PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

MOLINA HEALTHCARE

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Next Generation MyCare Program: Phase 2

Info for MyCare Ohio providers

On July 1, 2026, the Ohio Department of Medicaid (ODM) is expanding its roll out of the Next Generation MyCare program. Phase 2 continues with Holmes, Tuscarawas, Carroll, Jefferson, Coshocton, Harrison, Belmont, Guernsey and Muskingum counties.

There are several new processes and program updates that will impact our MyCare Ohio providers.

Provider Bulletin: View the Next Generation MyCare Program Provider Bulletin, our Provider Website for the information on the following:

- ODM Training Events
- Molina Provider Services Call Center and Provider Relations
- Claim Submission, Claims Timely Filing, Corrected Claims
- Requests for Clinical Claim Disputes and Non-Clinical Claim Disputes
- Molina Payer IDs
- Service Area Map and Go-Live Dates for Ohio Counties
- External Medical Review
- Prior Authorization (PA) Requests
- Waiver Authorizations
- Availity Essentials Portal
- Molina Policies
- Becoming an Ohio Medicaid Provider and Contracting with Molina
- Information for ODM Designated Providers
- Pharmacy
- Member Eligibility Verification

Sign Up for the Molina Provider Bulletin: Sign up on the Provider Bulletin page, located under the Communication tab of our Provider Website. An archive of Provider Bulletins is also available on the Provider Bulletin page.

Providers are also encouraged to view the following ODM resources at medicaid.ohio.gov:

- **ODM Newsletters**: Subscribe to the ODM newsletters by selecting Subscribe to Medicaid News at the bottom of the page.

- **ODM MyCare Ohio Provider Page**: Monitor the ODM MyCare Ohio provider page by selecting Programs & Initiatives under Resources for Providers, then MyCare Ohio.

Durable Medical Equipment (DME), Home Health and Long-Term Services and Support (LTSS) Contractual Rates for Payments

Info for Medicaid and MyCare Ohio providers

Effective for claims processed on or after Aug. 1, 2026, claims will pay the contractual rate as agreed upon at the time of the contract execution.

HQ Modifier for Services in a Group Setting

Info for Medicaid and MyCare providers

As a reminder, Molina Healthcare of Ohio, Inc. reviews authorizations and reimbursement for home health and waiver services to determine if they are provided in an individual or group setting. The HQ modifier should be added to services provided in a group setting, in accordance with Ohio Administrative Code (OAC) Rules **5160-46-06**, 5160-12 and 5160-40. A group setting is defined as a setting where services are provided to two or three individuals at the same address, or up to four medically fragile siblings living together, allowing group billing rates. Services provided in a group setting as authorized and billed without the HQ modifier will be denied. Upon request, providers will be expected to provide supporting documentation showing services were provided in a group or individual setting.

Personal Care Aide, T1019

Info for MyCare Ohio providers

Molina has identified a trend in Electronic Visit Verification (EVV) claim denials for Waiver Personal Care Aide services (T1019). Claims are denying with RARC code N56, indicating that the procedure code billed is not correct or valid for the services billed. To avoid claim denials, all T1019 Waiver member services billed to Molina must be logged in Sandata as "MyCare – PCA (T1019)." Services entered as "MyCare – Waiver Consumer Direct PCA" will deny, as this service type is not appropriate for Managed Care billing.

Find additional information in the ODM [EVV Procedure Codes](medicaid.ohio.gov) document, located at medicaid.ohio.gov, by selecting Programs & Initiatives under the Resources for Providers header, then Electronic Visit Verification (EVV) and looking under Services Subject to EVV.

Behavioral Health Outpatient Codes

Info for behavioral health providers

Effective Aug. 5, Molina is expanding the Auto Auth program to include Behavioral Health Outpatient (BH OP) services.

The following BH codes will route through the MCG Cite Auto Auth (CAA) process. Requests that meet MCG criteria will receive an automated decision; requests that do not meet criteria, or that exceed defined parameters, will pend to a Molina Clinical Review Clinician for manual review.

- 90867: Transcranial Magnetic Stimulation (TMS) – initial (planning, mapping, motor threshold, delivery & management)
- 90868: TMS – subsequent delivery & management
- 90869: TMS – subsequent with motor threshold re-determination

Important notes for BH OP codes

- Initial CAA review parameters (example — TMS): Up to 6 units per month at initial request if MCG criteria are met. Subsequent requests will be routed to a Clinical Review Clinician for full review, regardless of criteria.
- If your request includes one of the BH OP codes above plus a code not in the Auto Auth program, the request will pend and be routed to Molina for review.

Performant Healthcare Solutions Partnership with Molina

Info for Medicaid, MyCare Ohio and Marketplace providers

Molina has an existing relationship with Performant Recovery, Inc. d/b/a Performant Healthcare Solutions (Performant) for Medicare and will be expanding to the Medicaid and Marketplace lines of business. Performant will assist with conducting audits of claims. Provider audits are carried out to ensure that billing practices are appropriate and have been charged appropriately for covered services.

Molina Vision Care Vendor Change: VSP

Info for Medicaid and MyCare Ohio providers

Effective Sept. 1, 2026, Molina's vision care vendor will change from March Vision to VSP.

Find out more at

- Website: eyefinity.com
- Phone: (800) 615-1883

Members will be able to search for VSP Vision Providers on the Molina Online Directory on and after Sept. 1, 2026.

Evaluation and Management (E&M) Prepay Edit Review

Info for Medicaid and MyCare Ohio providers

Molina is deploying a prepay edit review, effective for Aug. 1, 2026, to ensure that the level of Evaluation and Management (E&M) service reported by the provider reflects the services performed. When a provider submits an E&M service that exceeds the maximum level of E&M service based on the diagnosis and other claim documentation elements, the E&M code is reduced to reflect the maximum level of E&M service. Providers may follow the dispute process as outlined in the provider manual if they disagree with a claim outcome.

As a reminder, Molina evaluates and reviews high level 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 the Centers for Medicare and Medicaid (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.

New ODM Utilization Management Policies for Community Behavioral Health Providers

Info for Behavioral Health providers

As a reminder, effective July 1, 2026, Molina will align with the Ohio Department of Medicaid's (ODM) new Community Behavioral Health and Substance Use Disorder (SUD) Services guidance.

Please note: This utilization management policy will apply to all provider types; excluding previously communicated exceptions noted in the Provider Bulletin referenced later in this article.

Training: Molina is offering an ODM Utilization Management Policy for Behavioral Health You Matter to Molina forum on Tues., July 14, 2026. Visit the You Matter to Molina page and click on the training to access meeting details. Registration is not required.

View the New ODM Utilization Management Policies for Community Behavioral Health Provider bulletin located on our Provider Website, under the Communications tab for additional information, including Tables A-1, A-2 and A-3:

- Molina will implement PA review on July 1, 2026 for the service codes noted in Table A-1
- Molina will implement PA review on October 1, 2026 for the service codes noted in Table A-2
- There are no changes to prior authorization requirements for service codes listed in Table A-3 below from the current state.

Note: Utilization prior to July 1, 2026 will not count towards the newly established service thresholds. All service thresholds will begin accumulating on July 1, 2026.

Annual Mandatory D-SNP Medicare Model of Care Training

Info for Medicare providers

The Centers for Medicare and Medicaid Services (CMS) requires certain contracted **Medicare** medical providers complete a basic training on the Molina Healthcare-specific Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2026. This includes the following provider types:

- Primary Care Provider (all specialties for PCP Physicians)
- Hematology/Oncology (Gynecologic Oncology, Hematology, Hematology and Oncology/Oncology and Hematology, Medical Oncology, Oncology, Surgical Oncology)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)
- Cardiology (Cardiovascular Disease/ Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional, Hypertension Specialist)

For the provider specialties noted above, your practice must take action to complete this training and submit your attestation.

- **Online Training**: The Molina 2026 Model of Care Provider Training is on the Medicare Provider Website, under the Model of Care header.

After reviewing the training, providers should complete and submit the OH MOC Attestation Form located in the Select State Form drop-down menu. **Reminder**, individual providers can fill out and submit the OH MOC Attestation Form online.

If one provider is willing to sign off for a group or clinic, the provider should not fill out and submit the OH MOC Attestation Form online, instead the provider must:

1. Export the OH MOC Attestation Form using the "Export to PDF" button
2. Fill out an Excel spreadsheet of all the providers in the clinic/group and include:
   - Name of the provider giving the training
   - Clinic/Practice name address
   - Tax Identification Number (TIN)
   - The method used to train office staff and providers
   - Date the office staff and providers were trained and signed the attestation
3. Email the completed OH MOC Attestation Form and Excel spreadsheet to OH AttestationForms@MolinaHealthcare.com

Find additional information on CMS Model of Care requirements at cms.gov under "Regulations & Guidance," then "Manuals," and "Internet-Only Manuals (IOMs)" in the "CMS 100-16 Medicare Managed Care," then "Chapter 5 – Quality Assessment," find "Section 20.2.1 – Model of Care Elements," then "3. SNP Provider Network," and "C. MOC Training for the Provider Network."

Remind Patients about Healthchek

Info for Primary Care Providers in the Medicaid and MyCare Ohio networks

Remind your patients or their parents/guardians when it's time to get important Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Molina covers Healthchek services at no cost to our members. Physicians and advanced practice nurses are eligible to provide Healthchek services. For additional information, visit:

- The ODM website at medicaid.ohio.gov and under Families & Individuals, select Programs & Initiatives, then Healthchek
- The Molina Provider Website, under Health Resources, on the Healthchek-EPSDT page

Q2 Provider Newsletter

Info for all network providers

The Q2 Provider Newsletter is available on the Provider Website under the Communications tab. Articles include:

- Electronic funds transfer: ECHO Health
- Close care gaps and boost member engagement with Molina Care Connections
- Molina's utilization management
- Care management
- Important Message – Updating provider information
- Practitioner credentialing rights: What you need to know
- Drug Formulary and pharmaceutical procedures
- Resources available on Molina's provider website
- Patient safety
- Care for older adults
- Hours of operation
- Non-discrimination
- Member rights and responsibilities

- Population health
- Quality improvement program
- Standards for medical record documentation
- Preventive health guidelines
- Clinical practice guidelines
- Advance directives
- Behavioral health
- Care coordination and transitions
- Health risk assessment and self-management tools

Did You Know: Equity is Proactive, Not Reactive

Info for all network providers

Equity recognizes that achieving equal outcomes may require tailored support. *Did you know?* Extending appointment time for complex cases, clarifying medical language, or routinely screening for Social Determinants of Health (SDOH) can make the difference between treatment success and disengagement. We recognize the effort this takes and thank you for adjusting care to meet patients where they are. It truly advances health equity and we appreciate collaborating with you on these efforts.

Ordering, Referring and Prescribing (ORP) Requirements

Info for all network providers

As a reminder, under 42 CFR § 455.410(b) and § 455.440, Medicaid agencies must require all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services.

Starting on Jan. 1, 2027, ODM will begin enforcement of the above NPI requirement for Managed Care Organizations (MCOs). In addition, ODM has created a single list of services subject to ORP. In the future, services subject to ORP requirements will be identified within ODM fee schedules. Find more information in the April 20, 2026, ODM Memo "Updated Guidance on Ordering, Referring, and Prescribing (ORP) Requirements" located at medicaid.ohio.gov, by selecting Managed Care under the Resources for Providers header, then Policy and Managed Care Policy Guidance.

Molina Clinical and Payment Policy Updates

Info for Medicaid providers

Molina has posted the August 2026: Clinical and Payment Policies Updates document on the Clinical Coverage Policies page of our Provider Website with all of the updates that will be effective on Aug. 1, 2026.

Website Roundup

Info for all network providers

Recently added or updated documents:

- June CPSE Report
- Aug. 2026: Clinical Policies Updates

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.

Specialized Provider Orientation:

- Managed Long-Term Services and Support (MLTSS): Tues., July 21, 1 to 2 p.m.
- MLTSS: Tues., Aug. 18, 1 to 2 p.m.

You Matter to Molina:

- ODM Utilization Management Policy for Behavioral Health: Tues., July 14, 1 to 2 p.m.

Model of Care:

- Mon. Aug. 10, 1 to 2 p.m.

Molina Dental Services Training:

- Wed., July 29, 11 a.m. to 12 p.m.
- Thurs., Aug. 27, 2 to 3 p.m.

Visit the You Matter to Molina page and click on the training to access meeting details.

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.

Info for all network providers

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is member survey conducted by CMS to gather standardized information on enrollees' experiences with health plans, providers and services. It is designed and regulated by CMS to ensure consistent comparisons of member experiences across all Medicare plans.

<table>
<tr><th>CAHPS Questions</th><th>Tips to Enhance Patient Experience</th></tr>
<tr><td colspan="2">Care Coordination</td></tr>
<tr><td>In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?</td><td rowspan="5">Discuss all medications with members at every visit, even if a nurse or MA has already reviewed the medication list with the patient.
Let patients know when you can see visits or services in their medical records that were not completed by you.
"I see that you were able to complete your mammogram recently. Nice work!"
"It looks like Dr. {insert name} continues to manage your {insert condition}, that's wonderful."
If a patient sees multiple providers, ask if they need help coordinating their care.
Use After-Visit Summaries (AVS) to highlight important things that happened during the visit (e.g., Discussing all medications).
Educate patients on how to access their patient portal to see updates on test results and contact practice staff if they have any questions or concerns.
Encourage staff to schedule Medicare Annual Wellness Visits for patients who have not had an appointment in over a year.</td></tr>
<tr><td>In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?</td></tr>
<tr><td>In the last 6 months, when your personal doctor ordered a blood test for you, how often did you get those results as soon as you needed them?</td></tr>
<tr><td>In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</td></tr>
<tr><td>In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?</td></tr>
<tr><td colspan="2">Getting Appointments and Care Quickly</td></tr>
<tr><td>In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?</td><td rowspan="2">Encourage staff to schedule routine visits before patients leave the practice or facility.
Educate patients about self-service appointment scheduling capabilities.
Create an Access Plan to help patients get care urgently and after business hours.</td></tr>
<tr><td>In the last 6 months, how often did you get an appointment for a check-up or routine case as soon as you needed?</td></tr>
<tr><td colspan="2">Getting Needed Care</td></tr>
<tr><td>In the last 6 months, how often was it easy to get the care, test, or treatment you needed?</td><td rowspan="2">Inform patients that Molina can assist with arranging transportation to and from appointments to help patients get care.
Encourage staff to assist with arranging appointments with in-network specialists before patients leave the practice or facility.
Ask patients if they have any issues with obtaining care, test, or treatment.
Help patients understand why a referral to a specialist may not be necessary, even though they are asking for one.</td></tr>
<tr><td>In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?</td></tr>
</table>

Getting Needed Prescription Medications	
In the last 6 months, how often was it easy to use your prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?	• Inform members if their medications require prior authorization. • Ask patients if they have any concerns about affording medications and inform them about generic alternatives, if applicable. • Inform patients that Molina can assist with arranging transportation to and from pharmacies to help patients get medications. • Prescribe 100-day refills to make it easier for patients to get medications and maintain medication adherence, if applicable.
In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?	
In the last 6 months, how often was it easy to use prescription drug plan to fill a prescription by mail?	
Rating of Health Care Quality	
Using any number from 0-10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the 6 months?	• Ask patients if there are other topics about their care that they are concerned about. • Use motivational interviewing and the teach-back method to assist with patient engagement. • Encourage staff to assess patients' language preferences and interpretation needs before the appointment to ensure resources are available.
Flu Vaccine	
Have you had a flu shot since July 1?	• Educate patients on the importance of getting a flu vaccine and myth bust, if necessary. • Offer flu vaccines at visits or on scheduled group flu vaccine days. • Document if a patient received the vaccine from outside your office. • Have a "where and when to get your flu shot" section printed on AVS.

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 ( ).

- Multiple Visits Per Day EVV Reminder: If a member receives services more than once on the same calendar day and those visits are documented as separate services within the EVV system, providers are required to bill each visit as a separate claim line with the appropriate modifiers to accurately reflect multiple distinct visits. (June 2026)
- Digital Correspondence Hub Fax Suppression: The Digital Correspondence Hub on Availity lets your organization manage communication preferences. Providers have the option to opt-in or opt-out of receiving decision letters through the digital correspondence hub. (June 2026)
- Executive Order: Approving Emergency Rules on Medicaid Provider Revalidation: On May 18, 2018, Ohio Governor Mike DeWine signed Executive Order 2026-01D to allow ODM to implement emergency rules to require frequent revalidation of providers being identified as higher-risk for committing fraud. (June 2026)
- ODM DMEPOS Provider Enrollment Moratorium: ODM has implemented a moratorium on the enrollment of new DMEPOS providers. This action is in alignment with federal direction issued through CMS6099N and 42 CFR § 455.470. (June 2026)
- Molina Expanding Cardiology and Oncology Programs with Evolent: Starting Aug. 1, 2026, Molina Medicare members aged 18 and older will require authorization from Evolent for the following services ordered by all provider specialties:
    - Elective diagnostic and interventional cardiovascular services performed in a physician's office, ambulatory setting, outpatient hospital or inpatient hospital setting (professional services only)

- Oncology-related chemotherapeutic agents, supportive agents, symptom-management medications and radiation oncology services administered in a physician's office, ambulatory center, outpatient hospital and inpatient hospital setting (CAR T-cell therapy only) (June 2026)

- Telehealth Billing Guidelines: ODM has updated the Telehealth Billing Guidelines for MCEs. View it at Medicaid.ohio.gov. (May 2026)
- Cost Recovery Claim Dispute Process Reminder: Effective May 1, 2026, Molina no longer accepts Cost Recovery related claim disputes via the standard dispute process. Providers should follow the dispute process outlined in the overpayment notification. (May 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: MolinaHealthcare.com/OhioProviders

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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.

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