Provider Bulletin

Molina Healthcare of California
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November 12, 2025

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Amendments to Rules 1300.51, 1300.52, 1300.52.4, 1300.67.2.2 and the Incorporated Annual Network Submission Instruction Manual and Annual Network Report Forms for Reporting Year 2026 and Continuing Thereafter – DMHC APL 25-013

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Marketplace and Medi-Cal lines of business.

This notification is based on All-Plan Letter (APL) 25-013, which can be found in full on the Department of Managed Health Care (DMHC) website at: dmhc.ca.gov/LicensingReporting/HealthPlanLicensing/AllPlanLetters.aspx

BACKGROUND

DMHC Rule 1300.67.2.2 governs provider network adequacy standards, ensuring that enrollees have timely access to appropriate care. The Annual Network Submission is a key compliance requirement that health plans use to demonstrate adherence to these standards. DMHC periodically updates the related reporting instructions, definitions, and forms to align with regulatory changes, enhance data accuracy, and reflect evolving industry practices such as the use of telehealth and combination network structures.

What you need to know:

DMHC has released new regulatory amendments under APL 25-013 that change how Molina must build, manage, and report their provider network.

These changes may affect you as a provider, particularly in how your information is defined, reported, and maintained within the Molina network.

Key areas impacted include:

- **Network structure and definitions**: Addition of *Combination Networks* and updated definitions for network, provider, service area, and telehealth participation.
- **Reporting requirements:** Expanded data collection in annual filings, including provider details, telehealth services, and facility information.
- **Standardized submission process:** Required use of new DMHC forms, templates, and eFiling instructions.
- **Compliance oversight:** Updated rules for DMHC review, corrective action, and enforcement.

Provider Action

To support compliance with updated DMHC requirements, providers should:

- Review APL 25-013 in full, including amendments to Rules 1300.51, 1300.52, 1300.52.4, and 1300.67.2.2, as well as updates to the Annual Network Submission Instruction Manual and Report Forms.
- Inform internal teams of new definitions, reporting standards, and documentation expectations.
- Align data and records with revised templates and terminology for Reporting Year (RY) 2026, including updates to telehealth capabilities, practice addresses, and access standards.
- Coordinate with MHC to ensure timely and accurate submission of network information.
- Access the full APL: dmhc.ca.gov/Portals/0/Docs/OPL/APL25-013-AmendmentstoRule1300_67_2_2andtheIncorporatedAnnualNetwork%20SubmissionIMandReportFormsforRY2026(9_4_2025).pdf?ver=99wJZd8chevJAksRpxQDqQ%3d%3d

Summary of regulatory changes for network submissions:

I. **Amendments Impacting Network Licensure Filing Requirements**
- MHC must follow updated network definitions when submitting filings.
- DMHC now requires the use of standardized report templates for all network-related filings.
- Introduction of "Combination Networks" — networks that mix different provider groups under one structure.
- Plans using or creating a combination network must notify DMHC and receive approval.
- Combination networks will have their own report form for both new and annual filings.

II. **Amendments to Rule 1300.67.2.2 (Annual Network Reporting)**
- Updated definitions for key terms like network, provider, service area, telehealth.
- Clarified reporting requirements for MHC — what data must be submitted and how.
- New network access profile reporting fields (e.g., network enrollment, product names, and filing updates).
- Added clarity on how DMHC will handle non-compliance and corrective actions.

III. **Amendments to the Annual Network Submission Instruction Manual**
- Instruction Manual now updated for Reporting Year (RY) 2026 and beyond.
- Includes revised definitions, instructions, and standardized terminology across forms.
- MHC must use consistent provider and service terms when reporting.
- Updates support easier and more uniform annual network submissions.

IV. **Amendments to Annual Network Report Forms**
- New form introduced for Combination Networks.
- Existing forms updated for:
  - Practice address reporting (primary/secondary)
  - Telehealth provider reporting
  - Hospital and clinic service details
  - Standardized data fields across filings
- DMHC may choose to make some new data fields optional each year and will notify plans in advance.

V. **Implementation and Compliance**
- MHC must update their policies, procedures, and filings to align with the new rules.
- Updates must be completed before the end of 2025.
- Compliance reviews and reporting will follow the new definitions and formats starting in RY 2026.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

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Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

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California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	**Facility Representative**	**Contact Number**	**Email Address**
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