

**New In This Issue**

- [Place of Service \(POS\) 02 Telehealth](#)
- [Molina Payer ID](#)
- [OAC 5123-9 Updates](#)
- [Consumer Assessment of Healthcare Providers and System \(CAHPS®\)](#)

- [Electronic Funds Transfer: ECHO Health](#)
- [2026 HEDIS® Data Collection](#)
- [Drugs Carved Out: Fee-for-Service](#)
- [Skilled Nursing Facility \(SNF\) Rates](#)
- [Paper Forms Reminder](#)

- [Consent for Sterilization Form](#)

**Updated In This Issue**

- [Notice of Changes to the Provider Manual](#)
- [Digital First Utilization Management](#)
- [Website Roundup](#)
- [Live Provider Training](#)

**Place of Service (POS) 02 Telehealth  
Info for Medicaid providers**

Molina Healthcare of Ohio, Inc. continues to align with the Centers for Medicare & Medicaid Services (CMS) reimbursement guidelines regarding Place of Service (POS) 02, which designates telehealth services provided outside the patient's home.

- **Use POS 02 only when CMS is the payer** or Molina is secondary.
- **Avoid POS 02 for Molina Medicaid primary claims**, use POS 10 or 12 as appropriate.
- **Modifiers like GT or 95** must be appended based on payer and service type.
- **Behavioral Health (BH) claims** must follow the Ohio Department of Medicaid (ODM) BH Manual.

View the [CMS Transmittal 3873 Change Request 10272](#) at [cms.gov](https://www.cms.gov) and select Regulations & Guidance under Medicare, then Transmittals. Type R3873CP in the search bar under 2017 Transmittals, then select the download.

**Molina Payer ID**

**Information for MyCare Ohio providers**

Molina has observed a high volume of claim rejections due to incorrect payer IDs required by ODM for the One Front Door entry.

Molina is sharing vital resources to support our providers.

Please ensure your organization is using the correct payer ID as of **Jan. 1, 2026**.

- New Plan: Molina Complete Care for MyCare Ohio (HMO D-SNP/FIDE) (Dual Benefits) for

dates of service 1/1/2026 and after: Payer ID 0021586

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

It is also important to **use the Medicaid ID for all MyCare claims** regardless of the primary payer as ODM will not accept the claim via the One Front Door using the Medicare ID. The Medicaid ID can be located on the member's ID card as the Medicaid Management Information System (MMIS) Number. To view a copy of the Member ID card, and where to locate the MMIS Number on the card, review our MyCare Ohio Provider Manual, page 160.

The Medicaid ID can also be obtained via the Availity Essentials portal (Availity) through an

Eligibility and Benefits inquiry. Within Availity the ID will display as "Molina Medicaid."

Important Reminder: Claim rejections cannot be disputed or reprocessed by Molina. Providers must resubmit claims through their clearinghouse using the correct payer ID.

A helpful guide, [Molina Healthcare of Ohio Inc.'s Processes by Line of Business](#), is located on the Provider Website, on the Quick Reference Guides & FAQs page, under the Manual tab.

### **OAC 5123-9 Updates**

#### *Information for Medicaid providers*

Providers should review the updates to the following Ohio Administrative Code (OAC) [5123-9](#) Rules for Home and Community Based Services

- 5123-9-12 Home and community-based services waivers - assistive technology under the individual options, level one and self-empowered life funding waivers
- 5123-9-25 Home and community-based services waivers - specialized medical equipment and supplies under the individual options and level one waivers, including the Appendix: Billing Units, Service Codes and Payment Rates for assistive Technology

Please note that ODM rescinded Rule 5123-9-35 Home and community-based services waivers - remote support under the individual options, level one and self-empowered life funding waivers.

### **Consumer Assessment of Healthcare Providers and System (CAHPS®)**

#### *Info for all network providers*

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool to evaluate patient satisfaction. Improving patient satisfaction has many benefits, such as:

- Increasing patient retention
- Increasing compliance with physician clinical recommendations
- Improving patients' overall wellness and health outcomes
- Ensuring preventive care needs are addressed more timely
- Reducing no-show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina members can call the 24-hour Nurse Advice Line.
- Molina members can access interpreter services at no cost by calling Member Services.

Providers can access Availity to:

- Search for patients and check member eligibility.
- Submit service request authorizations and/or claims and check status.
- Review patient care plans.
- Obtain CAHPS® tip sheets.
- Participate in online Culturally and Linguistically Appropriate Services (CLAS) training.

Please encourage patients who have received the CAHPS® Survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed it?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed it?
- How often was it easy to get the care, tests and treatment you needed?
- How often did your personal doctor listen carefully to you? How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

### **Electronic Funds Transfer: ECHO Health**

#### *Info for all network providers*

Molina contracts with our payment vendor, the SSI Group, who partnered with ECHO Health, Inc. (ECHO) for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

Note: Access to the SSI Group is free to Molina providers.

EFT/ERA services give providers the ability to:

- Reduce paperwork

- Utilize searchable ERAs, as well as historical Explanation of Payment (EOPs) by claim number, member number, etc.
- Receive payment and ERA access faster than the paper check and ERA processes
- View, print, download and save a PDF version of the EOP

On this platform the provider may receive payment via EFT/Automatic Clearing House (ACH), a physical check or a virtual card.

Virtual Card:

- If no payment preferences have been specified on the ECHO platform, the payments will be made via a Virtual Card. This method may include a fee that is established between the provider and the merchant agreement and is not charged by Molina or ECHO.
- Before First Payment: If a provider would like to opt out of receiving Virtual Cards, they should contact Molina and request to opt out of Virtual Cards prior to their first payment.
- After First Payment: Providers may opt out of the Virtual Card and request payment be reissued by following the instructions on the EOP and contacting ECHO Customer Service at (888) 834-3511 or [edi@echohealthinc.com](mailto:edi@echohealthinc.com).

Once the provider has enrolled for electronic payments they will receive the associated ERAs from ECHO with the SSI Group Payer ID. Providers should ensure that their Practice Management System is updated to accept the Molina Payer ID. All generated ERAs will be accessible to download from the ECHO Provider Portal at [providerpayments.com](http://providerpayments.com).

Find additional information on the Molina ERA/EFT pages:

- [Enrollment Information for ERA/EFT](#)
- [Frequently Asked Questions](#)

Note: Providers who enroll in EFT payments will automatically receive ERAs as well.

## 2026 HEDIS® Data Collection

### *Information for all network providers*

The Healthcare Effectiveness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a tool used to report performance on quality of care and service. Molina will start collecting this

data in February. We appreciate your prompt response to our requests.

Molina is required to collect and provide medical record documentation from our providers to fulfill state and federal regulatory and accreditation requirements. Health Insurance Portability and Accountability Act (HIPAA) regulations permit a covered entity (physician practice) to disclose protected health information (PHI) to another covered entity (health plan) without enrollees' consent for the purpose of facilitating health care operations.

Molina reaches out to providers via phone and fax with collection instructions and a corresponding member list. The following options are available for record submission:

- Providers allow Molina access to their Electronic Health Records for quick access to records pertaining to the HEDIS® project
- Secure email, fax or mail
- An onsite visit by Molina, based on the volume of records

## Drugs Carved Out: Fee-for-Service

### *Info for Medicaid providers*

For information on drugs carved out for fee-for-service, including billing information, view the [ODM Carve Out List – January 2026](#) document. Find it on the ODM Carved Out Drugs page at [medicaid.ohio.gov](http://medicaid.ohio.gov), by selecting Ohio Medicaid Pharmacy Program under the Stakeholders & Partners, then Carved Out Drugs.

## Skilled Nursing Facility (SNF) Rates

### *Information for SNF providers*

Molina has not received the updated Skilled Nursing Facility (SNF) rates effective Jan. 1, 2026, from ODM. To help avoid incorrect payment and the need for claim reprocessing, providers may choose to hold submission of SNF claims with dates of service on or after Jan. 1, 2026, until the updated rates are available.

Once the rates are received from ODM and configured in Molina's system, any impacted claims that were submitted will be automatically reprocessed.

We appreciate your cooperation and understanding as we await the updated SNF rates from ODM and will implement them promptly once they are available.

## Paper Forms Reminder

### *Information for all network providers*

As a reminder, paper forms are not accepted by Molina for Medicaid or MyCare Ohio. In the event a provider submits a paper claim, a rejection will be issued “481 – Claim Submission Format is Invalid.” Claim submissions are accepted only via Electronic Data Interchange (EDI) or Availity.

- MyCare Ohio: Effective Jan. 1, 2026, paper claims were no longer accepted by Molina.
- Medicaid: Effective Feb. 1, 2023, paper claims were no longer accepted by Molina.

Note: Medicare and Marketplace: Participating providers should submit claims electronically. If electronic claim submission is not possible, CMS requirements must be followed for the claim to be accepted.

CMS Billing Requirements:

- Only claim forms printed in Flint Optical Character Recognition (OCR) Red, J6983 (or exact match) ink are acceptable.
- Downloaded or photocopied CMS-1500 forms cannot be used, as they may not meet scale and OCR color standards.

References:

- [Professional paper claim form \(CMS-1500\)](#) page at [cms.gov](#), by selecting Coding & Billing under the Medicare header, then Electronic Billing and Professional Paper Claim Form (CMS-1500).
- [CMS Medicare Claims Processing Manual: Chapter 26, Section 30 Printing Standards and Print File Specifications Form CMS-1500](#), at [cms.gov](#), by selecting Regulations & guidance under Medicare, then Manuals, Internet-Only Manuals (IOMs), then 100-04 Medicare Claims Processing Manual, then Chapter 26 – Completing and Processing CMS-1500 Data Set.
- [National Uniform Claim Committee \(NUCC\): CMS-1500 Form Design & Purchase Information](#) at [nucc.org](#), under the 1500 Claim Form drop-down menu.

To purchase compliant forms, visit a local printing vendor or office supply store, call the U.S. Government Bookstore at (866) 512-1800 or visit their website at [bookstore.gpo.gov](#), and select Forms.

For additional information on claim submission, review the Provider Manual for that specific line of business.

## Consent for Sterilization Form

### *Information for Medicaid providers*

ODM has posted an updated [ODM Consent for Sterilization Form](#). Find it on the Forms page of our Provider Website, or at [medicaid.ohio.gov](#).

## Updated: Notice of Changes to the Provider Manual

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, under the Manual tab.
- **MyCare Ohio:** [Molina posted an addendum to the 2026 Next Generation Molina MyCare Ohio Provider Manual on Jan. 16, 2026, with clarifying information on 340B drug billing guidelines](#). View the complete January 2026 Next Generation Molina MyCare Ohio Provider Manual on the MyCare Ohio Provider Website, under the Manual tab.
- **Marketplace:** Molina posted the 2026 Marketplace Provider Manual on the Marketplace Provider Website on the Forms and Documents page.
- **Medicare:** Molina posted the Medicare Provider Manual on the Provider Website.

## Digital First Utilization Management Reminder

### *Info for all network providers*

As a reminder, on Jan. 1, 2026, Molina transitioned to a Digital-Only Authorization Model via Availity and no longer accepts faxes as of Dec. 31, 2025. 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.

**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
- Additional 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

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.

#### **Support During the Transition - Training:**

Navigate to Help and Training within the portal, or training opportunities are available at [availity.com/providers/](http://availity.com/providers/).

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. For additional questions about the Digital First UM initiative, please reach out to your Provider Relations Representative.

#### **Website Roundup**

*Info for all network providers*

Recently added or updated documents:

**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 ( ).

- [Next Generation MyCare Ohio Program Quick Reference Guide](#): Molina has updated our Next Generation MyCare Ohio Program: Quick Reference Guide. View it on the Provider Bulletin page of our Provider Website. ([January 2026](#))

- [January CPSE Report](#)
- [March 2026: Clinical Policies Updates](#)
- [General Provider Orientation](#)
- [You Matter to Molina Introduction to Telehealth](#)
- [Provider Quick Start Guide](#)
- [Medicaid Auth Appeal, Clinical and Non-Clinical Claim Disputes Guide](#)
- [MyCare Ohio Service Area Map](#)
- [Nursing Facility Assignments Q1 2026](#)
- [Psych Hub: Access Your Mental Health Practitioner Hub](#)

#### **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:**

- Medicaid Incident Reporting: Mon., Feb. 16, 1 to 2 p.m.
- MyCare Ohio Incident Reporting: Wed., Feb. 18, 1 to 2 p.m.
- Learn about Psych Hub: Thurs., March 19, 11 a.m. to 12 p.m.

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

- Tues., Feb. 3, 1 to 2 p.m.

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

- Managed Long-Term Services and Support (MLTSS): Thurs., Feb. 12, 1 to 2 p.m.
- MLTSS: Tues., March 10, 2 to 3 p.m.

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

- Fri., Feb. 27, 2 to 3 p.m.
- Thurs., March 26, 11 a.m. to 12 p.m.

**Additional Trainings:** View Recorded Video Trainings and additional Molina Presentations on the You Matter to Molina page of our Provider Website.

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

- [Urgent Member Eligibility Verification](#): Ensuring members receive care is a priority for ODM and Molina. When you provide services to Next Generation MyCare Ohio members and are confirming eligibility you can check the Member ID card, via the PNM or call the ODM Integrated Helpdesk. ([January 2026](#))
- [Important Update for BH Providers](#): Following guidance from ODM, Molina is pausing the implementation of the current Intensive Outpatient Treatment Services Policy and the new behavioral health Billing and Reimbursement Payment Policies. ([January 2026](#))
- [NDC and HCPCS Combination Requirements](#): Effective Feb. 1, 2026, Molina will begin denying claims that are submitted with an incorrect NDC/HCPCS code Combination. ([January 2026](#))
- [Claim Editing Enhancements](#): In the coming weeks, Molina will enhance our code editing source to further strengthen our claims editing processes. This enhancement uses rule-based edits aligned with state-specific and national Medicaid, CMS and industry standards. ([January 2026](#))
- [EDI Claim Submission](#): Providers should connect with their Clearinghouse to ensure connectivity to the OMES. Member eligibility for Jan. 1, 2026, and after: Use Availity to complete an Eligibility & Benefits inquiry to Molina. ([January 2026](#))
- [Medicaid and MyCare Ohio Enrollment Requirements Updated](#): 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 has an “active” status. ([January 2026](#))
- [ODM EVV Implementation Updates](#): On March 1, 2026, ODM will begin Phase 7 of the EVV claims processing changes for MyCare Ohio. Phase 7 impacts claim validation requirements for all codes included in Phase 3 and Phase 4 with the addition of waiver codes. ([December 2025](#))
- [Q1 PA Code Changes](#): Molina posted the following PA Code Change documents on our Provider Website, for a Jan. 1, 2026, effective date: Medicaid, Marketplace and the Medicare and MyCare Ohio Medicare. ([December 2025](#))
- [EVV Claim Processing Denial Information Reminder](#): Based on the ODM EVV claims validation implementation changes, Molina has provided a crosswalk related to EVV denials. ([December 2025](#))
- [Family Navigator Maternity Telehealth](#): 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. ([December 2025](#))
- [Availity Essentials Reports Tile](#): Molina updated the Availity Essentials portal with a new Reports (NEW) tile in Payer Spaces. The previous Reports tile was removed on Dec. 5, 2025. ([December 2025](#))
- [Availity Essentials Attachment Size](#): Based on provider feedback, Molina increased the maximum attachment size in Availity Essentials to 640 MB. ([December 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](#))

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### Questions and Quick Links

Provider Services: (855) 322-4079  
 Mon. – Fri. 7 a.m. to 8 p.m. for  
 Medicaid, 8 a.m. to 8 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.