



Provider Newsletter

For Molina Healthcare of Iowa, Inc. providers

Fourth quarter 2025

In this issue

- 1** Coming 2026: Medicare Advantage D-SNP
- 2** MHIA Provider Relations representative map update
- 3** Utilization Management (UM) turnaround time for prior authorization
- 4** Utilization Management letters available digitally
- 5** Care Connections
- 7** 2025-2026 flu season
- 8** Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program
- 9** Molina's Special Investigation Unit partnering with you to prevent fraud, waste and abuse
- 10** Clinical Policy

Coming 2026: Medicare Advantage D-SNP

Molina Healthcare of Iowa, Inc. (MHIA) has announced an exciting expansion of its services. Beginning January 1, 2026, we will offer Medicare Advantage Dual Special Needs Population (D-SNP) products in 86 counties!

We have prepared providers and members for this new expansion:

- Open enrollment: The open enrollment period for this new Medicare Advantage D-SNP offering commenced in October 2025. During this period, eligible residents signed up for the new plan and ensured they have coverage starting in 2026.
- Provider trainings: To ensure that health care providers were prepared for this transition, we initiated training programs over the past few months. We participated in the HHS Annual Provider Trainings in September and October and continued monthly onboarding education for newly contracted providers. These sessions equipped providers with the necessary knowledge and tools to effectively manage and support the new Medicare plans.

Stay tuned for more updates and information as we announce our Go-Live and take advantage of the opportunities that this new Medicare Advantage D-SNP offering will bring!

Mailing address update for disputes

In our continued effort to streamline and expedite the **provider dispute resolution process**, we would like to remind you that the **Availity Essentials** portal is our preferred method for submitting provider disputes. Utilizing the Availity portal allows for faster processing, better tracking and more efficient communication regarding your dispute submissions.

However, we understand that there may be instances where submitting a dispute electronically is not possible. If you prefer or need to mail your provider dispute, please ensure that all mailed disputes are sent to the following address:

Molina Healthcare of Iowa, Inc.
C/O Firstsource
1232 Premier Drive, Suite 100
Chattanooga, TN 37421

Please note: Provider disputes will not be accepted at the Des Moines, IA address after January 1, 2026; please utilize the Chattanooga, TN address above.

If you have any questions about the provider dispute process or need assistance with the Availity portal, please contact our Provider Relations team for support by calling **(844) 236-1464**, or email **IAProviderRelations@MolinaHealthcare.com**.

MHIA Provider Relations representative map update

We recently updated our map regions. Please view our representative map to ensure you are in contact with the correct Provider Relations representative for your provider inquiries at [MHIA Medicaid | Contact Us](#).

MHIA now accepting electronic attachments (275) via clearinghouse – The SSI Group (SSI)

Molina now accepts electronic attachments (275 transactions) via The SSI Group, LLC Clearinghouse, in addition to the [Availity Essentials](#) portal. Providers can submit attachments to PayerID **MLNIA** through their existing clearinghouse, provided that the clearinghouse has connectivity with SSI.

To help ensure smooth processing, please keep these tips in mind:

- Attachment types: Ensure the attachment type and purpose codes are valid per the 275 standard
- Timeliness: Submit attachments promptly after claim submission to avoid delays
- File size and format: Confirm your clearinghouse supports the file size and format you intend to send

Edifecs 824 and 999 transmission implementation

To support end-to-end attachment reconciliation, Molina will generate 824 and 999 response transmissions for all SSI inbound 275 transactions effective September 15 for markets that are set up to accept attachments today. All future market expansion will include this functionality. The goal of this implementation is to provide line of sight into document receipts and confirmation of processing. If you have any questions, please contact IAProviderRelations@MolinaHealthcare.com. You can also visit our [Provider website](#) to learn more about SSI.

Iowa Molina Provider Advisory Council (IMPAC)

The Molina Iowa Provider Network thanks its providers who participate in the Iowa Molina Provider Advisory Council (IMPAC). To join this council, please complete the sign-up form [here](#). We look forward to our next meeting in May 2026.

Want regular Molina Iowa provider communications?

We have partnered with ConstantContact to be our provider communications email vendor. The first time you receive an email from this source, you may need to check your spam/junk folder to “accept and release” it. For regular news, updates and announcements, sign up [here](#)!

Follow us on Facebook!

Please “Like” our Molina Healthcare of Iowa [Facebook](#) page to see all of our community events!



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.

Utilizing Availity Essentials portal to submit electronically

We encourage all providers to use Availity Essentials for authorizations. Please submit electronically via the Availity Essentials portal.

Reminder: For Advanced Imaging Cite Auto Auth submissions, this is also done via Availity Essentials.

Exciting enhancements to Availity Essentials

Molina is making it easier for providers to do business with us by streamlining processes and improving communication through Availity. 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



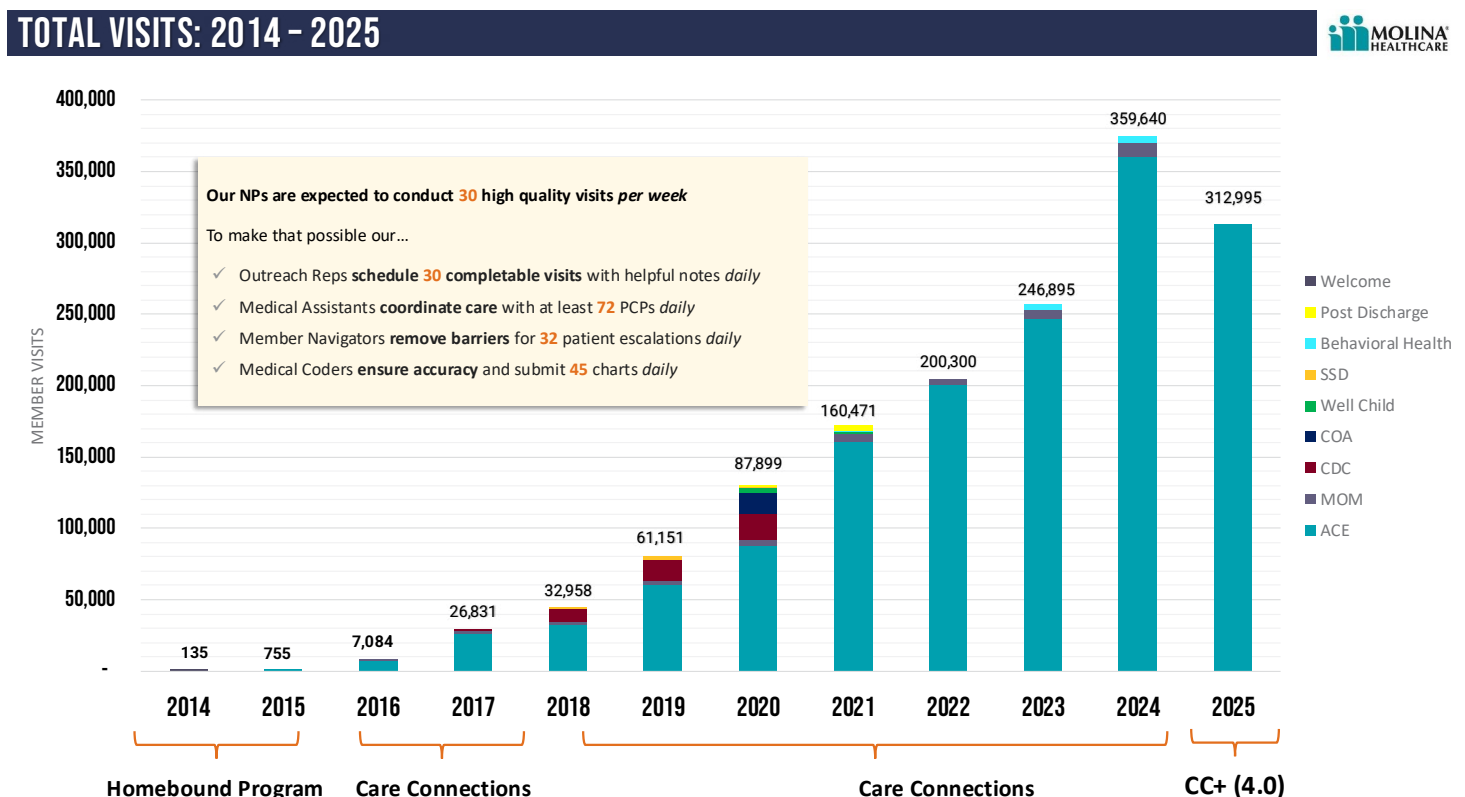


Care Connections (continued)

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.



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 [MHIA | Member Benefits & Services](#).

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 the SIU team using the number provided in the notice.

"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.

Clinical Policy

Molina Clinical Policies (MCPs) are policies used by providers as well as medical directors and internal reviewers to make medical necessity determinations. The Molina Clinical Policy Committee reviews MCPs annually and approves them bimonthly.

Molina adopts clinical practice guidelines based on evidence-based standards and recommendations from national specialty organizations and governing bodies. These guidelines are reviewed, updated and evaluated in collaboration with network providers through Molina's Quality Improvement Committee. If you are interested in participating in the Quality Improvement Committee, please contact your **Provider Relations representative**.

Molina's website provides a comprehensive list of adopted guidelines and links to national resources. If using the Molina website, navigate to the Health Care Professionals site and click **Preventive Health** or **Clinical Practice Guidelines** from the Health Resources tab.

Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. The Provider Network team will post our first edition Medicare DSNP Provider Manual at the end of this quarter prior to the January 1, 2026 go live date. Providers can access the most current Medicaid Provider Manual at **MHIA | Provider Manual**.