model of Care requirements at [cms.gov](https://www.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.

### How to Compress Files

#### *Info for all network providers*

Providers can attach files up to 640 MB in Availity. To meet this size restriction, providers can compress a file to make it smaller or even roll multiple files into a single file.

The most common way to compress a file is via a Zip file, available on any computer that runs a Windows system.

To Zip a file using Windows:

1. Select the file/files to compress.
2. Right-click one of the files and choose "Send To" and then "Compressed (zipped) Folder."
3. A new zipped folder with the same name will appear in the same location. The Zip file will be the folder icon with a little zipper.
4. To add new files to a zipped folder, simply drag them to the zipped folder.



5. Double-click on the folder to view the files inside it.

To Unzip a file using Windows:

1. Select the file/files to uncompress.
2. Right-click on the file and select "Extract All."
3. A folder will appear with the data.

Note: If an encrypted file is added to a zipped folder, the file will be unencrypted when it is unzipped, which might result in the disclosure of Protected Health Information (PHI).

Mac users visit [support.apple.com](https://support.apple.com) and search "Zip and unzip files and folders on Mac."

#### **Updated: Intensive Outpatient Treatment Services Policy**

*Info for all Medicaid and MyCare Ohio providers*

Molina has posted a new [Intensive Outpatient Treatment Services](#) policy for code H0015 HK on our Provider Website with an effective date of Dec. 1, 2025.

Find it on our Provider Website by selecting Molina Healthcare Billing and Reimbursement Policies under the Policy tab, then Molina Healthcare Medicaid Billing and Reimbursement Policies. Scroll down and select Ohio Medicaid under the State Specific Sites. Find Intensive Outpatient Treatment Services under the Behavioral Health header.

#### **Updated: Availity Essentials: Reports Tile**

*Info for all network providers*

In October 2025, Molina updated the Availity Essentials portal with a new Reports (NEW) tile in Payer Spaces. The current Reports tile will be removed on Dec. 5, 2025.

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

#### **Availity Essentials: Attachment Size Reminder**

*Info for all network Ohio providers*

Based on provider feedback, Molina increased the maximum attachment size in Availity Essentials to 640 MB.

Thank you for your feedback and remember, You Matter to Molina.

#### **Updated: Website Roundup**

*Info for all network providers*

Recently added or updated documents:

- [November CPSE Report](#)
- [January 2026: Clinical Policies Updates](#)
- [ODM Designated Provider and Non-Contracted Provider Guidelines](#)

#### **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:**

- Next Generation MyCare Ohio Open Q&A: Fri., Dec. 12, 2:30 to 3:30 p.m.
- Telehealth: Fri., Dec. 19, 11 a.m. to 12 p.m.
- Doula Training: Fri., Jan. 23, 1 to 2 p.m.

#### **General Provider Orientation:**

- Mon., Dec. 1, 10 to 11 a.m.
- Wed., Jan. 7, 10 to 11 a.m.

#### **Specialized Provider Orientation:**

- Managed Long-Term Services and Support (MLTSS): Thurs., Dec. 11, 2 to 3 p.m.
- MLTSS: Mon., Dec. 29, 2 to 3 p.m.
- MLTSS: Mon., Jan. 12, 1 to 2 p.m.

#### **Molina Model of Care:**

- Mon., Dec. 8, 1 to 2 p.m.

#### **Molina Dental Services Training:**

- Tues., Dec. 16, 11 a.m. to 12 p.m.
- Wed., Jan. 28, 3 to 4 p.m.

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

- [Molina Clinical Policy: Enclosed Bed](#): Molina continues to require PA for Enclosed Bed Systems, including safety enclosure frames and canopies. It is Molina's policy to require a member-specific, comprehensive home evaluation to be conducted by a qualified occupational or physical therapist. ([November 2025](#))

- Durable Medical Equipment Update: On April 1, 2025, Molina entered into a national partnership with Apria Healthcare and Byram Healthcare for DME equipment and supplies. ([November 2025](#))
- Molina Updated Non-Emergency Medical Transportation Policy: As of Oct. 1, 2025, Molina implemented a revised coverage limitation for Non-Emergency Medical Transportation (NEMT) services for the Marketplace line of business. ([October 2025](#))
- Report of Pregnancy: Reminder, CPT Code T1023 must be billed with an E/M code not associated with a normal OBGYN visit per OAC 5160-21-04, otherwise it will be denied. ([October 2025](#))
- Availity Essentials UM Determination Notifications: On Aug. 22, 2025, providers began receiving UM determination notifications 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. ([October 2025](#))
- Drugs Carved Out: Fee-for-Service: For information on drugs carved out for fee-for-service including billing information, view the ODM Carve Out List document at [medicaid.ohio.gov](https://medicaid.ohio.gov). ([October 2025](#))
- New Cotiviti Drug and Biological Edits: Effective Dec. 29, 2025, Molina will implement new Cotiviti Drug and Biological edits based on guidance from the FDA. The following drugs are subject to denial for frequency limitations and missing required indicators: Aripiprazole (Abilify Maintena), Cemiplimab and Paliperidone Palmitate (Invega Sustenna) ([October 2025](#))
- Open Enrollment: January 2026: Medicaid open enrollment period will run from Nov. 1 to 30, 2025. Marketplace open enrollment will run from Nov. 1 to Dec. 15, 2025. Medicare open enrollment will run from Oct. 15 to Dec. 7, 2025. ([October 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](#))
- 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](https://medicaid.ohio.gov) for additional information. ([March 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 6 p.m. for  
 MyCare Ohio and 8 a.m. to 5 p.m.  
 for Medicare and Marketplace

- Email: [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)
- Provider Website: [MolinaHealthcare.com/OhioProviders](https://MolinaHealthcare.com/OhioProviders)

#### Connect with Us

[facebook.com/MolinaHealth](https://facebook.com/MolinaHealth)  
[x.com/MolinaHealth](https://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.

#### Join Our Email Distribution List

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.