Provider Newsletter

For Molina Healthcare of Arizona, Inc. providers

Third quarter 2025

In this issue

The provider newsletter is available to all network providers serving Molina Healthcare of Arizona, Inc. members.

Benefits of submitting claims electronically

Molina Healthcare of Arizona, Inc. reminds our providers that submitting claims electronically through clearinghouses or the **Availity Essentials portal** offers many advantages. These include:

- Improved Health Insurance Portability and Accountability Act (HIPAA) compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Elimination of mail delays

How to submit electronic data interchange (EDI) claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, SSI Group, or use a clearinghouse of your choice, so long as that clearinghouse establishes a connection with SSI Group. Molina offers additional options for electronic claims submissions. If you do not have a clearinghouse, log in to **Availity** for more information.

Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and providers.

Molina must maintain an accurate and current Provider Directory. It is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Molina at least once every 90 days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Molina Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Phone, fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
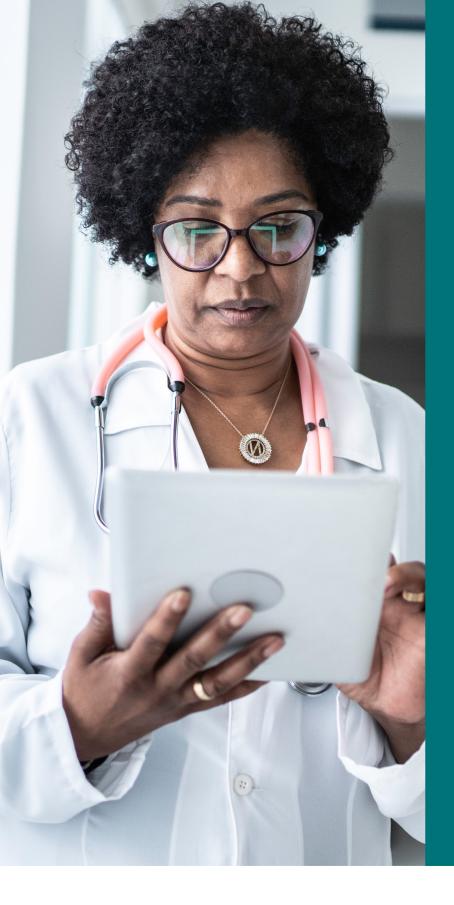- Tax ID and/or National Provider Identifier (NPI)

Delegated and other providers that typically submit rosters must submit a complete roster that includes the above information to Molina.

All other providers must log into their Council for Affordable Quality Healthcare (CAQH) account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina.

If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Provider Services representative for assistance.

Additionally, per the terms specified in your Provider Agreement, providers must notify Molina of any changes, as soon as possible, but at least 30 calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

- Change in office location(s)/address, office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or NPI
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty(ies)
- Change in any other information that may impact members' access to care

National Plan and Provider Enumeration System review for data accuracy

Your NPI data in the National Plan and Provider Enumeration System (NPPES) must be reviewed to ensure accurate provider data. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, phone and fax numbers and specialty. You should also include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare fee-for-service.

If you have any questions about NPPES, visit **NPPES.CMS.HHS.gov**.

Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Training modules and resources on cultural competency are available to review when communicating with and serving diverse patient populations. This information helps you and your staff understand and address disparities to improve health care and outcomes. As our provider partner, assisting you is one of our highest priorities. We look forward to supporting your efforts so all our members have the same opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** established by the Office of Minority Health. We also comply with regulatory and accreditation standards focused on health equity.

Building culturally competent health care: Resources for providers and staff

Cultural competency can positively impact a patient's health care experiences and outcomes. Cultural competency training modules and resources are available to providers and office staff through **Availity**.

Cultural competency educational resources include:

- Cultural competency, including culturally and linguistically appropriate services (CLAS)
- Language access services, including effective communication strategies
- Health equity and disparities
- Social determinants of health
- Federal requirements, including the Affordable Care Act and the Americans with Disabilities Act

These resources also provide helpful tips and recommendations for effectively supporting unique subpopulations and communities, including racially, ethnically, culturally and linguistically diverse communities, LGBTQIA+ individuals, older adults, people with disabilities and immigrants/refugees.

The training modules last 5 to 10 minutes. Depending on the topic of interest, you may participate in all or just one module. Upon completing the training, please submit the provider attestation form available through **Availity**. Contact your Provider Services representative if you have any questions.

Americans with Disabilities Act (ADA) resources: Provider education series

A series of provider education materials related to disabilities is also available to providers and office staff on Molina's website. To review the materials, please log in to Availity.

Cultural competency resources for providers and office staff (continued)

Disability educational resources include:

- Overview of the Americans with Disabilities Act (ADA), including frequently asked questions for health care providers
- Information for members who are blind or have low vision, including how to request alternate formats
- Guidance on service animals and related accommodations
- Tips for communicating with people with disabilities and older adults

Please contact your Provider Services representative if you have any questions.

Molina's language access services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve health care quality for patients who speak a language other than English. Molina ensures effective communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that receive federal funds. A member cannot be refused services due to language needs. Molina provides the following services directly to members at no cost, when needed:

- Written materials in other formats, such as large print, audio, accessible electronic formats and braille
- Written materials translated into languages other than English
- Interpreter services, including American Sign Language
- Relay service (TTY: 711)
- 24-hour Nurse Advice Line
- Bilingual staff

In many cases, Molina will also cover the cost of an interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

Molina's materials are always written simply in plain language and at required reading levels.

You can access resources and materials on cultural competency, disability-related services and language access services by logging in to Availity or visiting the Molina website. If using **Availity**, you must first log in and navigate to Molina Healthcare under **Payer Spaces**, then select the **Resources** tab to view the available resources.

For additional information on Molina's language access services or cultural competency resources, contact your Provider Services representative or visit **MolinaHealthcare.com**.

2025 Molina 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 oncologists, gastroenterologists and rheumatologists, to receive training about Molina Healthcare'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/Model-of-Care-Provider-Training**. The completion date for this year's training is December 30, 2025.

If you have any questions, please contact your Provider Services representative at **MCCAZ-Provider@MolinaHealthcare.com**.

Helping members in their language

Our members speak many different languages.

As of late 2024, 90% of Medicaid language translation requests were for Spanish. This was followed by 2% for Arabic, 1% for Vietnamese, Russian, Polish, Ukrainian and Chinese dialects, 0.5% for French, 0.4% for Somali and 0.4% for Haitian Creole.

Among Medicare members, 77% of the language translation requests were for Spanish, followed by 5% for Chinese dialects, 4% each for Vietnamese and Arabic, 3% for Russian, 2% for Ukrainian and 1% each for Filipino, Punjabi, Tagalog and Cambodian.

Please contact Molina at **(800) 424-5891** if you need assistance addressing your patients' language needs. We also provide resources for providers.

Provider Manuals

Provider Manuals are customarily updated annually but may be updated more frequently as needed. Providers can access the Provider Manual **here**.

Clinical policies

Molina's clinical policies (MCPs) are located at **MolinaClinicalPolicy.com**. Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

Behavioral Health Services for school-aged children

School is back in session and so are school-based behavioral health services.

While many families appreciate the convenience that school-based services offer, other students and their families prefer to receive services in other locations, such as an office or home setting.

To ensure access to care, all of Molina Healthcare's contracted behavioral health providers, regardless of setting, are required to accept the **AHCCCS School-Based Universal Referral Form** when students are referred for services. Additionally, if any provider must transfer a referred student to another agency due to capacity issues, the provider is required to communicate this back to the referring school district.

Additional information about Molina Healthcare's Behavioral Health Services in schools initiatives can be found on our **website**.

Quality Management reporting requirements

Molina's Quality Management (QM) department reviews all potential member quality of care (QOC) concerns, seclusions and/or restraints reporting and conducts ongoing provider monitoring and auditing activities. The QM department identifies incident patterns and provider performance trends to implement systemic improvements and ensures all activities are member-centric by prioritizing the member's experience and outcomes.

Reporting requirements

Incidents, accidents and deaths

As specified in **Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual (AMPM) Policy 961**, Molina providers are required to submit non-sentinel incident, accident and death reports directly into the AHCCCS QM Portal within two business days of the event or when the provider becomes aware of the occurrence. Sentinel incidents, accidents and deaths are required to be submitted within one business day of the event or when the provider becomes aware of the occurrence.

Seclusions and/or restraints

In accordance with AHCCCS reporting requirements as specified in **AMPM Policy 962**, Molina providers who are licensed to administer seclusions and/or restraints are required to report the event within five business days of the occurrence to the QM department. Any seclusion and/or restraint event that results in a death, injury and/or complication requiring medical attention must be reported to the QM department within 24 hours of the incident.

If you would like more information about Molina's Quality Management reporting requirements, you can visit our **website** and access the **Health Resources** tab.

For any Quality Management questions, education or training, the QM department can be reached at **MCCAZ-QOC@MolinaHealthcare.com**.

Member Advisory Committee

Molina is seeking members for its Member Advisory Committee (MAC). Molina members or their caregivers are eligible for a $50 stipend per meeting attended. MAC members are invited to share their health care experiences, review proposed member materials and help improve their care. The MAC typically meets on the fourth Thursday of the month from 5:30 to 7 p.m. via Microsoft Zoom. To learn more about the MAC or join, please email **MCCAZ-OIFA@MolinaHealthcare.com**.

Care management

Molina offers you and your patients the opportunity to participate in our complex care management program. Members must have the most complex service needs for this voluntary program. This may include members with multiple medical conditions, high levels of dependence or conditions that require care from multiple specialties and/or additional social, psychosocial, psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan. The purpose of the Molina complex care management program is to:

- Conduct a needs assessment of the patient, patient's family and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our patients to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and ongoing care plan for continuity of care in coordination with the provider, the provider's staff, the member and the member's family

If you would like to learn more about this program, speak with a complex care manager and/ or refer a patient for an evaluation, call toll-free at (800) 424-5891. You may also email a care management referral to **AZCMReferrals@MolinaHealthcare.com**.