



Provider Newsletter

For Molina Healthcare of California providers

First quarter 2026

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Availity Essentials is now the preferred channel for Molina authorizations

Molina Healthcare, Inc. is continuing its move to a fully digital experience. Availity Essentials is now the preferred platform for prior authorization requests for all providers. Fax submissions are strongly discouraged as they can cause delays in response. Providers should transition to Availity as soon as possible to ensure uninterrupted service and avoid unnecessary delays.

Why use Availity?

- Faster processing and turnaround times
 - Submitting through Availity ensures your requests are handled more quickly.
- Improved communication
 - Receive real-time digital notifications for updates on your submissions.
- Fewer follow-ups and less manual rework
 - The digital process reduces errors and the need for additional outreach.
- One integrated, easy-to-use platform
 - Manage all your prior authorization needs in a single location.

To ensure timely processing and uninterrupted service, submit all Molina prior authorization requests through Availity Essentials. For more information and to access Availity, visit the [Molina Healthcare Availity page](#).

New provider training learning management system now live

Molina Healthcare of California is excited to announce the successful launch of a new learning management system (LMS) for provider training, utilizing More Inclusive Healthcare (MIH) as our training platform vendor. The system rolled out in late 2025 with the Culturally and Linguistically Appropriate Services (CLAS) training, a California Department of Health Care Services (DHCS) regulatory requirement for all Molina providers.

The new LMS allows providers to conveniently log in and complete assigned trainings at their own pace on any device, while accurately tracking completion for regulatory and compliance purposes. Additional provider trainings will be added in 2026, including new provider orientation and the mandatory bi-annual review.

For assistance with enrollment or questions, please contact your [Provider Relations representative](#).

Medicare Stars: Health Outcomes Survey and Pharmacy Tip Sheets

Molina Healthcare, Inc. would like to remind our providers that the Health Outcomes Survey (HOS) and Pharmacy Tip Sheets are available on the [Availity Essentials provider portal](#) for easy digital access.

The HOS Tip Sheets are designed to help you understand the specific questions included in the HOS and the Medicare Star Rating measures influenced by your patients' responses. These sheets outline both general strategies and actionable steps you can take to positively impact these measures in your practice. The Pharmacy Tip Sheets focus on pharmacy-related measures that affect Medicare Star Rating performance. They include practical information such as ICD-10 codes, medication lists, exclusions and targeted approaches you can use to improve patients' outcomes.

Addressing mental health with patients

Many older adults experience the “winter blues” as days get shorter and colder, but there are ways to feel better. Talk to your patients. Let them know they are not alone. Help them explore simple steps like light exercise, social activities or other supports to boost their mood and energy. Mental health matters at every age. Even small changes can make a big difference in how your patients feel.

Below are some tips for managing your patients' mental health:

- Encourage patients to seek treatment (if needed)
- Limit media consumption
- Engage in healthy activities, such as:
 - Getting enough sleep
 - Eating well
 - Exercising both body and mind
 - Abstaining from the use of tobacco, vaping, etc.
 - Limiting consumption of alcohol
- Take medications on time, every day
- Stick to regular routines
- Stay socially connected
- Try to focus on the positive and find joy in the simple things in life

Engage your patients today—a brighter season starts with a conversation.





Evaluating Molina's quality performance

Annually, Molina evaluates health plan quality performance using two important data sets. These data sets allow Molina to assess health plan performance for critical indicators of quality and member satisfaction.

First area of focus

Molina collects and reports Healthcare Effectiveness Data and Information Set (HEDIS®) measures to evaluate quality performance. Collected by health plans across the country, HEDIS measures are related to key health care issues, such as well care and immunizations, preventive screenings, tests and exams, management of chronic conditions, access to care, medication management and utilization of services. Molina sets performance goals for each measure evaluated to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Molina's HEDIS results are available on the HEDIS page under the Health Resources section on the provider website at MolinaHealthcare.com.

Second area of focus

Molina also works with external survey vendors to collect and report Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey results annually. Molina uses CAHPS Survey results to evaluate how satisfied our members are with the health care and services they receive from the health plan and providers. Molina also sets performance goals for CAHPS to identify areas of success, opportunities for improvement and priority areas of focus for the following year. Molina's CAHPS results are available on the CAHPS page under the Health Resources section on the provider website at MolinaHealthcare.com.

If you have any questions or want additional information or printed copies with HEDIS or CAHPS results, please contact your local Provider Relations representative.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

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 at:
 - English **(888) 275-8750**
 - Spanish **(866) 648-3537**
- Molina members can access Interpreter Services at no cost by calling Member Services.

Providers can access the **Avility Essentials portal** at **MolinaHealthcare.com** 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 cultural competency training.

Please encourage your 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?



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 provider network.

Maintaining an accurate and current Provider Directory 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 ninety (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)
- Telephone and 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)

The information above must be provided as follows:

If you are a capitated group/IPA or other groups that submit rosters, quarter rosters are required every 90 days to be submitted through D360. Please contact **MHCDO.Support@MolinaHealthcare.com** for support.

There are two distinct kinds of provider rosters:

Quarterly provider roster

- Required every 3 months
- Quarterly roster is a full reconciliation file

Monthly provider roster

- The monthly roster has additions, updates and terms for each month. PCP terms, member moves and clinic updates are not processed through this file. These will need to be sent to the contracted shared mailbox.
- This is sent only if there are 10 or more provider updates (including the months when the quarterly roster is sent). If it's less than 10, individual requests can be sent to the shared mailboxes.

Additionally in accordance with the terms specified in your Provider Agreement, providers must notify Molina of any changes, as soon as possible, but at least thirty (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(es), 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
- Any other information that may impact member access to care

2026 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 cardiology, gastroenterology and hematology/oncology to receive training about Molina'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:

- [**2026 MHC Model of Care Provider Training**](#)
- [**2026 CHP Model of Care Provider Training**](#)

The completion date for this year's training is December 31, 2026.

Clinical Policy

Molina Clinical Policies (MCPs) are located at MolinaClinicalPolicy.com. The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at:

- [Medi-Cal Provider Manual](#)
- [Medicare Provider Manual](#)
- [Marketplace Provider Manual](#)

