Molina Healthcare of Michigan, Inc.

Provider Bulletin

September 2025

Molina Healthcare of Michigan - Marketplace Product Changes

Molina Healthcare is working to improve the affordability of our Marketplace program, especially given the uncertainty of the market dynamics for 2026. To achieve this, we will discontinue our On-Exchange product offerings for the 2026 plan year, with the intent to re-enter the Marketplace On-Exchange, subject to market conditions, for the 2027 plan year.

Provider-focused considerations

Our provider agreements for Marketplace will remain the same, but you will not see patient volume flowing through these agreements in 2026 as we work to adjust our provider network and service area for 2027. If our agreements cover other lines of business, they remain unchanged for those products.

Next steps

Marketplace re-entry planning

As we look toward 2027, we 're preparing to offer an On-Exchange provider network and service area in Michigan for future years. This may involve some adjustments along the way, but we're committed to working collaboratively and communicating clearly throughout the process.

Member transition

For members with an ongoing course of treatment at the end of 2025, we will work collaboratively with you on assisting with member care needs as they transition to their new coverage.

Continued mission focus

Molina will continue to focus on serving Medicaid and Dually Eligible populations, improving health outcomes for those we serve. Additionally, for any questions you may have about the 2026 plan year, please contact your Provider Relations manager.

Thank you for your continued partnership and dedication to the communities we support. We look forward to working together through this transition and appreciate your ongoing collaboration.

2025 Model of Care Provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including hematologists/oncologists, cardiologists and neurologists, to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC). The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training. MOC training materials and attestation forms are available at **Molinahealthcare.com/-/media/Molina/PublicWebsite/2025ModelofCareProviderTraining.pdf.**

Hot off the Press! Molina has just released the 2025 Model of Care video training. This can be found at **MolinaHealthcare.com/providers/common/medicare/medicare.aspx**.

The target completion date for this year's training is **October 31, 2025**.

Provider Satisfaction Survey

Molina Healthcare of Michigan conducts an annual **Provider Satisfaction Survey** to evaluate how effectively we are meeting the expectations and needs of our provider network. Our trusted third-party partner, PressGaney, administers this survey and includes contracted providers throughout Michigan.

To ensure accessibility and convenience, the survey is distributed to randomly selected Molina Healthcare of Michigan provider partners via **mail, phone and online**. The initial mailing was sent on **Wednesday, August 6**. Your feedback plays a critical role in our continuous improvement efforts. It helps us identify strengths, uncover areas for growth, and enhance both the provider experience and the quality of care delivered to our members.

We greatly value your input and encourage all providers to participate. Please watch for upcoming communications and take a few moments to complete the survey when it arrives. Your insights are essential to helping us improve as a health plan.

Notice regarding 835 files for Molina payments

An update deployed by our vendor partner, ECHO Health Inc., inadvertently caused the omission of the PLB segment in 835 files generated for payments dated July 7, 2025 through July 17, 2025. If you received and posted an 835 file during this time frame, you may have experienced difficulty reconciling payments due to the missing PLB segment.

The issue was resolved on July 18, 2025, and ECHO Health Inc. is implementing enhanced validation protocols for future code deployments. These safeguards will help ensure that updates—even those unrelated to 835 processing—do not unintentionally affect payment files.

For more information on this issue or on retrieving an updated 835 file via ECHO, please visit **MolinaHealthcare.com/providers/mi/medicaid/comm/provmailings.aspx**.

Prior authorization code updates for fourth quarter, 2025

Molina is updating its Prior Authorization (PA) Code Lookup Tool for October 1, 2025. This is a notification only and does not determine if the benefit is covered by the member's plan. The process for obtaining PA has not changed. Please complete the Prior Authorization/Service Request Form with all pertinent information and medical notes as applicable. Molina's Service Request Form is available on the Molina Healthcare website at **MolinaHealthcare.com/providers/mi/medicaid/PriorAuthorization/PA.aspx**.

Provider orientations

To join any of the following, please visit our "You Matter to Molina" website section for providers. Below are dates/times for upcoming live orientation sessions.

Thursday, October 23, 9-10:30 a.m.

We've moved!

Below is Molina Healthcare of Michigan's new address as of July 1, 2025.
NOTE: This does not affect claims addresses.

Molina Healthcare of Michigan, Inc.
1201 Woodward Ave., Suite 900
Detroit, MI 48226

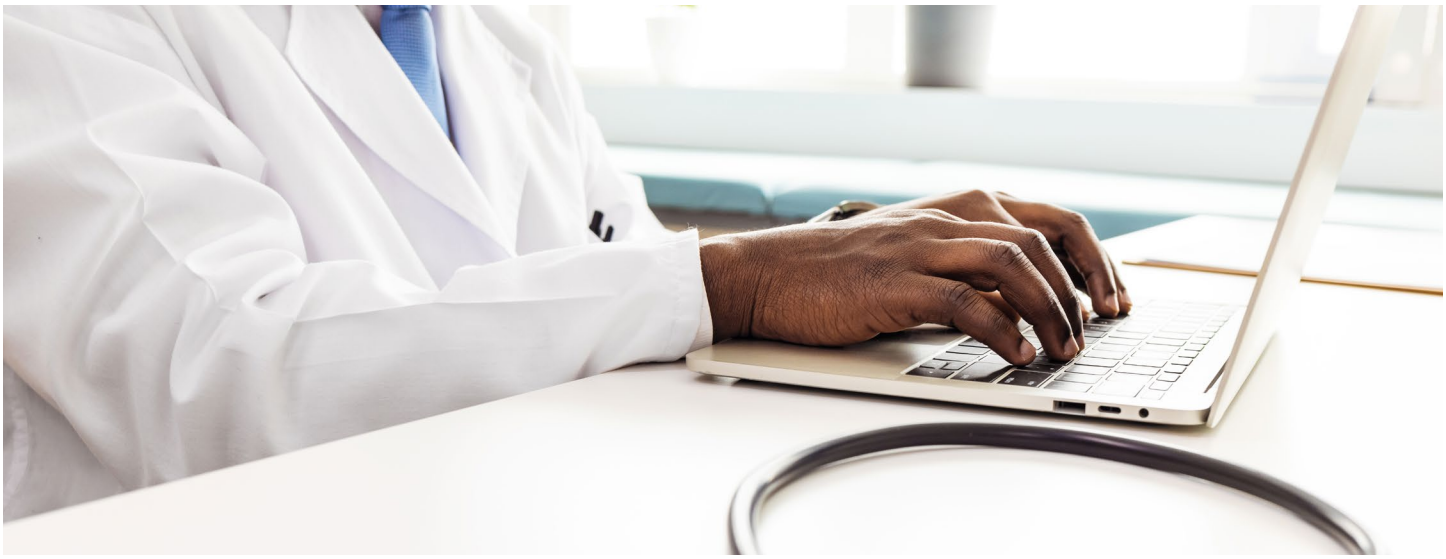
If you have questions regarding this move, please see our list of contact phone numbers and email addresses in our August bulletin at
MolinaHealthcare.com/providers/mi/medicaid/comm/provmailings.aspx.

Molina Healthcare NCQA provider newsletter second quarter edition

Molina Healthcare of Michigan publishes quarterly newsletters for our health care provider partners. The newsletter communicates medical management policies and procedures to support providers in delivering quality health care services to Molina members. This edition contains important updates and reminders - article titles listed below.

- Salesforce communications
- Molina's utilization management
- Case management
- Important message – Updating provider information
- Practitioner credentialing rights: What you need to know
- Drug Formulary and pharmaceutical procedures
- Resource available on Molina's provider website
- Translation services
- Patient safety
- Care for older adults
- Hours of operation
- Non-discrimination

Please visit **MolinaHealthcare.com/providers/mi/medicaid/home.aspx** for the second quarter provider newsletter, under the Communications tab.



We want your feedback!

Molina is committed to its provider community and is interested in your feedback. For example, what you would like to see in our monthly provider bulletin, let us know by visiting **MolinaHealthcare.surveymonkey.com/r/VFLCVPQ**.

If you have had a recent interaction with our Provider Network team, you can provide feedback on that experience by visiting **MolinaHealthcare.surveymonkey.com/r/MIProviderNetworkSurvey** or by using the link at the bottom of your Provider Relations manager's email signature.

We continuously work to add feedback tools and other resources to our online "You Matter to Molina" section – visit **MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx** often to see what's new!

UM TAT and Prior Authorizations CMS-0057 – Interoperability and Prior Authorization Rule (2026–2027)

What is it?

CMS-0057 builds on the Interoperability and Patient Access Rule and focuses on improving prior authorization processes. It adds new application programming interfaces (APIs) and strengthens existing ones. These include:

- Prior authorization APIs
- Provider access API
- Payer-to-payer API

The goal is to improve access to prior authorization details by enhancing CMS interoperability rules. For more information on how you can support CMS-0057 implementation, please see the one-page overview at **MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx**.

Make the switch to Availity Essentials – exciting updates for providers

At Molina, we're committed to making it easier for providers to do business with us. That's why we're excited to share several important enhancements to Availity Essentials that will streamline processes, improve communication and support more efficient care delivery. The enhancements include the following:

- Bigger and better attachment capabilities
- DC HUB (digital channel) enhancements
- New authorization experience (UX) design
- Expanded auto-authorization capabilities
- Sunset of the legacy prior authorization portal

For more information on these enhancements, please see the one-page overview located at **MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx**.

Provider Network Management Portal FAQs

For your convenience, a list of frequently asked questions regarding Molina Healthcare of Michigan's Provider Network Management Portal, along with answers to those questions, is now available to our valued health care provider partners. The FAQs can be accessed at **MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx**.

Stay informed—Stay empowered!

For the latest updates, essential resources and tools to support your practice, we encourage you to regularly visit **MolinaHealthcare.com/members/mi/en-us/health-care-professionals/home.aspx**.

Inside, you'll find everything you need at your fingertips:

- Provider Manuals to guide your interactions with Molina
- The Molina Provider Directory for quick reference
- You Matter to Molina—our commitment to supporting you
- Frequently used forms and documents
- And so much more!

Make it a habit to check in often—your connection to Molina starts here.