

Molina Healthcare of Iowa

New Provider - Monthly Onboarding Education

Updated: May 2025



Agenda

<u>Contracting & Credentialing</u>	4
<u>Claims Update</u>	9
<u>Availity Essentials</u>	14
<u>Recoupments & Overpayments</u>	18
<u>Utilization Management Update</u>	25
<u>Provider Data Accuracy and Validation</u>	34
<u>Provider Escalation Process Update</u>	37
<u>Provider Online Resources</u>	40
<u>Molina's Partners</u>	44

Welcome to Molina Healthcare of Iowa!



Jennifer Vermeer
Plan President, CEO

On behalf of all of us at Molina Healthcare of Iowa, we are pleased to welcome you to our provider network and our health plan. As some of you know, Molina Healthcare is a national, for-profit company that serves more than 5 million members across 20 states. While our scope is vast, we also have strong local roots in Iowa.

This presentation will give you a high-level explanation of who we are and how best we can partner with you to care for our members, our patients. We look forward to years of serving both you and your patients!



Timothy Gutshall, M.D.
Chief Medical Officer

Contracting & Credentialing



Join Our Network

To join Molina Healthcare of Iowa's network, providers must be enrolled as an [Iowa Medicaid provider](#) and have an active Medicaid ID number.



Follow these steps to join our network:

Get Connected

Complete a [Contract Request Form](#) and submit to IAProviderContracts@MolinaHealthcare.com

Documentation

Complete a Provider Agreement, Provider Information Form, W-9, Practitioner Application, and/or Health Delivery Organization Credentialing Application

Credentialing

Work with our Credentialing Dept. and make sure that you complete and update the practitioner CAQH information

Contracted

Molina will countersign your Provider Agreement and provide you with a signed copy

Get Connected

Points of contact and the process for joining our network will differ depending on provider type.

Vision Providers

Please contact our vision vendor, March Vision, for participation at (844) 496-2724 or by visiting MarchVision.com.

Pharmacy Providers

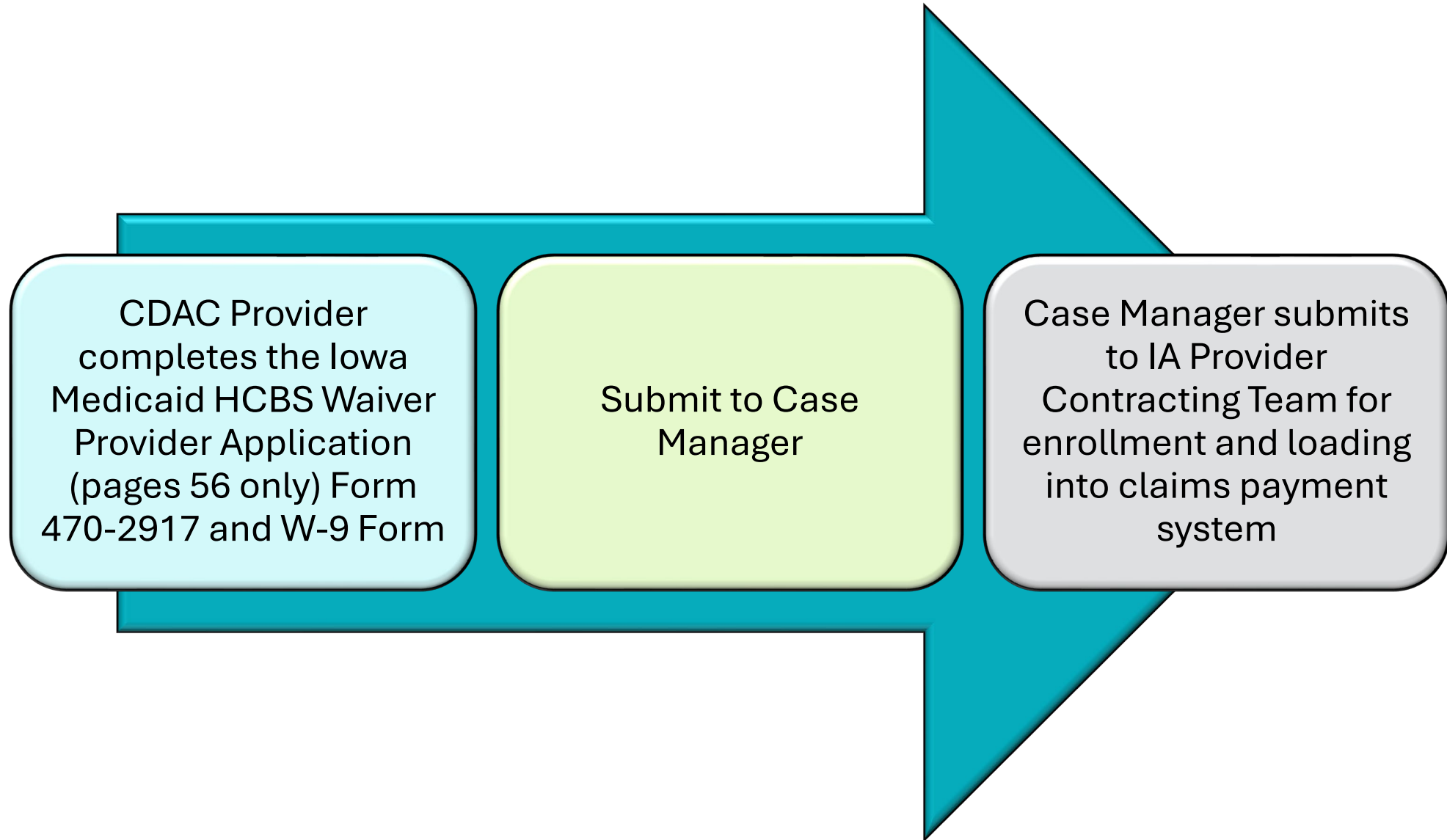
Please contact our Pharmacy benefits manager, CVS Pharmacy, by visiting CVS website here: [Join CVS Caremark Network](#).

All Other Providers

Please complete a [Contract Request Form](#) found on our [website](#) and submit to IAProviderContracts@MolinaHealthcare.com.

CDAC Enrollment Process

Steps:



Provider Resources for Questions & Concerns

Contact a Molina team member

- Please email our Provider Contracting department directly, at IAProviderContracts@MolinaHealthcare.com
- You may also call Molina's Provider Contact Center at (844) 236-1464
- Additionally, the Provider Services team is also ready to assist with next steps at IAProviderRelations@MolinaHealthcare.com

Molina Iowa Website

- MolinaHealthcare.com/IA – our website includes our [provider manual](#), as well as educational resources around this process
- [Provider Network Forms](#) – this link directs you to the documents you may fill out and submit for a faster turn around time on credentialing
- [Join Our Network](#) – this link thoroughly walks you through all contracting and credentialing steps in this presentation

Claims Update



Current Claims Update / Reminder

Top Rejection Issues:

- Taxonomy in Box 33b
- Nine Digit Zip Code (No Hyphen)

Configuration Log

- To keep up to date on configuration updates and timelines for resolution, go here: [Molina Iowa Weekly Configuration Log](#)

Electronic Payment Requirement

- Participating providers are encouraged to enroll in Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Providers enrolled in EFT payments will automatically receive ERAs as well.
- EFT/ERA services give providers the ability to reduce paperwork, utilize searchable ERAs, and receive payment and ERA access faster than the paper check and remittance advice (RA) processes.



There is no cost to the provider for EFT enrollment, and providers are not required to be in-network to enroll. Molina uses a vendor to facilitate the HIPAA compliant EFT payment and ERA delivery processes.

Molina contracts with our payment vendor, ECHO Health, Inc. Click [here](#) to register.

You may contact ECHO Customer Service at [\(888\) 834-3511](tel:(888)834-3511) or edi@echohealthinc.com

Electronic Payment Requirement



1

Once you have enrolled for electronic payments, you will receive the associated ERAs from ECHO with the Molina Payer ID. Please ensure that your Practice Management System is updated to accept the Payer ID referenced below. All will be accessible to download here: www.providerpayments.com

2

ECHO has a Customer Services team available to assist with this transition. Changes to the ERA enrollment or ERA distribution can be made by contacting the **ECHO Health Customer Services** team at [\(888\) 834-3511](tel:8888343511).

3

Molina Healthcare of Iowa (MHIA) Payer ID: MLNIA

4

Once your account is activated, you will begin receiving all payments through EFT, and you will no longer receive a paper explanation of payment (EOP) (i.e., Remittance) through the mail. You will receive 835s (by your selection of routing or via manual download) and can view, print, download and save historical and new ERAs with a two-year lookback.

Claims Submission & Processing

Claims Submission Options

Molina requests that contracted providers **submit all claims electronically.**

Submit via a clearinghouse using the EDI process.

When submitting EDI Claims (via a clearinghouse), use payer ID: **#MLNIA**

SSI is Molina Healthcare's chosen clearinghouse.

The [Availity Provider Portal](#) is available *free* and allows for attachments to be included.

Claims Processing Standards

Over 90% of *clean claims* received by Molina from our health plan network providers are processed within **30 calendar days.**

100% of *clean claims* are processed within **90 working days.**

EDI Claim Submission Issues:

- Providers can submit an email to EDI.Claims@molinahealthcare.com

Availity Essentials



Availity Essentials Portal

Molina's provider portal

Participating providers are encouraged to use Availity for Prior Authorization (PA) submissions whenever possible. Instructions for how to submit a PA request is available at <https://availity.com/molinahealthcare>.

Benefits of submitting your PA requests via Availity include:

- Create and submit Prior Authorization Requests
- Check status of Authorization Requests
- Access dashboard where you can easily see your authorizations and the status update.
- Attach medical documentation required for timely medical review and decision making



Availity Registration

Organization Registration Resource: <http://www.availity.com/registration-tips>

Availity Payor ID: **MLNIA**

Availity Payor Name: **Molina Healthcare of Iowa**

Services Offered by Availity and Molina:

- Claim Submission/Resubmission
- Self service member eligibility
- Provider searches
- Submit requests for authorizations
- Submit claims
- Claim Status
- Remittance Viewer
- Obtaining Member Eligibility & Benefits
- Submitting Authorization Requests
- HEDIS Information



Availity Troubleshooting

Remittance Viewer:

- To view remittances, please authenticate your organization
- How-To Webinar available in the remittance viewer

Get logged in to our Portal:

- Availity Essentials: [Molina Provider Portal](#)
- For further assistance, call Availity Help Desk: (800) 282-4548
7am – 7pm CST / Monday - Friday

Availity Access:

- Be sure to check in with your organization's Availity admin to manage your access



Recoupments & Overpayments



Recoupments



Molina adjustments appear as 'full claim takeback adjustment' (original claim ID with suffix "R#" followed by a new claim with suffix "A#").



Molina uses a "backout and replace" claims system.



Refunds applied appear as 'recoupments/offsets' but are reflected by a refund amount on the EOP/825 which "nets" against the takeback claim in the amount of the refund.



Please log in to Availity Essentials to see all overpayment letters. This is where you can also dispute, agree to recoup, etc. in the portal directly.

Availity Overpayment Feature

Availity and Molina Healthcare have developed a better way to help provider offices manage overpayments in the provider portal. This functionality is live in [Availity Essentials](#).

View the status and details of any claims that Molina has identified an overpayment

Request additional information, and dispute or resolve the overpayment

Upload documents and use the conversation feature within the tool



Availity Access

- To use the overpayments application, your organization's Availity administrator must assign the **Claim Status** and **Claims Overpayment Recovery** roles to your user account.
- Contact your administrator(s) to get more or different permissions.

Highlights and Insights

- In My Account Dashboard, click **My Account > Organizations > Open My Administrators** to find administrators for your business.

Claims Submission – Timely Filing

Providers are encouraged to submit claims for **Covered Services** rendered to members as soon as possible following the date of service.

Claims must be submitted by provider to Molina Healthcare within one hundred eighty (180) calendar days

All claims shall be submitted electronically, and include medical records pertaining to the claim if requested by Molina Healthcare

Out-of-network providers = 365 calendar days after discharge from Date of Service

Corrected Claims = 365 calendar days from the last adjudication date for up to 2 years from Date of Service

Claims Submission and Disputes

Corrected Claims

- Corrected claims are considered **new claims** and may be submitted electronically via the [Availity Provider Portal](#), or through an EDI clearinghouse.
- Correct and Void claims must be submitted with a valid Molina Claim ID. If the ICN is blank, or does not contain a Molina Claim ID, the claim will be rejected.

Claims Disputes/Adjustments

- Providers seeking a redetermination of a claim previously adjudicated must request such action within one hundred-eighty (180) days of Molina Healthcare's original remittance advice date.
- Additionally, any claim(s) dispute requests (including denials) should be submitted to Molina Healthcare using the standard provider claim dispute form. This form can be found on the provider website.

277 Remark Code:

Category Code	Status Code	Status Code Description	Entity Code	Entity code description	Error description
A3	748	Missing incomplete/invalid payer claim control number. Corrected.	n/a	n/a	Invalid/Missing Original Claim ID

Claims Disputes

Providers are encouraged to submit claim disputes electronically, using the Availity Essentials portal.

- The item(s) being resubmitted should be clearly marked as an Appeal and must include the following documentation:
- Any documentation to support the adjustment and a copy of the Authorization form (if applicable) must accompany the Appeal request.
 - The Claim number clearly marked on all supporting documents.

Providers are encouraged to submit claim disputes electronically, using the Availity Essentials portal.

Please note: a provider claim dispute is not an appeal.

Availity Essentials portal:
<https://Availity.com/Essentials>

Fax:
[\(855\) 275-3082](tel:(855)275-3082)

Utilization Management Update



Utilization Management

Our Utilization Management (UM) program functions by:

Assuring	Assuring that services are Iowa Medicaid, MLTSS, and CHIP covered benefits
Ensuring	Ensuring that Molina staff does not approve requested services that are deemed to be experimental and investigational
Applying	Applying nationally accepted evidence-based criteria that support decision making to determine the medical necessity or appropriateness of services
Monitoring	Monitoring of our members benefits to ensure a safe discharge plan with appropriate follow up services

Referrals and Prior Authorization

Referrals are made when medically necessary services are beyond the scope of the PCPs practice. Most referrals to in-network specialists do not require an authorization from Molina.

Prior Authorization is a request for prospective review. It is designed to:

- ✓ Assist in benefit determination
- ✓ Prevent unanticipated denials of coverage
- ✓ Create a collaborative approach to determining the appropriate level of care for members receiving services
- ✓ Identify Case Management and Disease Management opportunities
- ✓ Improve coordination of care

***Information is to be exchanged between the PCP and Specialist to coordinate care of the patient.**

Requests for services listed on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and trained staff that have the authority to approve services.

A list of services and procedures that require prior authorization is included in our Provider Manual, and is also posted on our website: MolinaHealthcare.com/IA

PA Update – Effective October 2024:

As of 10/01/2024:

Molina makes the determination and provides notification no later than 7 calendar days from the receipt of complete request.

You can access Molina’s Prior Authorization Look Up Tool [here](#)



You may reach out to the UM team through our Provider Services Contact Center by calling (844) 236-1464, 7:30am-6:00pm, M-F to assist with:

- Answering your questions
- Provide guidance
- Help schedule a peer-to-peer conversation
- Assist clinical providers navigate our Prior Authorization process

UM 7-Day Turn-Around Time (TAT)

What we did to prepare

- **Exposure**
- **Communication with internal staff**
- **Communication with Providers**
 - **Provider Notice posted timely on website**
 - **Provider Email Blast with Notice sent out**
- **Monitoring of trends / ques**

Experience the first 2 weeks

- **Que volumes decreased**
- **Quicker turn-around times**
- **Limited reviews due over weekend**

Request for Prior Authorization

Authorization for elective services should be requested with supporting clinical documentation for medical necessity review. Information generally required to support decision making includes:

1. Current (up to 6 months), adequate patient history related to the requested services
2. Physical examination that addresses the problem
3. Lab or radiology results to support the request (including previous MRI, CT, Lab or X-ray report/results)
4. PCP or Specialist progress notes or consultations
5. Any other information or data specific to the request

Prior Authorization
Request Fax:
(877) 319-6828

Radiology/Imaging Prior
Authorization Request Fax:
(877) 731-7218

- The list of services that require prior authorization is available in narrative form, along with a more detailed list by CPT and HCPCS codes.
- Molina prior authorization documents are updated annually, or more frequently as appropriate, and the current documents are posted on the Molina website

Request Responses

In the event a provider indicates, or if we determine that a standard authorization decision timeframe could jeopardize a member's life or health, Molina will process such requests as expedited as well.

Molina makes UM decisions in a timely manner to accommodate the urgency of the situation as determined by the member's clinical situation.

For an expedited request for authorization, Molina makes a determination as promptly as the member's health requires and no later than seventy-two (72) hours after Molina receives the initial request for service.

Prior Authorization Look Up Tool

Need a Prior Authorization?

[Code LookUp Tool](#)

Prior Authorization LookUp Tool

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

This LookUp tool is for Out-Patient services, **All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law. All Medicaid LTSS services require prior authorization regardless of code.**

We attempt to provide the most current and accurate information on this PA LookUp Tool. Note prior authorization requirements change quarterly. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA request form.

Healthcare Administered Drug Requests faxed to: Medicaid: 877-733-3195

State: Health Plan Benefit: LOB:

CPT / HCPCS Code: [Lookup](#)

Prior Authorization Status: Required

Code Description	Notes
TX SPEECH LANG VOICE COMMJ AND/AUDITORY PROC IND	PA Required after 12 visits per calendar year for PT/OT/ST.

The Prior Authorization Look-up Tool allows providers to enter a CPT or HCPCS code to determine authorization requirements in real-time!

To access the Prior Authorization Look-up Tool instructions, go to: [Provider Look Up Tool Walk Through](#)

This will also direct you to the most current [Prior Authorization Guidelines](#) and the Prior Authorization Request Form.

Prior Authorization Review Guide

For emergency admissions, notification of the admission shall occur once the patient has been stabilized in the emergency department. Notification of admission is required to verify eligibility, authorize care, including level of care (LOC), and initiate inpatient review and discharge planning.

Molina performs concurrent inpatient review to ensure patient safety, Medical Necessity of ongoing inpatient services, adequate progress of treatment and development of appropriate discharge plans. Molina will request updated original clinical records from inpatient facilities at regular intervals during a member's inpatient admission.

Emergent inpatient admission services performed without meeting notification and Medical Necessity requirements or failure to include all of the needed documentation to support the need for an inpatient admission will result in a denial of authorization for the inpatient admission.

We require that the notification includes:

- Member demographic information
- Facility information
- Date of admission
- Clinical information sufficient to document the Medical Necessity of the admission



*Molina requires notification of all emergent inpatient admissions within twenty-four (24) hours of admission or by the close of the next business day when emergent admissions occur on weekends or holidays

Provider Data Accuracy and Validation



Provider Data Accuracy and Validation

- It is important for providers to ensure Molina has accurate practice and business information.
- This allows us to better support and serve Molina members and provider network.

- Maintaining an accurate and current Provider Directory is a State and Federal regulatory requirement, as well as an NCQA required element.
- Invalid information can negatively impact member access to care, member/PCP assignments and referrals.

- Providers must validate their provider information on file with Molina at least once every 90 days for correctness and completeness.

Provider Data Accuracy and Validation Cont.

Please visit our Provider Online Directory at MolinaHealthcare.com/IA to validate your information.

For corrections/updates, providers can make updates through the [CAQH Portal](#) or submit a full roster that includes the required information for each health care provider and/or health care facility in your practice.

Providers unable to make updates through the [CAQH Portal](#) or roster process should contact their [Provider Relations representative](#) for assistance.

Provider Escalation Process Update



Provider Escalation Steps

1

Call Provider Services Contact Center:
(844) 236-1464
7:30am – 6:00pm, Monday through Friday

2

Contact Availity:
[Availity Essentials \(Molina Provider Portal\)](#)

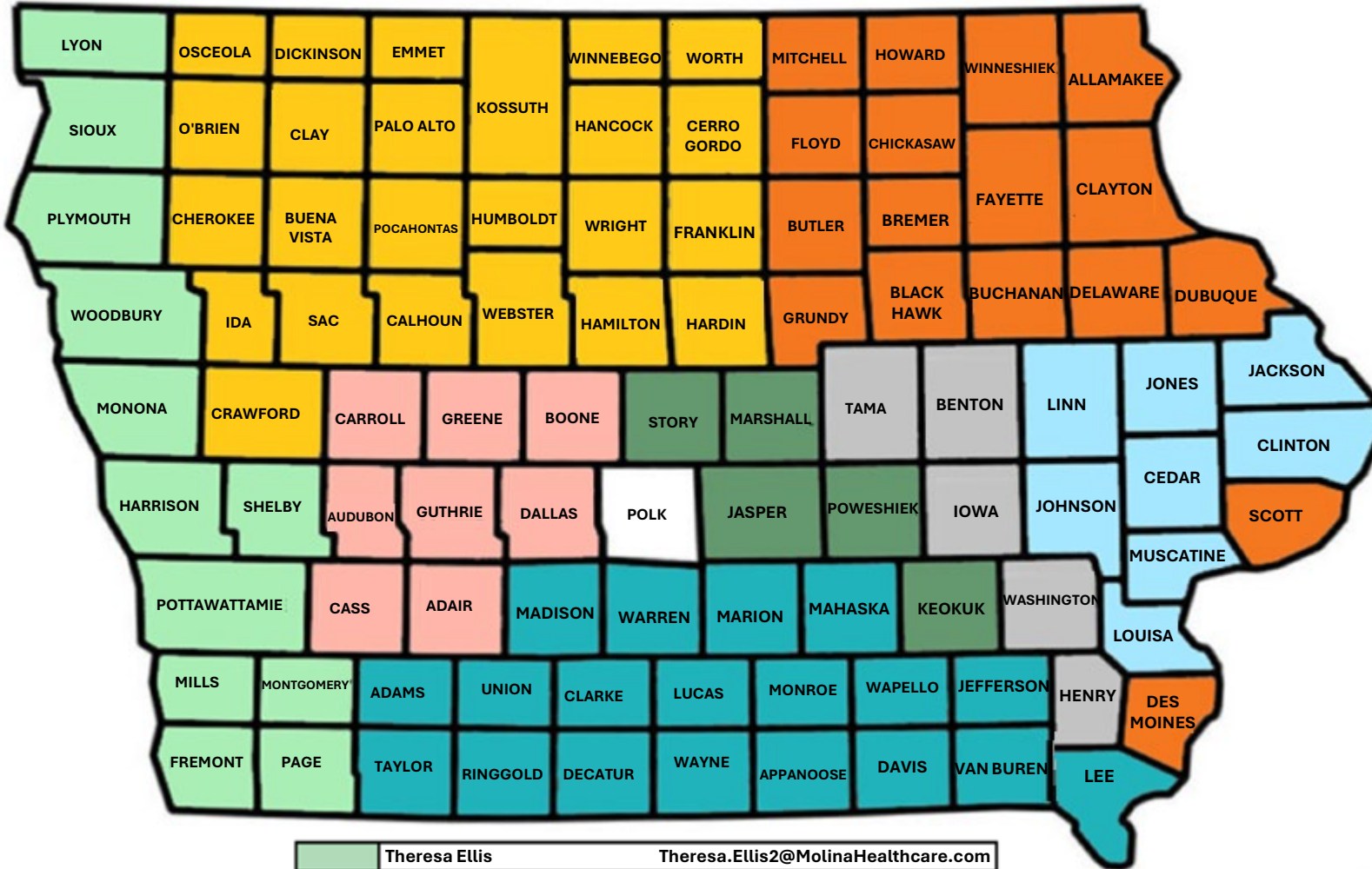
3

Reach out to your Provider Relations Rep:
Email the PR box IAProviderRelations@MolinaHealthcare.com
or contact your PR Rep for your county using our [map](#).

4

Contact Health Plan Leadership:
Manager, Provider Relations: Angela.Schmidt@MolinaHealthcare.com
Director, Provider Relations: Rondine.Anderson@MolinaHealthcare.com

Provider Relations Rep Map by County



Light Green	Theresa Ellis	Theresa.Ellis2@MolinaHealthcare.com
Yellow	Jordan Kohlmeyer	Jordan.Kohlmeyer@MolinaHealthcare.com
Pink	Adrian Cain	Adrian.Cain@MolinaHealthcare.com
Orange	Marcia Petsche	Marcia.Petsche@MolinaHealthcare.com
Grey	Veronica Billingsley	Veronica.Billingsley@MolinaHealthcare.com
Dark Green	Elizabeth Erickson	Elizabeth.Erickson@MolinaHealthcare.com
Light Yellow	Amber Meador	Amber.Meador@MolinaHealthcare.com
Teal	Erica Baker	Erica.Baker@MolinaHealthcare.com
Light Blue	Sara Tubbs	Sara.Tubbs@MolinaHealthcare.com

Provider Services: (844) 236-1464

Health Systems Contacts

Theresa Ellis – Unity Point, CHI, Methodist
 Adrian Cain – MercyOne, Genesis
 Veronica Billingsley - University of Iowa

Border States

Illinois – Sara Tubbs
 Minnesota – Jordan Kohlmeyer
 Missouri – Erica Baker
 Nebraska – Theresa Ellis
 South Dakota – Theresa Ellis
 Wisconsin – Marcia Petsche

Polk County (cities are divided)

Veronica – Altoona, Beaverdale, Bondurant, Des Moines, Elkhart, Mitchellville, Pleasant Hill, Runnells

Elizabeth – Ankeny, Clive, Grimes, Huxley, Johnston, Polk City, Urbandale, West Des Moines, Windsor Heights

All Home Health & Public Health Providers:

IA_CM@MolinaHealthcare.com

All ICDAC & CDAC:

IA_CM@MolinaHealthcare.com

All Chiropractic Providers:

ChiropracticInfo@MolinaHealthcare.com

[Molina IA Rep Map Link](#)

Provider Online Resources



Provider Online Resources

www.MolinaHealthcare.com/IA

- ✓ Provider Online Directories
- ✓ Preventative & Clinical Care Guidelines
- ✓ Provider Manual
- ✓ Provider Portal: Availity Essentials
- ✓ Prior Authorization Information
- ✓ Advanced Directives
- ✓ Model of Care Training
- ✓ Claims Information
- ✓ Pharmacy Information
- ✓ HIPAA
- ✓ Fraud, Waste & Abuse Information
- ✓ Frequently Used Forms
- ✓ Communications & Newsletters
- ✓ Member Rights & Responsibilities
- ✓ Contact Information

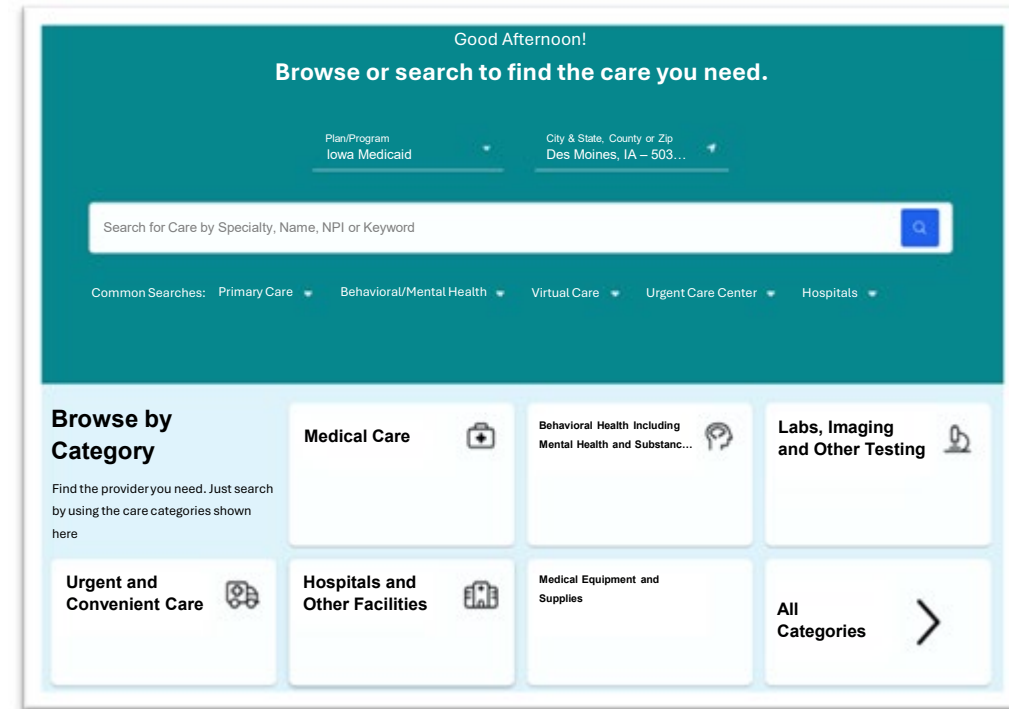
The screenshot shows the Molina Healthcare of Iowa Provider Portal. At the top left is the Molina Healthcare logo. To its right is the text "Availity Essential Portal" and "Find a Doctor or Pharmacy". Further right is a search bar with a "Go" button and a "Sign in" button with a "Register" link below it. Below the search bar is a navigation menu with tabs for "Home", "Provider Resources", "Claims & Authorizations", "Health Resources", "Communications", and "Join Our Network". The main content area features a large banner with the text "Real-time Transactions Including Claims, Eligibility, and Benefits:" and a sub-headline "Molina Healthcare is excited to offer the Availity Essentials portal as a convenient tool for real-time transactions. For more information, log in or register today!". Below this banner are "Login" and "Register" buttons. A secondary banner asks "Need a Prior Authorization?" with a "Code LookUp Tool" button. Below this is a "Welcome Molina Healthcare of Iowa Providers" section with a message from the organization and a "Provider Services" link. To the right of this section is an "Important Reminder" box with text about directory demographics and a link to the "Provider Online Directory".

Provider Online Directory

Providers may use Molina's Provider Online Directory (POD) located on our website or request a copy of the Provider Directory from their Provider Relations Representative.

Molina is committed to improving your online experience. The new Provider Online Directory enhances search functionality so information is available quickly and easily.

Molina Iowa Provider Online Directory



Provider profile cards for quick access to information

Expanded search options and filtering for narrowing results

User-friendly and intuitive navigation

Browsing by category, search bar and common searches

Provider information you can save to use later

Nurse Advice Line

Nurse Advice Line (NAL)

24/7, 365 days per year

(866) 236-2096

TTY/TDD: 711 Relay

The telephone-based nurse advice line is available to all Molina Members. Members may call anytime they are experiencing symptoms or need health care information. Registered nurses are available

**24 hours per day
7 days per week**

to assess symptoms and help make good health care decisions.

BH Crisis Line: Your Life Iowa

24/7, 365 days per year

**Call (855) 581-8111 or
Text (855) 895-8398**

Call or Text 988 Suicide & Crisis Lifeline

Please Note:

The Nurse Advice Line telephone number is also printed on Molina Member ID cards. The BH Crisis Line should be utilized for Behavioral Health purposes.

Molina's Partners



Molina Healthcare of Iowa Partners

Molina Healthcare of Iowa is partnering with the following providers for our Medicaid, LTSS, and CHIP members:

March Vision
Vision Services

- Toll Free #: **(844) 496-2724**
- [March Vision](#)

Carebridge
Electronic Visit Verification

- Toll Free #: **(844) 496-2724**
- [EVV Carebridge Iowa](#)

Teladoc
Virtual Care

- Toll Free #: **(800) 835-2362**
- [Teladoc - Molina Iowa](#)

Access 2 Care (A2C)
Non-Emergency Transportation

- Toll Free #: **(844) 544-1389**
- [A2C](#)

StationMD
Telehealth (I/DD)

- Toll Free #: **(844) 544-1389**
- [StationMD](#)



Molina Healthcare of Iowa Partners

Molina Healthcare of Iowa is partnering with the following providers for our Medicaid, LTSS, and CHIP members:

Healthmap Solutions, Inc.
Kidney Health Management

- Toll Free #: **(800) 819-5175**
- www.healthmapsolutions.com

Progeny Health
Neonatal Care Management

- Toll Free #: **(888) 832-2006**
- www.ProgenyHealth.com

Mae
Doula Services

- Email support@meetmae.com
- <https://meetmae.com/doula>

Pyx Health
Virtual Care

- Toll Free #: **(855) 499-4777**
- [Pyx Health - Molina Iowa BH](#)

TCare & Trualta
Caregiver Support

- Caregiver specialty, and eLearning-based caregiver support program
- [Caregiver Connect](#)



NEW! Value-Added Benefits for your Members



Earn \$10 in healthy rewards for getting a flu shot.



Member Portal Set Up:

Earn a \$20 healthy rewards card for setting up member portal for you or your child.



Annual YMCA Membership:

Members (all ages) who have completed an annual adult physical exam or well-child visit qualify.



Diabetic care management:

Members ages (18 + years diagnosed with diabetes) can earn up to \$50 for completing an annual A1c and diabetic eye exam

Pregnancy Notification:



Notification during 1st Trimester – \$50 gift card once per pregnancy.

Notification during 2nd or 3rd Trimester - \$25 gift card once per pregnancy



Molina Virtual Diabetes Care Series:

Members (18+ years with type 1 or 2 diabetes or pre-diabetes) can earn a healthy reward of up to \$100 for completing the series.

Newest Value-Added Benefits for your Members



Flu Shot: Earn \$10 in healthy rewards for getting a flu shot.

Annual YMCA Membership:

Members (*all ages*) who have completed an annual adult physical exam or well-child visit qualify.

Diabetic Care Management:

Members (*age 18+; diagnosed with diabetes*) can earn up to **\$175** in healthy rewards throughout the year by:

- Completing annual A1c tests (\$25 per test; 4 maximum)
- Diabetic eye exam (1 per year; \$50)
- Kidney function lab test (1 per year; \$25)



Member Portal Set Up:

Earn a \$25 healthy rewards card for setting up member portal for you or your child.

Pregnancy Notification:

Notification during 1st Trimester – \$50 gift card, once per pregnancy.

Notification during 2nd or 3rd Trimester - \$25 gift card, once per pregnancy



Molina Virtual Diabetes Care Series:

Members (*18+ years with type 1 or 2 diabetes or pre-diabetes*) can earn a healthy rewards up to \$100 for completing the series.

*Molina Iowa Provider Website
Demonstration by Provider Rep*

Thank You

