



Provider Newsletter

For Molina Healthcare of Texas, Inc. providers

Fourth quarter 2025

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Utilization Management (UM) turnaround time for prior authorization

As part of the CMS-0057 Final Rule on Interoperability and Prior Authorization, new federal requirements for standard requests will take effect on **January 1, 2026**. This will impact how quickly Molina Healthcare, Inc. must respond to prior authorization requests. Specifically, **standard requests must be processed within seven (7) calendar days**. These changes are designed to improve transparency, reduce administrative burden and ensure timely patient care access. To support timely and compliant processing, **providers are strongly encouraged to review their processes and ensure all required clinical documentation is submitted at the time of request**. Submitting complete information helps avoid delays and ensures patients receive timely access to care. In addition, CMS-0057 introduces new application programming interfaces (APIs) to enhance access to prior authorization details. We encourage providers to stay informed and participate in upcoming education sessions to support a smooth transition and avoid delays.



Utilization Management letters available digitally

Utilization Management (UM) letters are now available on Availity Essentials! This initiative supports an environmentally friendly approach by reducing paper usage and aligning with modern digital standards. Providers will not have to do anything, but you will now have quicker access to decisions. This will improve your experience and transparency across the board. Please note that this is only available for Availity authorizations.

Molina is making it easier for providers to do business with us by streamlining processes and improving communication through Availity Essentials. Recent updates include larger file upload limits with faster transmission times, real-time digital notifications, a simplified authorization interface, and expanded auto-authorization with more CPT codes. We are also sunsetting the legacy authorization portal to create a more seamless, integrated experience. Together, these enhancements not only reduce administrative burden and improve response time but also set the stage for upcoming Utilization Management changes. By aligning technology upgrades with federal requirements, Molina is supporting providers with the tools needed to deliver more efficient care while focusing on what matters most—caring for patients.

Care Connections

What is Care Connections?

Care Connections, a subsidiary of Molina, extends care beyond clinics by offering in-home and telehealth visits through a dedicated team of Molina-employed nurse practitioners and social workers. Our services complement your care by supporting preventive screenings, chronic disease management, medication reviews and behavioral health assessments. For 2025, we have completed more than 250,000 visits across 22 states.

Care Connections partners with you to keep your patients engaged, supported and empowered—without adding to your workload. We have strengthened the member-primary care provider (PCP) relationship and facilitated continuity of care. **Visits are provided at no cost to the member and do not impact your services or billing.**

How we support your practice

We support all lines of business by engaging members and reinforcing their connection to their care providers. Our clinical professionals:

- Conduct a variety of visits, such as annual preventive and post-discharge visits
- Provide preventive education and health screenings for both in-home and telehealth visits
- Assess social determinants of health (SDOH) and connect members to resources
- Help members maintain or establish a relationship with their PCP
- Identify and close gaps in care
- Encourage timely PCP follow-up

What takes place during a visit?

For adults (18+):

- Vital signs, diabetic testing, colorectal and bone density screenings (if appropriate)
- Medication review and reconciliation
- Case management referrals and escalations

For pediatrics (<18):

- Vital signs, age-appropriate screenings, fluoride varnish and preventive education
- Case management referrals and escalations

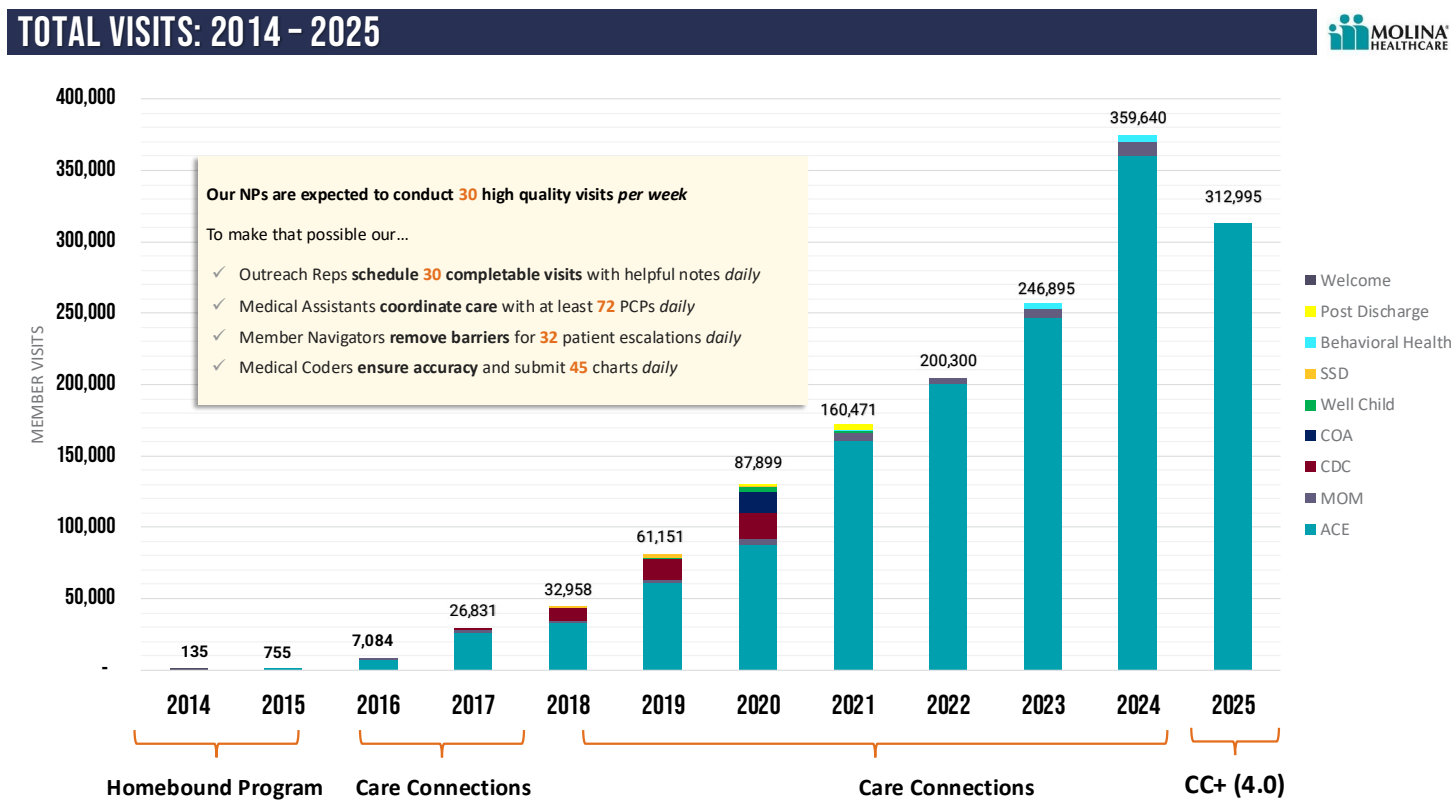


Care Connections (continued)

How can I access electronic records?

Care Connections visit records are available through EpicCare Link—a HIPAA-secure web portal provided by Molina at CCLink.MolinaHealthcare.com.

For support with EpicCare Link, call **(844) 847-9954** and follow the prompts or email ClinicalSupport@MolinaHealthcare.com.



Model of Care training is underway

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists including oncologist, OB/GYNs and psychiatrists 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 MolinaHealthcare.com/model-of-care-Provider_Training. The completion date for this year's training is **December 31, 2025**.

If you have any additional questions, please contact your local Molina Provider Relations representative at MHTXProviderServices@MolinaHealthcare.com.

2025–2026 flu season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend routine annual influenza vaccination for all individuals aged six months and older without contraindications. Immunization remains the primary preventive measure against influenza and its complications.

This season, ACIP emphasizes using single-dose influenza vaccines free of thimerosal preservative for all children 18 years and younger, pregnant women and adults. Multi-dose thimerosal vials are no longer recommended, aligning with updated safety practices.

Vaccine formulations for 2025–2026 will primarily be trivalent, including updated strains for better protection, notably a new A(H3N2) virus component. Both egg-based and cell- or recombinant-based vaccines are available to accommodate different patient needs.

High-dose, adjuvanted or recombinant influenza vaccines are preferentially recommended for adults aged 65 years and older, reflecting evidence of improved immune response in this population. For individuals younger than 65 without specific risk factors, any age-appropriate vaccine may be used. The live attenuated influenza vaccine (LAIV) remains an option for healthy non-pregnant persons aged two through 49 years, but is contraindicated in pregnancy and some medical conditions.

Timing of vaccination is ideally in September or October to maximize protection before the influenza season peaks; however, vaccinations may be administered throughout the season while the virus circulates. Exceptions include avoiding vaccination in July or August for older adults and pregnant women in early trimesters unless there is concern about access later in the season.

Key administration updates include expanded permissions for FluMist[®], which allow self-administration for adults and administration by caregivers to children aged 2–17, facilitating easier vaccine access.

Prescribers should remain vigilant to contraindications, ensure appropriate dosing by age and educate patients on the importance of influenza vaccination even when circulating virus levels appear low. Vaccination in pregnant persons is strongly recommended at any trimester with inactivated vaccines, supporting maternal and infant health.

Molina will cover all FDA-approved administered flu vaccines during the 2025–2026 flu season.

- 1. 2025–2026 flu season. (2025, August 6). Influenza (Flu)**
- 2. ACIP Recommendations Summary. (2025, August 28). Influenza (Flu)**
- 3.** FluMist (influenza virus vaccine [live/attenuated]) [prescribing information]. Gaithersburg, MD: MedImmune LLC; August 2025.
- 4.** American Academy of Pediatrics, Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2025–2026: policy statement. Pediatrics. Published online July 28, 2025. doi:10.1542/peds.2025-073620
- 5. Miller, A. (n.d.). CDC publishes 2025–2026 US flu vaccination recommendations**



Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children and youth under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services to optimize their health and development throughout childhood.

Molina must provide comprehensive services and furnish all appropriate and medically necessary services needed to correct or ameliorate health conditions, based on certain federal guidelines. Each state may adopt additional guidance for EPSDT and determine what services fall under EPSDT special services. EPSDT is made up of screening, diagnostic and treatment services. All providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and that age-appropriate immunizations are needed.
- Provide or arrange for screening and other required preventive services for all children.
- Arrange (directly or through referral) for additional treatment as determined by child health screenings.

As a provider, you must adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Additional information and training regarding Molina's EPSDT program are available at MolinaHealthcare.com.

Molina's Special Investigation Unit partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates that at least three percent of the nation's health care costs, amounting to tens of billions of dollars, are lost to fraud, waste and abuse. That money would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Like others in our industry, Molina must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid and Marketplace funds.

You and the SIU

The SIU utilizes leading data analytics software to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 2,200 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases to identify and track fraud, waste and abuse. Our system allows us to track provider compliance with correct coding, billing and the provider contractual agreement.

As a result, providers may receive a notice from SIU by random selection if they have been identified as having outliers that require additional review. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other support documentation. Should you have questions, please contact your Provider Relations representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina vice president who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work. We hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste and abuse, contact the Molina AlertLine toll-free at **(866) 606-3889**, 24 hours a day, 7 days a week. You can also use the website to make a report at any time at MolinaHealthcare.Alertline.com.

Appointment availability and after-hours requirements

Appointment availability standards

Appropriate appointment availability is imperative to keeping members healthy. Network providers should follow the following appointment availability schedule:

- Routine exams should be provided within 14 days of request.
- Initial behavioral health visits for routine care should be provided within 10 days.
- Preventive health services for children under 6 months of age should be provided within 14 days.
- Preventive health services for children ages 6 months through 20 years should be provided within 60 days.
- Preventive health services for adults should be provided within 90 days.
- Specialty routine care and specialty therapy evaluations should be provided within 21 days.
- Initial outpatient behavioral health visits should be provided within 14 days (this requirement does not apply to CHIP Perinate).
- Texas Health Steps should be provided according to the Periodicity Schedule, located at Txhealthsteps.com/tools-resources.
- Urgent care should be received within 24 hours of request.
- Emergency care should be received immediately.

Outpatient follow up and/or continuing care after discharge for inpatient psychiatric services should occur within seven (7) days of discharge. Members who missed an appointment for follow-up care after an inpatient hospitalization should be contacted within 24 hours to reschedule the appointment.

After-hour care requirements

Contracted primary care providers (PCPs) must ensure that they, or another qualified medical professional, will be available to accessible to members 24 hours a day, 7 days a week. Acceptable after-hours coverage includes:

- The office telephone is answered after-hours by an answering service, which can contact the PCP or another designated medical practitioner. Calls must be returned within 30 minutes.
- The office telephone is answered after normal business hours by a recording in at least English and Spanish, directing the patient to call another number to reach the PCP or another designated provider.
- Someone must be available to answer the designated provider's phone. A second recording is not acceptable.
- The office telephone is transferred after office hours to another location, where someone will answer the telephone and be able to contact the PCP or another designated provider. Calls must be returned within 30 minutes.

If you have questions regarding appointment availability and after-hours requirements, please contact MHTXProviderServices@MolinaHealthcare.com.



Clinical Policy

Molina Clinical Policies (MCPs) can be found at MolinaClinicalPolicy.com. The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. The Molina Clinical Policy Committee reviews MCPs annually and approves them bimonthly.

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:

- **Medicaid/CHIP/MMP**
- **Medicare**
- **Marketplace**