



Provider Newsletter

For Molina Healthcare of Nebraska, Inc. providers

March 2025

In this issue

- 1 Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- 2 Provider training opportunities
- 3 Understanding primary and secondary insurance
- 4 Encourage preventive screenings
- 5 Discuss advance directives
- 6 Support member rights and responsibilities
- 7 We're here for you



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

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?

Thank you for your commitment to improving patient satisfaction and quality of care. We appreciate your dedication to making a difference in the lives of your patients.

Additional resources

- For additional after-hours coverage, Molina members can call the 24-hour Nurse Advice Line at [\(844\) 782-2721](tel:8447822721)
- Molina members can access interpreter services at no cost by calling Member Services at [\(844\) 782-2018 \(TTY: 711\)](tel:8447822018), Monday-Friday, 8 a.m.-6 p.m. CT.
- Providers can access the provider web portal at provider.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 trainings (available at MolinaHealthcare.com)

Provider training opportunities

Molina offers a variety of trainings to ensure you have the information and resources you need to deliver exceptional care.

Monthly webinars

Our webinars cover key training topics, including:

- Behavioral health: Updates on managing behavioral health care
- New provider orientation: An overview of our policies, procedures and services
- Physical therapy (PT), occupational therapy (OT) and speech-language therapy (ST): Requirements for therapy services.
- Authorization: A comprehensive review of our authorization processes.
- Website navigation: Learn how to navigate our website and access key tools and resources efficiently.



Quarterly Provider Town Halls

In addition to our webinars, we host quarterly Provider Town Halls. These sessions offer a platform to discuss important updates and answer your questions.

Training resources

Explore our Trainings and Resources page for tools like:

- **Availity Registration Guide:** Step-by-step instructions to access our provider portal.
- **Provider Orientation Presentation:** A detailed introduction to working with us.
- **Medicaid Provider Bulletins:** The latest Medicaid updates.
- **Medicaid provider rates and fee schedule:** Detailed information on reimbursement rates and fee schedules.
- **Cultural Competency:** Resources to enhance your skills in delivering care to diverse populations.
- **ProgenyHealth provider education presentation:** Guidance on managing NICU care, discharge planning, and supporting families during transitions.
- **Prenatal Plus Program provider training video and presentation:** A video and presentation to support prenatal care.
- **Verisys provider training presentation:** Information about the new centralized credentialing system with an overview of the credentialing process.

Learn more

Visit our Trainings and Resources page to view upcoming opportunities and access resources. Thank you for partnering with us to provide exceptional care.

Understanding primary and secondary insurance

As a provider, knowing how primary and secondary insurance plans work is essential to ensuring claims are processed accurately and efficiently.

Many patients have multiple health insurance plans, which require coordination between insurers to determine the order of payment. Here's what you need to know to help your patients navigate their coverage and avoid billing issues.

How primary and secondary insurance works

When a patient has multiple insurance plans, the insurers collaborate to decide the payment order:



- **Primary insurance:** This is the plan that pays the bills first.
- **Secondary insurance:** This plan covers what the primary insurance doesn't pay.
- **Other insurance:** If a patient has more than two plans, each one pays in a set order determined by coordination of benefits rules.

Important note: Medicaid always pays last. Medicaid will only contribute after all other insurance plans have paid their portion.

Keeping insurance information updated

Encourage patients to keep their insurance information current with Nebraska Medicaid to avoid claim delays or denials. Patients can update their details by logging into their iServe Nebraska account at [iServe.Nebraska.Gov](https://www.isherve.nebraska.gov). If members need assistance, Molina's Member Services team can update their information directly with iServe Nebraska on their behalf. This ensures bills are sent to the correct insurance plan.

Support and questions

If you have questions about coordination of benefits or billing challenges, call Molina's Provider Services team at [\(844\) 782-2678](tel:844-782-2678), Monday-Friday, 7 a.m.-6 p.m. CT.

Members with questions can contact Molina's Member Services at [\(844\) 782-2018](tel:844-782-2018), Monday to Friday, 8 a.m.-6 p.m. CT. They can also contact the Medicaid Eligibility Customer Service Center Monday-Friday, 8 a.m.-5 p.m. CT at:

- [\(855\) 632-7633](tel:855-632-7633)
- [\(402\) 473-7000](tel:402-473-7000) Lincoln
- [\(402\) 595-1178](tel:402-595-1178) Omaha
- [\(402\) 471-7256](tel:402-471-7256) TDD

By understanding the coordination of benefits process and guiding patients to update their information, you can help ensure smoother claims processing and better outcomes for everyone involved.

Encourage preventive screenings

March is Women's History Month, a time to honor the achievements of women and reflect on ways to support their health and well-being.

Early detection saves lives, and as trusted providers, you play a vital role in ensuring your patients receive timely and necessary screenings. Preventive screenings for breast cancer, cervical cancer, colorectal cancer, and chlamydia are critical to improving patient outcomes and addressing care gaps. We encourage you to review your patient panels and prioritize scheduling these essential screenings for eligible patients.

Preventive screening guidelines

To support your efforts, here are the recommended screening guidelines based on Healthcare Effectiveness Data and Information Set (HEDIS):

- **Mammograms:** Women aged 40-74 years should receive a mammogram every two years.
- **Cervical cancer screenings:** Women aged 21-64 years should receive regular screenings, including Pap tests or HPV tests as appropriate.
- **Colorectal cancer screenings:** Women and men aged 45-75 years should be screened regularly using methods such as colonoscopy, sigmoidoscopy, or stool tests.
- **Chlamydia screenings:** Sexually active women aged 16-24 years should receive annual screenings.

Leverage Molina's quality scorecards

To support your efforts, Molina provides quality scorecards that identify patients who are due for these critical screenings. These scorecards are tailored to your patient population and serve as a valuable, data-driven tool to help you close care gaps. By using these insights, you can ensure your patients receive timely screenings, improving both their health outcomes and your quality metrics. To request your scorecard, please email one of Molina's Quality representatives:

- Ingrid Olson at Ingrid.Olson@MolinaHealthcare.com
- Dana Russell at Dana.Russell@MolinaHealthcare.com

If you have questions about your scorecard or need assistance interpreting the data, please reach out to your Molina Quality representative.

Your partnership is key to advancing patient health and ensuring early detection of cancer and other conditions. This Women's History Month, let's work together to empower women to prioritize their health and well-being. Thank you for your dedication to providing exceptional care. Together, we can help our members lead healthier lives.

Connect with us

Empower your practice by partnering with Molina for clinical data exchange opportunities that enhance care coordination, streamline workflows, and provide actionable insights to improve patient outcomes. Contact [Ingrid Olson](mailto:Ingrid.Olson@MolinaHealthcare.com) or [Dana Russell](mailto:Dana.Russell@MolinaHealthcare.com) to learn more

Discuss advance directives

Advance directives are vital for ensuring that patients' health care preferences are respected if they cannot make decisions for themselves.

As a provider, initiating conversations about advance directives can help patients plan for future care and reduce uncertainty for their families.

What are advance directives?

- Advance directives include:
- **Living will:** Specifies treatment preferences, like resuscitation or feeding tubes.
- **Durable Power of Attorney for Health Care:** Appoints someone to make medical decisions on the patient's behalf.
- **Do Not Resuscitate (DNR) orders:** Indicates a patient's wish to forgo CPR.

How providers can help:

- **Start the conversation:** Bring up advance directives during routine visits, framing it as part of comprehensive care.
- **Provide education:** Offer resources to help patients understand their options and make informed decisions.
- **Document and share:** Ensure preferences are recorded in medical records and shared with the care team.
- **Review regularly:** Encourage patients to update directives after major life changes.

How providers can help:

Patients can visit [CaringInfo.org/planning/advance-directives](https://www.caringinfo.org/planning/advance-directives) and click on "How do you download your state's advance directive?" Advance directive forms are also available through the Nebraska Department of Health and Human Services:

- **Living will:** [DHHS.NE.gov/Pages/Aging-Legal-Services.aspx](https://www.dhhs.ne.gov/Pages/Aging-Legal-Services.aspx)
- **DPACH:** [DHHS.NE.gov/Pages/Aging-Legal-Services.aspx](https://www.dhhs.ne.gov/Pages/Aging-Legal-Services.aspx)

Advance directives empower patients, support families, and provide clarity for providers. By making advance care planning a routine part of patient interactions, you can help foster trust, reduce uncertainty, and improve outcomes for your patients and their loved ones. Consider integrating discussions about advance directives into your practice today to ensure your patients feel supported and prepared for the future.



Support member rights and responsibilities



Molina is committed to ensuring equitable, patient-centered care by establishing clear policies that outline members' rights and responsibilities.

These policies define the rights of all Molina members and their legal guardians, as well as the responsibilities members have in their care. Molina encourages its network of practitioners and providers to actively support and uphold these rights, fostering a collaborative and respectful care environment.

Members have many rights, including the right to receive proper medical care, get clear information about their treatment options, and make decisions about their care. They also have several responsibilities, such as providing accurate information, following agreed-upon treatment plans, and maintaining up-to-date contact information. For the full list of rights and responsibilities, visit [Molina's website](#).

Understanding and respecting these rights and responsibilities is essential to creating a positive and effective partnership between members, providers, and Molina. Together, we can ensure that every member receives the care and support they deserve.

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

Member Services

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

Molina Dental Services

MDVSPProviderServices@MolinaHealthcare.com

Provider Contact Center

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

Provider Relations

NEProviderRelations@MolinaHealthcare.com

SkyGen Provider Services

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

