



# Provider Newsletter

For Molina Healthcare of Nebraska, Inc. providers

April 2025

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## Join the Provider Advisory Committees

Molina Healthcare of Nebraska is expanding our Provider Advisory Committees (PAC), and we want YOU to be part of it!

If you're a Medicaid provider, this is your opportunity to make a direct impact on the issues that matter most to our community.

While all provider specialties are welcome, we are especially seeking psychiatrists and psychologists to participate in our Behavioral Health PAC.

The PAC serves as a platform for providers to share feedback and recommend improvements, helping shape patient-centered care in Nebraska. Meetings are held quarterly, and participants receive a \$200 reimbursement per meeting. Discussion topics include but are not limited to:

- Access to care
- Prior authorizations
- Claims payments
- Credentialing
- Molina's policies

Your insights are invaluable in shaping the future of health care in our state.

Interested? Email Dana Russell at [Dana.Russell@molinahealthcare.com](mailto:Dana.Russell@molinahealthcare.com) with your name and contact details. We look forward to hearing from you!





## Best practices for controlling high blood pressure



You play a vital role in helping patients manage blood pressure and prevent serious complications.

The Controlling High Blood Pressure (CBP) measure tracks adults 18-85 years old with hypertension to ensure their blood pressure (BP) stays under 140/90 mm Hg. To ensure accurate BP reading, improve outcomes, and maintain compliance, follow these best practices:

- Measure and record BP accurately at every visit, using proper technique and the correct cuff size. Do not round readings up or down.
- Ensure patients are properly positioned (i.e., feet flat, back supported, arm at heart level) and have them rest for five minutes before measurement.
- Recheck and document BP if the initial reading is greater than 140/90.
- For patient-reported BP, ensure they use a digital device and document the exact reading and date in their medical record.
- Provide ongoing BP training and education to ensure staff use the correct measurement techniques.
- Refer high-risk patients to Care Management program for hypertension support. Just email Care Management [NE\\_CM@MolinaHealthCare.Com](mailto:NE_CM@MolinaHealthCare.Com) or call Member Services at [\(844\) 782-2018](tel:8447822018), Monday-Friday, 8 a.m.-6 p.m. CT.
- Schedule follow-up BP checks before the end of the year for patients with BP greater than 140/90.
- Use correct CPT II codes to ensure BP readings are properly reflected on claims.

By implementing these best practices, you help improve patient care and meet the CBP quality measure. Thank you for your commitment to better health outcomes!

## Improving diabetes care

Patient education is key to improving health outcomes, especially for individuals with diabetes.

Below are six best practices to help you enhance outcomes and close care gaps:

- **Ensure accurate blood pressure readings.**  
Use the correct cuff size, properly position the patient, and document BP in real time. If a hypertensive reading is recorded, confirm it with a second measurement during the same visit.
- **Encourage annual eye exams.**  
Educate patients on the risks of ocular damage, which can occur without symptoms, making yearly screenings essential.
- **Promote holistic health.**  
Discuss key lifestyle factors such as nutrition, exercise, mental wellness, medication adherence, and glucose monitoring.
- **Monitor HbA1c levels regularly.**  
Order HbA1c tests every three to six months to guide treatment adjustments.
- **Refer patients to Care Management for extra support.**  
To get started, email [NE\\_CM@MolinaHealthCare.Com](mailto:NE_CM@MolinaHealthCare.Com) or call Member Services at **(844) 782-2018**, Monday-Friday, 8 a.m.–6 p.m. CT.
- **Leverage the “HEDIS Tip Sheets.”**  
These tips sheets are available on the Availity provider portal. You can also contact Dana Russell at [Dana.Russell@molinahealthcare.com](mailto:Dana.Russell@molinahealthcare.com) to request copies.

By implementing these best practices, we can work together to close care gaps, improve patient outcomes, and enhance the quality of diabetes management across Nebraska. We appreciate your commitment to providing high-quality care.

### Help patients earn Healthy Rewards

Molina members ages 18–75 with diabetes can earn a \$50 reward for completing an annual eye exam and another \$50 reward for their annual HbA1c test. To receive the reward, they must confirm completion on the member portal or by calling Member Services at **(844) 782-2018**, Monday–Friday, 8 a.m.–6 p.m. CT.

Help your patients take advantage of this opportunity! Remind them to complete their screenings and confirm their rewards today.

## Submit claims electronically

Molina strongly encourages providers to submit their claims electronically, including secondary ones, for greater efficiency and accuracy.

Electronic claims submissions offer key benefits, including:

- Lower operational costs due to eliminating printing and postage expenses.
- Increased accuracy and faster processing due to automated data validation.
- Quicker reimbursement by eliminating mailing and allowing electronic error correction and resubmission.

### How to submit claims electronically

Providers can submit claims directly through:

- The Availity Essentials provider portal
- Your Electronic Data Interchange (EDI) clearing house.

### Paper claims submission

If electronic submission is not possible, please mail claims to:



Molina Healthcare of Nebraska, Inc.  
PO Box 93218  
Long Beach, CA 90809-9994

### Paper Claims Requirements

- Claims are not considered accepted until received at the appropriate Molina PO Box above.
- Incorrectly addressed claims will be returned for resubmission.
- Submissions must be on the original red and white CMS-1500 or CMS-1450 (UB-04) claim forms.
- Claims will be rejected if submitted on black and white copies, altered forms, or handwritten claims.
- Claims must be typed in black ink using 10- or 12-point Times New Roman font.

For more information, visit the Centers for Medicare & Medicaid Services (CMS) claims submission guidance at [cms.gov/medicare/billing/electronicbillingEDItans/1500](https://www.cms.gov/medicare/billing/electronicbillingEDItans/1500).

## Complete Model of Care training

Providing high-quality, coordinated care to patients with complex needs requires a well-structured approach.

That's why Molina requires primary care providers (PCPs) and key high-volume specialists, including OB/GYNs, cardiologists, and hematologists/oncologists, to complete 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 requirements from the Centers for Medicare & Medicaid Services (CMS), managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

To remain in compliance, please complete the **MOC training** and **training attestation** as soon as possible.



## Clinical policy updates

Molina is making important updates to its pharmacy policies, effective April 7, 2025.

These changes ensure continued alignment with the best clinical practices and regulatory requirements while supporting safe and effective medication use for our members.

Key policy updates include:

- New pharmacy policies for medications such as Aphexda, Cosela, Cubicin, Reblozyl, Sublocade, and Veklury.
- Updated policies for antipsychotics, antimalarial agents, biologics, and specialty medications.
- Revisions to existing criteria for injectable therapies, physician-administered drugs, and oncology treatments.

These updates may impact prescribing, prior authorizations, and medication management protocols. We encourage all providers to review the policy changes to ensure compliance and seamless patient care.

For the full list of new and updated policies and to access all clinical pharmacy policies, please visit the **Clinical Criteria section on Molina's Pharmacy webpage**.



## We're here for you.

You can count on us to support you. Contact us whenever you need help.

### Claims

Availity Essentials Portal  
(800) 282-4548  
Monday-Friday  
7 a.m.-7 p.m. CT

### Compliance 24/7 Alertline

(866) 606-3889  
Report fraud, waste and abuse  
24 hours a day, 7 days a week,  
365 days a year

### Contracting

[NEContracting@MolinaHealthcare.com](mailto:NEContracting@MolinaHealthcare.com)

### Member Services

(844) 782-2018 (TTY: 711)  
Monday-Friday  
8 a.m.-6 p.m. CT

### Molina Dental Services

[MDVSPProviderServices@MolinaHealthcare.com](mailto:MDVSPProviderServices@MolinaHealthcare.com)

### Provider Contact Center

(844) 782-2678  
Monday-Friday  
7 a.m.-6 p.m. CT

### Provider Relations

[NEProviderRelations@MolinaHealthcare.com](mailto:NEProviderRelations@MolinaHealthcare.com)

### SkyGen Provider Services

(855) 806-5192  
Monday-Friday  
7 a.m.-8 p.m. CT

