



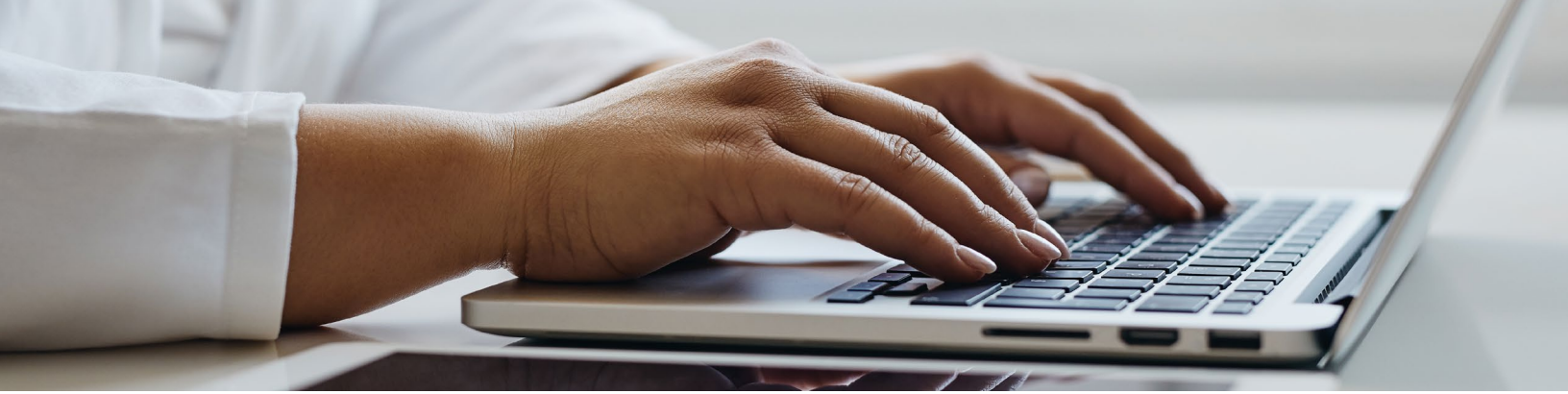
# Provider Newsletter

For Molina Healthcare of Ohio, Inc. providers

First quarter 2025

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## Evaluating Molina's quality performance

Annually, Molina Healthcare, Inc. 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. HEDIS® measures, collected by health plans across the country, 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®) member satisfaction 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 Services at **(855) 322-4079**.

# The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many significant benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce 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
- Molina members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Availity Essentials portal at [MolinaHealthcare.com](https://MolinaHealthcare.com) to:
  - Search for patients and check member eligibility
  - Submit service request authorizations and/or claims and check status
  - Review Patient Care Plan
  - Obtain CAHPS® Tip Sheets
  - Participate in online Cultural Competency trainings (also available at [MolinaHealthcare.com](https://MolinaHealthcare.com))

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?

## **IMPORTANT:** Changes to NCQA Credentialing requirements effective July 1, 2025

There is a change coming to National Committee for Quality Assurance (NCQA) Credentialing standards. Effective July 1, 2025, Molina will be required to verify that your license to practice is renewed on or before the expiration date. After July 1, practitioners with an expired license may no longer participate in the Molina Medicare and Marketplace networks. Please be sure to renew your license in a timely manner to prevent any unnecessary terminations from occurring. Our system auto-verifies all licenses daily, so there's no need to submit a copy of your renewed license.



## 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
- 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.
- Medicare and Marketplace providers must log into their 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 Relations representative for assistance.
- Medicaid and MyCare Ohio providers must update their demographic information in the Ohio Department of Medicaid's (ODMs) Provider Network Management (PNM) system within 30 days of the change. Molina may require additional information not available in the PNM system. Please consult the Provider Data Accuracy and Validation section of the posted Provider Manual for more information.

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



## 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).

**Medicaid Only:** Molina of Ohio has Medicaid-specific clinical policies on our Medicaid Molina Ohio Clinical Policy page. The MCPs accessible on the page are specific to Molina Healthcare of Ohio Medicaid only and can be used as a tool to guide providers in their medical decisions.

## 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 online at:

- [Medicaid Provider Manual](#)
- [MyCare Ohio Provider Manual](#)
- [Medicare Provider Manual](#)
- [Marketplace Provider Manual](#)