

Provider Bulletin

Molina Healthcare of New Mexico, Inc.

November 13, 2025

Commitment to Payment Accuracy and Provider Contract Alignment

Molina Healthcare of New Mexico, Inc. (Molina) is committed to ensuring payment accuracy and transparency for all network providers. As part of our continuous quality improvement efforts, Molina is conducting a comprehensive review of all Participating (PAR) Medicaid providers to confirm alignment between provider rosters, contracted rates, and payment configurations under the Medicaid fee schedule. This initiative reflects Molina's ongoing commitment to integrity, consistency, and compliance across all provider payment processes. Our goal is to proactively identify and correct any potential misalignments that could impact reimbursement accuracy.

Molina has initiated a full audit of provider contracts to ensure:

- Participating (PAR) and Non-Participating (Non-PAR) providers are correctly mapped to their respective rate structures.
- Provider affiliations in system configurations match current executed contracts and approved fee schedules.
- Payment configuration tables are consistent with state-approved Medicaid Fee-for-Service (FFS) rates and Letters of Direction (LODs).

Any discrepancies or misalignments identified will be corrected. Affected providers will be re-affiliated to the proper reimbursement tables to prevent future payment discrepancies.

Verification of State-Issued Rates and LODs

Molina acknowledges that multiple rate increases and Letters of Direction (LODs) have been issued by the State regarding provider rates, billing, and service updates. As part of our internal quality assurance process, Molina conducts a comprehensive comparison between:

- State-issued rate files
- Letters of Direction (LODs)
- Medicaid Fee-for-Service (FFS) fee schedules

This verification ensures that Molina pays 100% of the applicable Medicaid fee schedule and that all approved rate updates are accurately reflected within our systems before implementation.

Enhancements to Internal Oversight and Controls

To prevent recurrence of payment or configuration errors, Molina is implementing the following enhanced oversight measures:

- Pre-implementation Validation: Strengthening pre-production validation steps for all fee schedule and contract updates to ensure full accuracy prior to release.
- Ongoing Reconciliation: Conducting periodic cross-checks between provider rosters, contract databases, and system configurations.
- Cross-Departmental Review: Requiring sign-off from Network Management, Claims, and Configuration teams before finalizing provider affiliations and rate mappings.
- Exception Management: Implementing system flags for manual review before claims are adjudicated to ensure compliance and accuracy.

These enhancements will improve internal controls, increase accountability, and safeguard payment integrity.

Ongoing Commitment

Molina Healthcare of New Mexico values our provider partnerships and the vital role you play in serving our members and communities. We remain dedicated to:

- Payment accuracy and transparency
- Data integrity and oversight
- Collaborative communication
- Continuous process improvement

Thank you for your continued partnership and dedication to providing high-quality care to our members.

Provider Communication and Support

Molina is committed to maintaining open, timely, and transparent communication with providers. We will provide technical assistance and individualized support to ensure provider understanding and confidence in the payment process. Our goal is to ensure that every provider is fully supported, informed, and paid accurately in accordance with state and contractual requirements.

If you have any questions, please email your inquiry to MHNM.ProviderServices@MolinaHealthcare.com, and it will be routed to the appropriate individual. Thank you for your commitment to serving Molina Healthcare of New Mexico members and the community. Molina is here to support you.