



Provider Newsletter

For Molina Healthcare of Nebraska, Inc. providers

First quarter 2026

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2025 Human Experience Pinnacle of Excellence Award® winner

Thanks to you, we are proud to announce that Molina Healthcare of Nebraska has been named a 2025 Human Experience Pinnacle of Excellence Award® winner by Press Ganey.

We received this recognition based on The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) ratings:

- Highest Overall CAHPS Ratings
- Highest Physician Care CAHPS Ratings

This award reflects the exceptional attention, compassion, and support you provide, helping our members get the care they need when they need it. Your dedication to delivering outstanding care is what set us apart and placed us among the top-performing health plans in member experiences.

Thank you for your commitment and for making a difference in the lives of our Medicaid members. This achievement belongs to you!

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. Molina's HEDIS results are available on the HEDIS page under the Health Resources section on the provider [website](#).

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. Molina's CAHPS results are available on the CAHPS page under the Health Resources section on the provider [website](#).

If you have any questions or want additional information or printed copies with HEDIS or CAHPS results, please contact Provider Relations at NEProviderRelations@MolinaHealthcare.com.

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 **(844) 782-2721 (TTY/TDD 711)**.

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 Healthcare of Nebraska 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
- 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 NEProviderRosters@MolinaHealthcare.com.

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 Healthcare of Nebraska. 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 Relations representative for assistance at NEProviderRelations@MolinaHealthcare.com.

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, 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

Advance directives (Patient Self-Determination Act)

Molina complies with the advance directive requirements of Nebraska Department of Health and Human Services (DHHS). Responsibilities include ensuring members receive information regarding advance directives and that contracted Providers and facilities uphold executed documents.

Advance directives are a written choice for health care. There are two (2) types of advance directives:

- A durable power of attorney for health care allows an agent to be appointed to carry out health care decisions.
- A living will allows choices about withholding or withdrawing life support and accepting or refusing nutrition and/or hydration.

Members who would like more information may contact Member Services at **(844) 782-2018 (TTY: 711)** during operating hours Monday to Friday, 8 a.m. to 6 p.m., CST. Or members may be directed to the CaringInfo [website](#) for forms available to download.

When there is no advance directive, the member's family and provider will work together to decide on the best care for the member based on information they may know about the member's end-of-life plans.

Primary care providers (PCPs) must discuss advance directives with a member and provide appropriate medical advice if the member desires guidance or assistance. Molina network providers and facilities are expected to communicate any objections they may have to a member's directive prior to service when possible.

Members may select a new PCP if the assigned provider has an objection to the member's desired decision. Molina will facilitate finding a new PCP or specialist as needed. In no event may any provider refuse to treat a member or otherwise discriminate against a member because the member has completed an advance directive. Centers for Medicare & Medicaid Services (CMS) regulations give members the right to file a complaint with Molina or the State survey and certification agency if the member is dissatisfied with Molina's handling of advance directives and/or if a provider fails to comply with advance directives instructions. Molina will notify the provider via fax of an individual member's advance directives identified via Healthcare Services programs.

Providers are instructed to document the presence of an advance directive in a prominent location of the medical record. Auditors will also look for copies of the advance directive form. Advance Directives forms are State-specific to meet State regulations. Molina will look for documented evidence of the discussion between the provider and the member during routine medical record reviews.



2026 Molina Model of Care provider training

In alignment with requirements from the CMS, Molina requires PCPs and key high-volume specialists, including cardiologists, neurologists and orthopedics 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 [Model of Care Provider Training](#). The completion date for this year's training is December 31, 2026.

Medicare Stars: Health Outcomes Survey and Pharmacy Tip Sheets

Molina Healthcare, Inc. would like to remind our providers that the Health Outcomes Survey (HOS) and Pharmacy Tip Sheets are available on the [Availity Essentials provider portal](#) for easy digital access.

The HOS Tip Sheets are designed to help you understand the specific questions included in the HOS and the Medicare Star Rating measures influenced by your patients' responses. These sheets outline both general strategies and actionable steps you can take to positively impact these measures in your practice. The Pharmacy Tip Sheets focus on pharmacy-related measures that affect Medicare Star Rating performance. They include practical information such as ICD-10 codes, medication lists, exclusions and targeted approaches you can use to improve patients' outcomes.

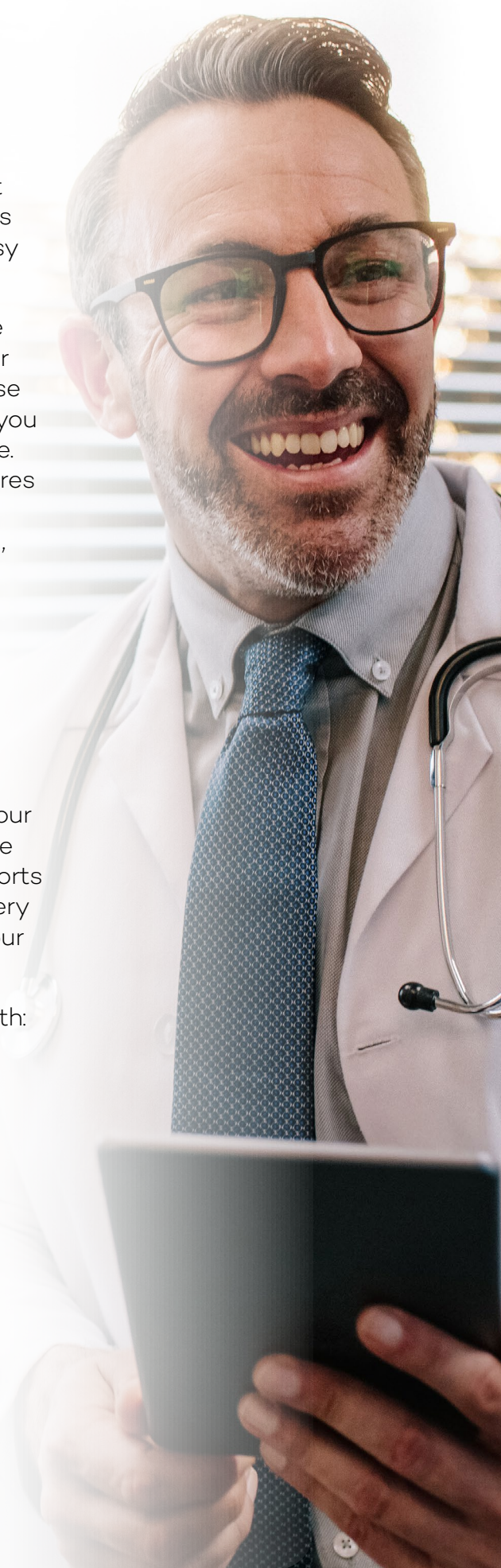
Addressing mental health with patients

Many older adults experience the “winter blues” as days get shorter and colder, but there are ways to feel better. Talk to your patients. Let them know they are not alone. Help them explore simple steps like light exercise, social activities or other supports to boost their mood and energy. Mental health matters at every age. Even small changes can make a big difference in how your patients feel.

Below are some tips for managing your patients' mental health:

- Encourage patients to seek treatment (if needed)
- Limit media consumption
- Engage in healthy activities, such as:
 - Getting enough sleep
 - Eating well
 - Exercising your body and mind
 - Abstaining from the use of tobacco, vaping, etc.
 - Limiting consumption of alcohol
- Take your medications on time, every day
- Stick to regular routines
- Stay socially connected
- Try to focus on the positive and find joy in the simple things in life

Engage your patients today—a brighter season starts with a conversation.



Clinical Policy

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com). The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

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](#).

