PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE

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ODM Electronic Visit Verification (EVV) Implementation Updates

Info for Medicaid and MyCare Ohio network providers

As a reminder, 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, G0300
- Phase 4: T1001, T1001, T1000
- Phase 7: T2025, T1002, T1003, T1019, S5125

For code specifics, including modifier requirements, visit the Electronic Visit Verification page at 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. Learn more about in the MyCare Ohio Provider Manual under the Manual tab.

The ODM EVV website provides information on the seven phases. View ODM/Sandata trainings at 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, or by visiting Sandata at sandata.zendesk.com/, and select Payer Programs then Ohio (OH ODM).

Trading Partner Reminders for One Front Door (OFD) Submissions

Info for MyCare Ohio providers

Per ODM, providers and their trading partners have adapted well to submitting their 837 claims transactions through the One Front Door (OFD). However, there are two issues the ODM Electronic Data Interchange (EDI) team continues to see which are causing rejections on the 999 and HTML as well as on the 277CA Claim Acknowledgement from the plans.

1. All claims, regardless of the designated payer, must use the 12-digit ODM assigned member ID in the 2010BA-Subscriber Name loop.
   - Claims sent using the member's Medicare Beneficiary Identifier from Medicare, the health plan's assigned ID or IDs that are not the full 12 digits will result in the claim(s) being rejected on 999, 824 and HTML report.
   - Please review these rejections closely and help your clients update their claims.
   - **Note**: Medicaid does not have dependents, all members/subscribers have their own ID.
2. 277CA's are returning a high level of claim rejections due to the Payer ID submitted in the 2010BB loop, NM109 data element which

allows the health plan(s) and their vendor(s) to route claims correctly for the member.

- Claims are rejected when the Payer ID doesn't match the members' enrollment or was submitted with an old Payer ID rather than the new Payer ID.
- The list of Payer IDs, valid for both the Next Generation Medicaid managed care program as well as the Next Generation MyCare program, can be found in the table in Section 7 of the ODM Companion Guides found on the ODM Trading Partner website at medicaid.ohio.gov by selecting Billing under Resources for Providers, then HIPAA 5010 Implementation and Companion Guides.

For additional help, contact the ODM EDI Integrated Helpdesk (IHD) at (800) 686-1516 (option 4) Monday-Friday from 8 a.m. to 4:30 p.m., or via omesedisupport@medicaid.ohio.gov.

Free Home Health Aide Training

Info for all network providers

Molina is sponsoring **15,000 Home Health Aide (HHA) scholarships through** myCNAjobs in partnership with HealthStream's MissionCare Collective. This opportunity helps individuals gain new skills or explore a career in caregiving. Program Highlights include:

- **100% tuition covered**
- 59 Hours of **online training**, comprised of training activities and courses
- Aligned to the Centers for Medicare & Medicaid Services (CMS) Conditions for Participation (42 CRF § 484.80) to meet the federal HHA training requirements
- Printed certificate upon completion to bring to a home health agency to complete any further state or agency-required training

Applications can be submitted at mycnajobs.com by selecting SCHOLARSHIPS in the header and OH (Ohio) as the state.

The program is designed for those looking to begin a career in HHA care, grow professionally in the field or gain foundational training to better care for a loved one at home.

How to get people connected:

1. Promote the Program: Share the scholarship link with your community
2. Support Enrollment: Assist with eligibility, documentation and computer access
3. Provide Commitment to Hire: All participants will have access to job opportunities through HealthStream's myCNAjobs site and their innovative Career Network for the home health workforce.

Q2 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 an April 1, 2026, effective date:

- Medicaid: Q2 2026 PA Code Changes
- Medicare and MyCare Ohio Medicare: Q2 2026 PA Code Changes
- Marketplace: Q2 2026 PA Code Changes

Member Eligibility Look Up Guidance

Info for all network providers

Providers are highly encouraged to utilize self-service options to confirm member eligibility.

- Access the details on the Availity Essentials portal (Availity) through Patient Registration, then Eligibility & Benefits.
- Check member eligibility via the Provider Network Management (PNM) system or the EDI 270/271 process.
- Call the ODM Integrated Helpdesk at (800) 686-1516 Monday through Friday, 8 a.m. to 4:30 p.m., or via IHD@medicaid.ohio.gov.

Telehealth Extended through Dec. 31, 2027

Info for Medicare providers

Per CMS, telehealth flexibilities have been extended through Dec. 31, 2027. Find additional information in the Telehealth FAQ – Updated 02/04/2026 document, on the Telehealth page at cms.gov, by selecting Coverage under the Medicare drop-down menu, then Telehealth.

Transition of Care Authorizations (Continuity of Care)

Info for MyCare Ohio providers

For members who joined Molina from an exiting plan, Transition of Care authorizations (waiver and medical) were successfully loaded in Molina's core operating system and are available within Availity. Providers can access the details in Availity through Patient Registration, then Authorizations & Referrals and Authorization/Referral Inquiry.

Waiver Authorizations

Info for MyCare Ohio providers

Providers serving MyCare Ohio members under a waiver benefit are not required to submit PA through the standard process. Instead, providers should work directly with the Area Agencies on Aging (AAA) or the Molina Care Coordinator to establish the waiver service plan. Once established, the waiver service plan is converted into a PA to enable claim payment.

Group Therapy Limits

Info for all Medicaid network providers

As a reminder, the limit of Group Therapy (H0005) is no more than one hour (or four units) when rendered on the same day as H0015 (per diem) Intensive Outpatient.

Find additional information in the ODM Behavioral Health Manual, version 1.28, page 77, Table 4-7: Intensive Outpatient (IOP) Level of Care Group Counseling, available at medicaid.ohio.gov by selecting Behavioral Health under the Resources for Providers headers, then selecting Manuals, Rates, and Resources.

UPDL: 30-Day Change Notice

Info for Medicaid providers

ODM will post their Ohio Unified Preferred Drug List (UPDL) 30-Day Change Notice on March 1, for an effective date of April 1, 2026. Find it at 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.

Evaluation and Management (E&M) Reminder

Info for all network providers

This is a reminder that Molina continues to evaluate and review high level Evaluation and Management (E&M) services for high-coding practitioners that appear to have been incorrectly coded, based upon diagnostic information that appears on the claim and peer comparison. E&M services are visits performed by physicians and non-physician practitioners to assess and manage a patient's health.

Both CMS and the Office of Inspector General (OIG) have documented that E&M services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners.

In an ongoing effort to ensure accurate claims processing and payment, Molina is taking additional steps to verify the accuracy of payments made to professional providers. Providers should report E&M services in accordance with the American Medical Association's (AMA's) Current Procedural Terminology (CPT) Manual and CMS' guidelines for billing E&M service codes.

Per the AMA guidelines, E&M codes that have levels of services include a medically appropriate history and/or physical examination, when performed. The extent of history and physical examination is not an element in selection of the level of these E&M service codes.

The level of service for E&M service codes is selected based on the level of Medical Decision Making (MDM) as defined for each service, or Total Time for E&M services performed on the date of the encounter.

Special Experience Survey

Info for all network providers

As a reminder, Molina publishes a Provider Special Experience Survey on the You Matter to Molina page, under the Communications tab on our Provider Website, for providers who wish to share any special experience, skills, expertise and/or training with Molina. As information is shared, Molina will update the Provider Online Directory to better support our members when looking for a provider.

Providers can fill out this survey anytime there is a change to the information initially submitted during the contracting process with Molina. **If no changes have taken place since contracting, no submission is required**.

Americans with Disabilities Act

Info for all network providers

Section 504 of the Rehabilitation Act forbids organizations receiving federal financial assistance from denying individuals with disabilities access to services. The Americans

with Disabilities Act (ADA) prohibits discrimination against people with disabilities that may affect public accommodations, including health care. By eliminating barriers to healthcare access, we can improve the quality of life for people with disabilities.

Learn more in the Molina Provider Education Series Americans with Disability Act (ADA), located on our Provider Website, on the You Matter to Molina page, under the Communications tab, or the Americans with Disabilities Act FAQ on our MyCare Ohio website under the Manual tab, on the Quick Reference Guides & FAQs page.

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.

If your office has not registered for Availity, please view the Register for Availity Essentials link on the You Matter to Molina page, under the Provider Portal Resources drop-down menu.

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

Did You Know: Listening with Curiosity Improves Outcomes

Info for all network providers

Many patients already know what barriers affect their health — transportation, food access, stress, work demands or past negative encounters. A gentle, open question like "What matters most in your care today?" affirms respect and autonomy. When patients feel understood through a cultural lens, trust grows and disparities decrease. We appreciate the way you continue to center the patient voice, and we appreciate your partnership.

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:

- Learn about Psych Hub: Thurs., March 19, 11 a.m. to 12 p.m.

Specialized Provider Orientation:

- Managed Long-Term Services and Support (MLTSS): Tues., March 10, 2 to 3 p.m.
- Thurs., April 16, 10 to 11 a.m.

Molina Dental Services Training:

- Thurs., March 26, 11 a.m. to 12 p.m.
- Wed., April 22, 2 to 3 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 for training.

Website Roundup

Info for all network providers

Recently added or updated documents:

- February CPSE Report
- April 2026: Clinical Policies Updates

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 ( ).

- Place of Service (POS): Molina continues to align with CMS reimbursement guidelines regarding POS 02, which designates telehealth services provided outside the patient's home. View the CMS Transmittal 3873 Change Request 10272 at cms.gov. (February 2026)

- Molina Payer ID: Molina has observed a high volume of claim rejections due to incorrect payer IDs required by ODM for the One Front Door entry. Please ensure your organization is using the correct Payer ID as of Jan. 1, 2026. View the Processes by Line of Business document on our Provider Website Quick Reference Guides & FAQs page. (February 2026)
- OAC 5123-9 Updates: Providers should review the updates to OAC 5123-9 Rules for Home and Community Based Services. Note that ODM rescinded OAC 5123-9-35. (February 2026)
- CAHPS®: CAHPS® is an industry-standard survey tool to evaluate patient satisfaction. Please encourage patients who have received the CAHPS® Survey to participate. (February 2026)
- Electronic Funds Transfer: ECHO Health: As a reminder, Molina contracts with our payment vendor, the SSI Group, who partnered with ECHO Health, Inc. for EFT and ERA. Note: Access to the SSI Group is free to Molina providers. (February 2026)
- 2026 HEDIS® Data Collection: HEDIS® is a tool used to report performance on quality of care and service. Molina is required to collect and provide medical documentation from providers to fulfill state and federal regulatory and accreditation requirements. Molina started collecting this data in February. (February 2026)
- Paper Forms Reminder: As a reminder, paper forms are not accepted by Molina for Medicaid or MyCare Ohio. Claim submissions are accepted only via EDI or Availity. (February 2026)
- Notice of Changes to the Provider Manual: 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. (February 2026)
- 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)
- 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 began 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 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)

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
- Provider Website: Molina Healthcare.com/OhioProviders

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