



Provider Newsletter

For Molina Healthcare of New York, Inc. providers

First quarter 2026

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HIV treatment guidelines

HIV treatment has evolved significantly, focusing on early therapy initiation, safer medication options, long-acting therapies and ongoing research for improved management and potential cure. These advancements aim to enhance adherence, reduce side effects and address long-term health impacts for people living with HIV.

1. Integrated guidelines & first-line therapies

- a. Since 2015, guidelines (HHS, CDC, IAS–USA, WHO) recommend early antiretroviral therapy (ART) for all individuals with HIV, prioritizing integrase strand transfer inhibitor (INSTI)–based regimens such as bictegravir and dolutegravir for their efficacy and tolerability. Older regimens are discouraged, with dolutegravir monotherapy as an option for select patients.

2. Safety of Dolutegravir in pregnancy

- Investigations between 2020–2024 confirmed that Dolutegravir has no increased risk of birth defects (including neural tube defects) and maintains therapeutic levels during pregnancy, with no dosage changes needed. [thelancet.com](https://www.thelancet.com)
- Comparative studies showed Dolutegravir regimens lead to superior viral suppression at delivery compared with atazanavir- and raltegravir-based regimens.

3. Long-acting injectable therapies

- a. Cabotegravir plus rilpivirine (Cabenuva), approved in 2020, offers monthly or bimonthly injections that improve adherence and satisfaction, with trials demonstrating superior virologic control in patients facing adherence challenges. Cabotegravir (long acting, apretude) is also approved for pre-exposure prophylaxis (PrEP) with high efficacy and minimal side effects.

4. New therapies and research: Lenacapavir, approved in 2025 as a twice-yearly PrEP and combined with Bictegravir for treatment, shows near-perfect efficacy and non-inferiority to current standards. Research into dual-drug regimens and innovative cure approaches including immunotherapies and gene editing aim to reduce treatment burden and achieve durable viral remission. CDC strongly recommends it for persons ≥ 35 kg at risk of HIV.

5. Providing general care for our HIV patients requires remembering the long-term health effects associated with chronic antiretroviral therapy (ART) in people living with HIV.

- Cardiovascular & metabolic complications: clinicalinfo.hiv.gov, hiv.uw.edu
- Diabetes and metabolic syndrome: hiv.uw.edu
- Bone health: osteopenia/osteoporosis: h-i-v.net, hiv.uw.edu
- Neuropsychiatric effects: Memory, mood affects, cognition h-i-v.net
- Renal & hepatic toxicity clinicalinfo.hiv.gov, h-i-v.net and clinicalinfo.hiv.gov, aafp.org
 - Body composition changes & lactic acidosis aafp.org and aafp.org, hiv.uw.edu
 - Gastrointestinal & skin effects hiv.uw.edu, aafp.org and hiv.uw.edu, webmd.com
 - Drug Interactions with HIV and non-HIV medications: aafp.org, hiv.uw.edu

HIV continues to be marked by ongoing improvement in care and quality of life.

Useful links

- IAS–USA 2024 ART recommendations: [JAMA full article jamanetwork.com](#)
- CDC clinical recommendation for lenacapavir PrEP: [MMWR cdc.gov](#)
- Gilead's press release on Yeztugo approval: [Business Wire gilead.com](#)
- Lancet HIV review on Dolutegravir in pregnancy: full text00141-8/fulltext) [thelancet.com](#)
- **WHO updated recommendations on HIV clinical management: recommendations for a public health approach**
- **Antiretroviral Drugs for Treatment and Prevention of HIV in Adults: 2024 Recommendations of the International Antiviral Society–USA Panel - IAS-USA**
- **Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV**
- [clinicalinfo.hiv.gov/en/guidelines/perinatal/safety-toxicity-arv-agents-integrase-inhibitors-dolutegravir-tivicay](#)
- [viivhealthcare.com](#), [thelancet.com](#)
- [iris.who.int/bitstream/handle/10665/276491/WHO-CDS-HIV-18.26-eng.pdf](#)
- [Stacks.cdc.gov/view/cdc/134763/cdc_134763_DS1.pdf](#)
 - [ajmc.com](#), [jamanetwork.com](#)
 - [fiercepharma.com](#), [pharmiweb.com](#), [appliedcli...online.com](#)



Attention pharmacy providers: Phosphate binders will be provided to Medicaid members by the dialysis clinic effective January 1, 2026

Effective January 1, 2026, phosphate binder prescription drugs for Medicaid dialysis patients will no longer be covered as a pharmacy benefit and must be provided by the patient's dialysis clinic. The update aligns with the Centers for Medicare & Medicaid Services (CMS) policy change under the Transitional Drug Add-on Payment Adjustment (TDAPA), as detailed in the CMS End-Stage Renal Disease (ESRD) Prospective Payment System final rule, where CMS finalized its policy to include oral-only phosphate binders in the ESRD Prospective Payment System bundled payment (providers should refer to 89 Federal Register 98822). NYS Medicaid will follow CMS's approach by incorporating the cost of these drugs into the bundled rate (i.e. APG reimbursement through a standard APG claim submission). The August 2025 Medicaid Update, article titled, NYS Medicaid Ambulatory Patient Group Weight Adjustment for Dialysis Clinics to Account for Phosphate Binder Costs found [here](#).

Pharmacies should direct Medicaid members to their dialysis clinic or facility to obtain phosphate binders on and after January 1, 2026. New prescriptions and refills should not be billed to NYRx on and after this date

All claims (new and refill) for phosphate binders will deny with NCPDP reject code 75: 'Prior Authorization Required' with additional message "Call Prime Therapeutics State Government Solutions at (877) 309-9493" sent in NCPDP field 526-FQ. The call center will state: **Effective 1/1/2026 Phosphate Binders will no longer be covered by NYRx when used for dialysis. Phosphate binders will be covered as part of the dialysis rate. ** This statement will also appear in the phosphate binder section of the PDL.

Questions and resources:

- **CY 2016 ESRD PPS final rule** and updated regulations at 42 C.F.R. **§ 413.174(f)(6)**
- CMS Guidance: **Including Oral-Only Drugs in the ESRD PPS Bundled Payment**
- August 2025 Medicaid Update; Volume 41 – Number 8: **NYS Medicaid Ambulatory Patient Group Weight Adjustment for Dialysis Clinics to Account for Phosphate Binder Costs**
- eMedNY LISTSERV (October 16, 2025): **Updated Implementation Date for APG Weight Adjustment for Phosphate Binders**
- Questions regarding this policy may be emailed to NYRx@health.ny.gov.

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.

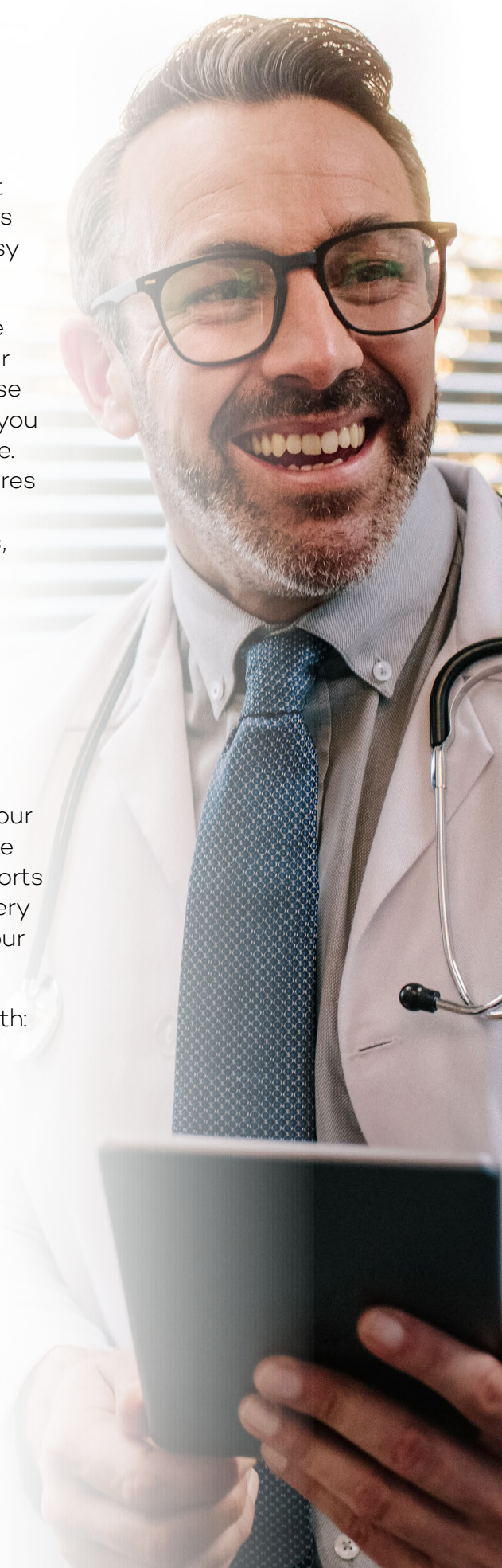
Addressing mental health with patients

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.





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 the Quality Improvement department at MHNYQuality@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 (800) 223-7242.
- Molina members can access Interpreter Services at no cost by calling Member Services at (844) 819-5977.

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
- 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/Relations> 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, 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

2026 Molina Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including cardiology, psychiatry and medical oncology 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 [MOC SWH NY](#). The completion date for this year's training is December 31, 2026.



Clinical Policy

Molina Clinical Policies (MCPs) are located at 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](#).

