![MOLINA HEALTHCARE logo]

# Provider Newsletter

For Molina Healthcare providers in Massachusetts

First quarter 2026

## In this issue

The provider newsletter is available to all network providers serving Molina Healthcare members in Massachusetts.

# Digital first utilization management reminder

Molina Healthcare, Inc. is moving to a **fully digital process for prior authorization requests** to improve efficiency, security and compliance. Starting **January 31, 2026**, fax submissions will be discontinued, and all requests must be submitted through the **Availity Essentials portal**.

**Key benefits**

- **Enhanced security:** Digital submissions reduce risks tied to fax transmissions
- **Faster processing:** Improved turnaround times for prior authorizations
- **Greater transparency:** Real-time tracking via Availity
- **Regulatory alignment:** Meets Centers for Medicare & Medicaid Services (CMS) and state mandates for digital prior authorization
- **Better reporting:** Streamlined compliance tracking

**Support for providers**

- Molina will provide **training webinars, one-on-one sessions and step-by-step guides.**
- An **exception process** will be available for providers with documented barriers.
- **Pharmacy/LTSS/SNF custodial care providers** will continue using current authorization processes.
- **Fax lines will still be available for non-par providers. Visit the Provider Manual or Molina provider website for more about contact information**.
- For more information please visit **here** or visit the dedicated **Availity page**.

For questions or assistance, contact your Molina Provider Services representative.
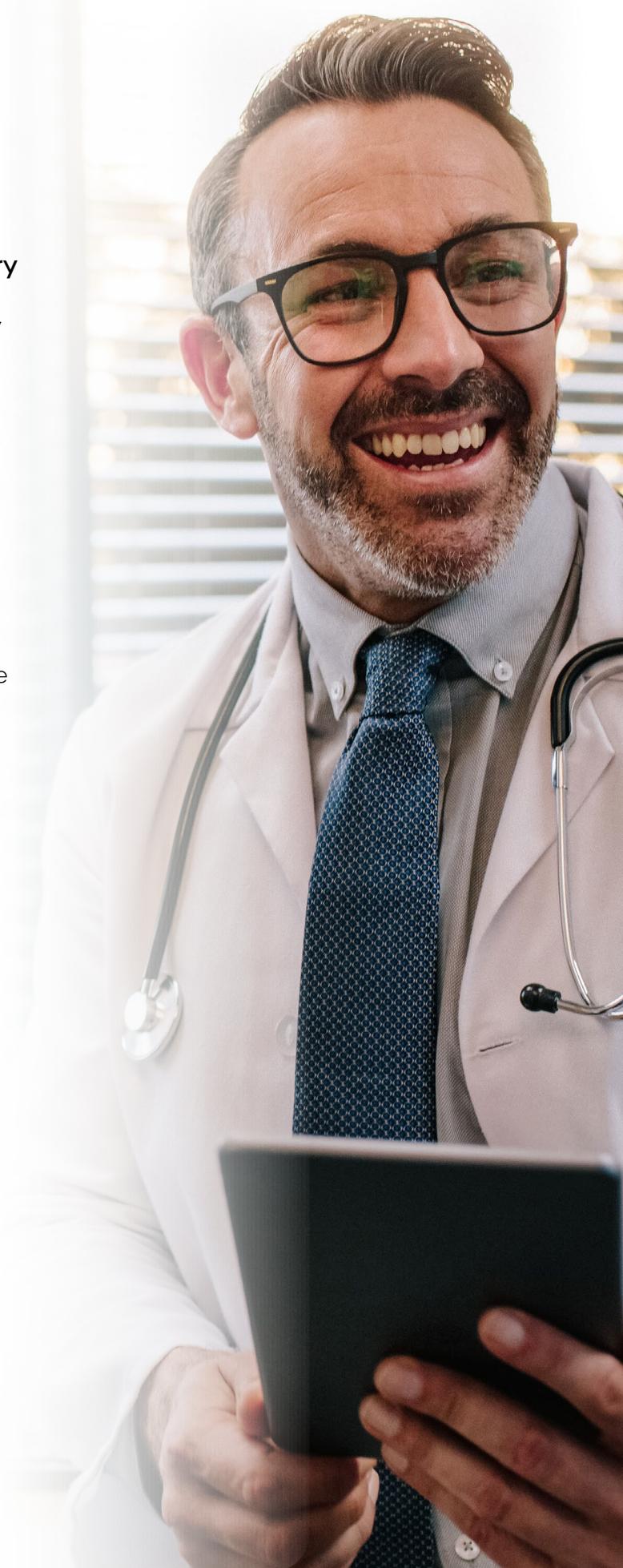
# Introducing long-term services coordinators (LTS-Cs)

Molina's One Care program now includes long-term services coordinators (LTS-Cs)—specialized professionals dedicated to supporting members with long-term services and supports.

### What they do

LTS-Cs help members live independently, stay connected to their communities and access the services they need to thrive. LTS-Cs also help members live independently by assisting with personal care assistant (PCA) applications, coordinating housing resources and ensuring access to behavioral health services.

### Community partnerships

We collaborate with community-based organizations (CBOs) and aging services access points (ASAPs) to deliver person-centered care with strong local expertise.

### Why it matters for providers

LTS-Cs serve as trusted partners, bridging gaps between medical care and essential non-medical supports. They work closely with providers, caregivers and community organizations to ensure care is comprehensive, culturally competent and disability-informed.

# Training reminder for interdisciplinary care team

To ensure high-quality, person-centered care, all members of the **interdisciplinary care team (ICT)** must complete applicable required training. The ICT includes:
- **Primary care provider (PCP)**
- **Behavioral health provider** (if indicated)
- **Care coordinator or clinical care manager**
- **Long-term services coordinator (LTS-C)** (if indicated)

### Training topics include:
- Person-centered planning processes
- Cultural competence
- Accessibility and accommodations
- Independent living and recovery principles
- Wellness principles

### Action required

Providers must **document completion of these trainings** for all ICT members and maintain qualified staffing levels to meet contractual obligations. Cultural competency training with attestation can be found in the Molina payer space on Availity. As a reminder, Molina also offers monthly live training sessions. For more information, please visit **here**.

# Molina Provider Collaboration Portal

**Molina is excited to introduce the Molina Provider Collaboration Portal, now available through the Availity Essentials Molina Payer Space.**

This portal provides providers with streamlined, actionable tools to:
- Access targeted gap lists and track practitioner performance against benchmarks
- Support members with chronic conditions
- Summarize costs and total cost distribution
- Monitor KPIs tied to incentives
- Identify and close gaps in care to improve outcomes and reduce data overload

Gap closure documentation can be submitted via the **HEDIS® profile portlet**.

**Access requirements**

Practitioners (PCPs and specialists) must have Availity portal access and a designated medical staff role within Availity to use the Molina Provider Collaboration Portal.

For more information, contact your local Provider Relations representative or call **Availity Client Services at (800) AVAILITY (282-4548)**, available Monday–Friday, 8 a.m.–8 p.m. ET.

# Engaging members for the Medicare Annual Wellness Visit

The Medicare Annual Wellness Visit (AWV) focuses on preventive health, an important component of care for our members. Different from an annual physical exam, the AWV allows time for providers to discuss concerns and develop a preventive care plan with their patients. Many patients may be unaware this annual visit is available to them. Please remind eligible patients to schedule their AWV to promote maintaining and improving their health. The visit is free and covered 100% by Medicare. As always, thank you for your care of our members. For more information on the Medicare Annual Wellness Visit and the Initial Preventive Physical Exam, follow these links:
- **Annual Wellness visit**
- **Initial Preventive Physical Exam**

# Help your patients share their voice

Soon, some of your patients who are Molina members will get the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey in the mail. This survey asks about their care, including visits with you and your staff.

Creating positive experiences helps patients stay engaged in their care and achieve healthier results. You can help by:
- Reminding patients to complete the CAHPS® Survey if they get it
- Listening to and addressing patient concerns and questions
- Making sure patients understand their care plans
- Offering timely appointments when possible

The CAHPS® Survey helps us all work together to make care better. Thank you for the care you give to our members every day.

# Clinical Practice Guidelines and Preventive Health Guidelines (CPGs/PHGs)

Molina is pleased to share evidence-based Clinical Practice and Preventive Health Guidelines with our provider network. Guidelines are reviewed quarterly by the Molina National Quality team to ensure we are providing the most up-to-date recommendations based on scientific evidence and best practices. Please review the recommended practice guidelines and incorporate these into your care of Molina patients. Use the links below to find more information in the Health Resources section of our website:

- **Clinical Practice Guidelines**
- **Preventive Health Guidelines**
- **Additional resources**

# Controlling blood pressure in patients with hypertension

Helping members with hypertension to control their blood pressure is a priority at Molina. We would like providers to participate in this initiative to improve the rates of controlled blood pressure among our members. Some current initiatives in place include:

- Focus workgroups with members in community – education sessions, blood pressure checks, healthy cooking demonstrations
- Disease management program focused on hypertension
- Call and texting campaigns aimed at Molina members
- Member education materials – multi-language flyers focused on various topics related to controlling high blood pressure
- Provider engagement meetings to discuss chronic condition validation, gap-in-care lists, resources to support providers
- Cityblock partnership to conduct home visits and blood pressure checks, provide education to help members control blood pressure
- Stellar partnership working to improve rates of controlled blood pressure
- Care Connections partnership conducting annual preventive care visits and blood pressure checks
- Multi-language member education infographic educational flyers

Please support our efforts by engaging members with hypertension and making appointments available for routine blood pressure checks.

# Preventing readmissions among disparate populations

Molina is focused on reducing readmission rates among our members. Working with providers is vital to keeping members safe and at home. For patients with disparities in health literacy and social determinants of health, it becomes even more important for health care professionals to focus on and engage with patients discharged from an inpatient setting.

Health literacy must be considered when working with patients with low literacy or language barriers impacting understanding. Molina members in Massachusetts are a diverse population from many different cultures. Over 60% of our members speak a language other than English. Many struggle with low literacy. Early engagement and culturally sensitive education in the patient's language is important when looking at reducing readmission to the hospital. Communication between the facility and PCP is a key component of a successful discharge. A follow-up appointment should be offered to patients within 7 days upon notification of their discharge, and a comprehensive medication reconciliation conducted to ensure patients understand changes or additions to their medication regimen. Things to consider when engaging with culturally diverse patients after discharge include:

- Incorporate health literacy assessments into routine care of diverse populations
- Include family and caregivers in education efforts and decision-making
- Increase level of outreach by health care providers
- Consider education in multiple formats such as oral, written and video to accommodate different learning styles
- Use teach-back education to ensure patients comprehend discharge instructions
- Utilize motivational interviewing techniques to engage patients during teaching
- Communicate with Molina nurse care managers post-discharge to ensure members are set up with what they need at home

The CMS Office of Minority Health offers the Guide for Reducing Disparities in Readmissions, updated in April 2024. This resource offers information and strategies on reducing disparities impacting health outcomes. Please download and use this guide in your practice. You can find it **here**.

# Sharing supplemental data feeds

A supplemental data source (SDS) is information from sources outside of claims, encounters and medical records. SDS data is essential to capture full burden of illness and support quality gap closure. Examples of these sources include electronic health records, pharmacy records, lab results, registry data or health risk assessments. Since not all diagnoses are captured in claims, supplemental data is key for filling in gaps for a more complete picture of care received. Supplemental data is also a vital piece in HEDIS® quality measurement. Benefits of setting up SDS feeds include:

- Reduce volume and expense of chart chases
- Improve accuracy and completeness of diagnoses
- Improve HEDIS rates by closing quality gaps
- Improve accuracy of chronic condition validation (CCV) gaps
- Reduce missed opportunities by capturing data outside of claims
- Support appropriate reimbursement
- Validate provider efforts by capturing clinical complexity

To learn more about how you can set up supplemental data feeds with Molina, contact your Provider Network account manager.

# Sharing electronic health records

Each year Molina reports member data to the CMS and the National Committee for Quality Assurance (NCQA) as part of regulatory reporting and accreditation activities. Access to remote electronic health records (EHR) is a key component of these efforts and supports accuracy for data not found in claims. Benefits of sharing EHR include:

- Reduce or eliminate burden on office staff for records retrieval efforts
- Showcase quality of care provided by health care providers
- Increase data transparency between Molina and provider offices
- Improve compliance and ability to extract supplemental data year round
- Improve HEDIS performance and ratings

Molina works with provider offices throughout the process of setting up EHR access. Please contact your Provider Network account manager for more information.

# Medical Advisory Committee

Molina's Medical Advisory Committee oversees and advises on certain functions of Molina's operations. The committee provides advice and recommendations on protocols, advises and reviews clinical-focused quality improvement program initiatives, advises and reviews clinical programs, policies, and procedures, and acts as the plan's Ethics Committee for periodic review of ethics matters.

The committee is appointed by the chief medical officer, who chairs the committee. Members may include network primary care physicians, nurse practitioners, specialists, community care registered nurses, ethicists, pharmacists and behavioral health providers from around the state.

Molina is currently seeking new members to join the committee to represent the One Care population. Providers, especially with a background in women's health, disability and behavioral health, are welcomed. Please contact Regina Pepin at **Regina.Pepin@MolinaHealthcare.com** if interested or if you would like more information.

# Provider engagement team

The provider engagement (PE) team was launched in 2025 to work with eligible providers for building collaborative partnerships, focused on improving the quality of care for members. Activities included:

- Sharing quality gaps to increase member screenings and help guide interventions
- Promoting the Medicare Annual Wellness Visit (AWV) to improve member outcomes
- Sharing chronic condition validation (CCV) rates to improve accuracy and specificity in documentation, aimed at capturing full burden of illness
- Sharing tip sheets and other helpful resources to support accuracy in documentation and coding
- Sharing rates of annual preventive care visits to increase member access to care
- Discussing importance of SDS and working with providers to set up data feeds
- Sharing information on Molina initiatives aimed at both providers and members
- Promoting Availity Provider portal

For more information, please contact:
Michele Richard at **Michele.Richard@MolinaHealthcare.com** or
Ethan Gilbert at  **Ethan.Gilbert@MolinaHealthcare.com**.

# 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.

## 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.

If you have any questions or want additional information or printed copies with HEDIS or CAHPS results, please contact Provider Services at **(855) 838-7999**.

# 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 **(888) 275-8750**.
- Molina members can access Interpreter Services at no cost by calling Member Services at **(888) 794-7268**.

Providers can access the **Availity 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 support better 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
- Masshealth PIDSL
- 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:

Delegated and other providers that typically submit rosters must submit a complete roster with 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, 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

## 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 **here**.