July 2026 Provider Bulletin

Coordination of Benefits – Third Party Liability Payment Policy Update

Effective August 1, 2026, Molina Healthcare of New York is updating its Third-Party Liability (TPL) / Coordination of Benefits (COB) payment policy.

When another insurer is the primary payer, Molina will pay the Lesser of:

1. **Medicaid allowed amount minus the primary payer paid amount and**
2. **The sum of the patient responsibility.**

This approach aligns with Molina's current Medicare TPL process. **If the primary payer's payment meets or exceeds the Medicaid allowed amount or encounter rate, Molina will not make an additional payment, including coinsurance.**

Providers should continue to bill primary insurers for items and services they provide to a Member before they submit Claims for the same items or services to Molina for reimbursement. Primary carrier payment information is required with the claim submission. Providers can submit claims with attachments, including explanation of benefits (EOBs) and other required documents, by utilizing Molina's Provider Portal. Providers can also submit this information through EDI and Paper submissions.

If you have questions about this policy change, please contact your Provider Relations Representative at **MHNYProviderServices@MolinaHealthCare.Com**

Radiology Technical Component (TC) Modifier Reimbursement Update

Molina Healthcare of NY will be updating configuration to process **professional claims billed with the TC modifier to reimburse at a rate not to exceed 60% of the NYS Medicaid Fee Schedule** as outlined in the NYS Medicaid billing guidelines for **Radiology and the TC modifier**. This update will be **effective August 1, 2026**.

In this issue you can expect:

Need Quick Answers?

Find the **2026 NY Medicaid Provider Quick Reference Guide** under the **Contact Us** dropdown on the **Molina Provider website**

Pharmacy Update:
Blood Glucose Meters and Test Strips

The U.S. Food and Drug Administration (FDA) has issued a safety alert regarding Trividia Health's TRUE METRIX® Blood Glucose Monitoring Systems. Members using TRUE METRIX devices should be made aware of updated manufacturer guidance related to E-5 error messages. Providers are encouraged to review this information with affected members and caregivers.

To provide Molina members with alternative options for blood glucose monitoring, we are adding Roche Accu-Chek® blood glucose meters and corresponding test strips as preferred formulary options.

Roche Accu-Chek® Preferred Formulary Products

Blood Glucose Meters

NDC	Product
65702-0729-10	Accu-Chek Guide Care Kit
65702-0731-10	Accu-Chek Guide Me Care Kit

Preferred Test Strips

NDC	Product
65702-0711-10	Accu-Chek Guide Test Strips (50 count)
65702-0712-10	Accu-Chek Guide Test Strips (100 count)

Billing Information

Field	Value
BIN	610524
RxPCN	1016
Issuer	80840
Group	40026479
ID#	373824350

Please submit and bill Accu-Chek® test strips to Molina Healthcare using the preferred NDCs listed above.
***If you need assistance, please contact the Roche Pharmacy Helpline at 1-800-657-7613.**

For More Information

For additional information, please refer to the FDA safety alert regarding TRUE METRIX® Blood Glucose Monitoring Systems: https://www.fda.gov/medical-devices/medical-device-recalls-and-early-alerts/blood-glucose-monitor-recall-trividia-health-issues-correction-true-metrix-blood-glucose-monitoring

Managing Patient Rosters Just Got Easier in Availity

As of **July 2026**, Molina Healthcare has enhanced the **Availity Patient Care Portlet** to help providers more efficiently access patient roster information and streamline reporting activities. These updates are designed to improve the user experience, reduce manual effort, and eliminate the need to **generate multiple reports when managing roster information.**

Enhancements Include:

- Select multiple providers or locations within a single search.
- Generate one combined roster across multiple provider or location selections.
- Access larger rosters through reporting portlet applications.
- Receive notifications when requested files are ready for retrieval.
- Opt in to email notifications when roster files become available.
- View a new Redetermination Outreach column in CSV exports.
- Access enhanced on-screen guidance, including support for rosters with more than 500 members.
- Use advanced member search capabilities for large rosters.
- Access a step-by-step user guide with screenshots and navigation support.

Learn More

To access the Patient Care Portlet, log in to the Availity Essentials Provider Portal at **https://www.availity.com/providers/** and navigate to the Molina Healthcare Payer Space.

The Availity Essentials Provider Portal also offers a variety of training resources and educational materials. Select Help & Training to access tutorials, webinars, and user guides on a range of Availity tools and functionality.

If you have questions regarding these enhancements, please contact your Molina Healthcare Provider Relations Representative or email **MHNYProviderServices@MolinaHealthCare.com** for assistance.

Reminders

Primary Care Visits for Foster Care Members

For ongoing primary care visits, **children and youth should not be turned away** if there is a discrepancy with the assigned PCP listed on the MMC member ID card. Providers should **immediately contact Molina Healthcare of New York, Inc. at (877) 872-4716** to rectify the PCP assignment and ensure continuity of care.

Behavioral Health Billing

This reminder is for Behavioral Health providers billing Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) services. Claims must be submitted in accordance with New York State Medicaid requirements. Submitting complete and accurate claims—using correct rate codes, procedure codes, modifiers, units, and allowable same-day service combinations—helps reduce avoidable denials and payment delays.

Key Billing Reminders

- **Use the correct rate code and procedure code** that matches the service, program, setting, and billing provider type per OMH and OASAS guidance.
- **Bill modifiers and units exactly as required** (follow unit definitions and any limits)
- **Ensure your documentation supports what you billed** and is submitted within timely filing limits.

Same-Day Billing and Service Combinations

- **Bill same-day services only when allowed** - confirm the combination is permitted by NY Medicaid policy for the member and date of service.
- **Avoid duplicate or overlapping billing** - do not bill services that duplicate or overlap; make sure dates of service (and times, when applicable) and documentation support each billed service.

Denials: Appeals vs. Corrected Claims

When a claim is denied, providers should carefully review the denial reason to determine the appropriate course of action. Appeals are required for denials related to medical necessity, coverage or benefit determinations, authorization or eligibility issues, or payment decisions based on policy or guideline interpretation. Appeals must be submitted within applicable contractual requirements and New York State Medicaid timeframes.

Corrected or replacement claims are only appropriate to address clerical or data entry errors, such as incorrect procedure codes, modifiers, member identification numbers, or dates of service. Corrected claims do not replace the appeals process and should not be submitted for denials that require an appeal.

For additional billing guidance, review the NYS resources listed below:

- **Billing Behavioral Health (BH) Services Under Managed Care**
- **OMH Medicaid Reimbursement Rates**
- **Reimbursement | Office of Addiction Services and Supports**

Please contact the Molina NY Provider Services team with any questions.

Reminders

Provider Manual Updates

Molina Healthcare is committed to ensuring providers have access to accurate and up-to-date guidance that supports high-quality care for our members. The **Provider Manual** is reviewed annually and may also be updated more frequently as needed to reflect operational, regulatory, or program changes.

The most current version of the Provider Manual is available online at: **MolinaHealthcare.com/providers/ny/medicaid/manual/medical.aspx**

Availity Essentials Training

Access training anytime through the Availity Essentials Provider Portal at **Availity.com/providers**. Select Help & Training for tutorials, webinars, and step-by-step guidance.

Most utilized courses include:

Training Area	Course
Authorizations	• **Authorization Submission Training**
Claims	• **Remittance Viewer Training**
Eligibility & Benefits	• **Eligibility and Benefits Inquiry Training**
Training Resources	• **Availity Provider Help Center**

Keep in Mind: You must be logged in to their Availity Essentials account to access training materials, tools, and resources available through the Availity Provider Help Center.

Frequently Used Links

- 2026 Provider Quick Reference Guide
- **Molina Provider Website:**
  - Molina Healthcare.com
  - Molina Provider Communications - Updates and Bulletins
  - Molina Healthcare Provider Manual
  - Access and Availability Standards
- **Forms:**
  - New York Providers Home (MolinaHealthcare.com) under the Forms tab
- **Prior Authorization Lookup Tool:**
  - PA Lookup Tool
- **Provider Data Updates: Demographic Changes, Rosters, and Credentialing:**
  - MHNYNetworkOperations@Molinahealthcare.com
- **Provider Contracting:**
  - MHNYProviderContracting@MolinaHealthcare.com
- **General Inquiries - Provider Services:**
  - MHNYProviderServices@MolinaHealthCare.com