



Provider Newsletter

For Molina Healthcare of Iowa, Inc. providers

First quarter 2025

In this issue

- 1** Evaluating Molina's quality performance
- 2** The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- 3** IMPORTANT: Changes to NCQA Credentialing requirements
- 4** Update provider data accuracy and validation
- 5** 2025 Molina Model of Care provider training
- 5** Clinical Policy
- 5** Provider Manual updates
- 6** Claims submission
- 7** Upcoming Provider Advisory Council
- 8** New Member Value-Added Benefits



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 within the Health Resources section on the provider website [Molina Healthcare | Health Resources - Quality](#).

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 within the Health Resources section on the provider website [Molina Healthcare | Health Resources - Quality](#).

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

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 Provider Web 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 Plan
 - Obtain CAHPS® Tip Sheets
 - Participate in online Cultural Competency trainings (also available at 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 NCQA Credentialing standards, and we wanted to make you aware of it. 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 network. 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.

All other 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 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, 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

We would like your help collecting your business' up-to-date website link, confirmation if your provider has completed cultural competency training, as well as if you have providers that are multi-lingual. Please send directly to IAPODUpdate@MolinaHealthcare.com.



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 at [MHIA 2025 Medicaid Provider Manual](#).

Claims submission

Molina strongly encourages providers to submit their claims electronically – including secondary ones. Electronic claims submission provides significant benefits to the provider, including:

- Reducing operational costs associated with paper claims (printing, postage, etc.)
- Increasing accuracy of data and efficient information delivery
- Reducing claim delays since errors can be corrected and resubmitted electronically
- Eliminating the delay in mailing

Molina offers the option to directly submit claims electronically to us via the Availity Essentials provider portal or your Electronic Data Interchange (EDI) clearing house.

For more information, please see CMS claims submission guidance at [cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500](https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500).



Upcoming Provider Advisory Council

We are hosting our next Iowa Molina Provider Advisory Council (I.M.P.A.C.) Virtual Meeting on May 21, 2025, from 10 a.m.-11:30 a.m. Similar to last year, we are hosting a home and community-based services (HCBS) work group in the last half hour. To sign up for our council, please go [here](#). To sync this meeting to your calendar, please complete the Webex registration [here](#).

Pharmacy update

Molina, in collaboration with CVS and CoverMyMeds, has enhanced the electronic prior authorization (ePA) process for health care providers. This initiative aims to streamline operations, reduce inefficiencies and improve communication within the health care system.

One significant achievement is the 86% reduction in the need to convert ePA requests to fax, meaning the requirements to fax additional documents have decreased. Another notable outcome is the 45% increase in auto-match criteria, representing a significant step forward in automation and accuracy.

In mid-December, enhancements to the portal were implemented to enable two-way feedback, eliminating the need for faxed communications. These updates allow for more streamlined and transparent communication, ensuring that communication with the provider remains within the portal. Providers may receive alerts depending on their notification settings, ensuring they are promptly informed of any updates or requests for additional information.

These enhancements collectively contribute to a more efficient, effective and user-friendly ePA process, ultimately benefiting providers and improving patient care.

***New* expanding reproductive health care access through Twentyeight Health**

Molina Healthcare of Iowa is partnering with Twentyeight Health to expand access to comprehensive reproductive and sexual health care through telemedicine and medication delivery. This partnership helps reach members who may face barriers to in-person care, particularly younger patients, and those in rural areas and underserved communities.

Make reproductive health care more accessible for your patients! Have patients email contact@twentyeighthealth.com, text (929)-352-0060 or visit **Twentyeight Health | Molina Iowa** to learn more.

New Member Value-Added Benefits

Healthy Rewards Whole Care

- Molina pregnant members who visit their doctor in the first trimester can earn \$100 in Healthy Rewards, plus earn rewards for pregnancy notification, postpartum and well-child visits.
- Free YMCA 12-month membership for all eligible Molina members who have completed an annual physical (ages 18+ years) or well-child visit (ages 0-17 years) during the previous 12 months.
- Free weight management program: Eligible Molina members get a no-cost WW (formerly Weight Watchers) membership.
- Smoking Cessation: Quitline will provide nicotine replacement therapy and coaching sessions for qualified members. Upon completing the program, members can earn \$60 in Healthy Rewards.

Members have the freedom to spend their rewards on approved products at participating stores, on monthly expenses (rent, mortgage, utilities, internet, phone service, etc.), pest control, transportation (Uber, Lyft, taxi) and also to pay gas at the pump. Members can visit [MyMolina®](#) to log in to the portal. For more information on Molina's Valued-Added Benefits, please see our 2025 Value Added Brochure.

Coming 2026: Medicare Advantage D-SNP

Molina Healthcare of Iowa has announced an exciting expansion of its services. Beginning January 1, 2026, we will offer Medicare Advantage Dual Special Needs Population (D-SNP) products in 86 counties.

Key dates to remember:

- Open enrollment: The open enrollment period for this new Medicare Advantage D-SNP offering will commence in October 2025. During this period, eligible residents can sign up for the new plans and ensure they have coverage starting in 2026.
- Provider training: To ensure that health care providers are prepared for this transition, Molina Iowa will initiate training programs in the fall of 2025. These sessions will equip providers with the necessary knowledge and tools to manage and support the new Medicare plans effectively.

Stay tuned for more updates and information as the launch date draws nearer and take advantage of the opportunities that this new Medicare Advantage D-SNP offering will bring.

If you have not already, please ensure you have signed up for our Provider Communications via Constant Contact [here](#).