Provider Newsletter

For Molina Healthcare of California providers

Third quarter 2026

In this issue

The provider newsletter is available to all network providers serving Molina Healthcare of California members.

Website update: A faster, simpler MolinaHealthcare.com

We know you rely on **MolinaHealthcare.com** every day to access tools, check information and support patient care. When those tasks are quick and easy, it helps you spend more time where it matters most: caring for your patients.

That's why we're launching a redesigned **MolinaHealthcare.com**. The updated site makes it faster and easier to find the tools and information you use most often, with fewer clicks and a more streamlined experience.

The new design focuses on simpler navigation, improved search and quicker access to key resources. Whether you're looking for forms, checking policies or helping patients find care, you'll get there more efficiently.

What's new

- Easier navigation to help you reach key information with fewer clicks
- Improved search to quickly locate tools and resources
- Faster access to commonly used provider content
- A cleaner, more consistent experience across the site

What's not changing

Your core tools, resources and information are still available — but now easier to find and use. Your Availity Essentials provider portal login has not changed, so you can continue to access it the same way you do today.

Helpful tips for after launch: Use the search bar to quickly find forms, resources or provider information. You may also want to update your bookmarks for the fastest access to frequently used pages.

Watch for updates at **MolinaHealthcare.com**. Once the new site is live, we encourage you to explore the updates and see how they can help save time in your daily workflow.

New Provider Network Management Portal launching soon

Managing provider enrollment and network participation is about to get easier. Molina Healthcare is pleased to introduce the new Provider Network Management Portal, a streamlined online platform designed to simplify provider enrollment, credentialing and network participation requests for directly contracted providers.

Through the new portal, providers will be able to:

- Submit online requests to join the Molina provider network
- Add practitioners to an existing group
- Securely submit practitioner rosters for additions (non-delegated groups only)
- Track enrollment and credentialing application status in real time

The new portal will replace current submission methods, including email and paper forms, helping improve accuracy, efficiency and communication throughout the enrollment and credentialing process.

Beginning October 26, all provider enrollment and credentialing requests for directly contracted providers must be submitted through the new Provider Network Management Portal.

Please note that this portal is separate from the Availity Essentials Provider Portal. Providers should continue using Availity to manage member panels, review claims and submit prior authorizations. The new portal is dedicated exclusively to provider network participation, enrollment and credentialing activities.

To help ensure a smooth transition, Molina will offer training opportunities, including webinars and educational resources, prior to the launch date.

Delegated provider groups will be included in Phase 2, planned for next year. Until then, delegated groups should continue submitting provider roster changes through the D360 Portal.

Stay tuned for additional details and training announcements in the coming months.

Helping members in their language

Our health plan members speak many different languages.

As of late 2025, the majority of language translation requests for Medicaid members were for Spanish, accounting for 69% of the total. This was followed by 5% for Arabic, 5% for Chinese dialects, 3% each for Haitian Creole and Russian, 2% each for Vietnamese, Dari, Armenian and Pashto, and 1% for Farsi.

Among Medicare members, 52% of the language translation requests were for Spanish, followed by 23% Chinese dialects, 7% for Vietnamese, 5% for Korean, 4% for Arabic, 2%for Tagalog, 1% each for Cambodian and Russian, and 0.30% each for Farsi and Portuguese.

For Marketplace members, 62% of the language translation requests were for Spanish, followed by 10% for Chinese dialects, 7% for Vietnamese, 4% for Haitian Creole, 3% each for Arabic and Russian, and 1% each for Korean, Farsi, Punjabi and Dari.

Please contact Hanna Interpreting Services at (833) 739-6055 to request interpretation services. You can also access interpretation services by visiting the Hanna Hub at **Molina.HannaHub.ai/**. First-time users must register. If you need other assistance addressing the language needs of your patients, please contact Molina. We also provide resources for providers.

Addressing pain with your patients

Pain should not be viewed as an inevitable part of aging — it is a clinical signal that warrants attention. When patients report ongoing discomfort, it presents an important opportunity for assessment and intervention.

Encourage open dialogue about pain during visits, even if time is limited. Brief, focused conversations can uncover underlying issues and support improvements in comfort, mobility, and overall quality of life. Reinforce to patients that effective, evidence-based strategies for pain management are available, and that you can partner with them to identify safe and appropriate options.

Consider prompting patients to describe the nature, location and impact of their pain to better guide evaluation and treatment planning. Providing simple tools or guidance on how to communicate their symptoms can enhance the effectiveness of these discussions.

Taking a proactive approach helps ensure patients feel heard and supported — and reinforces that maintaining comfort and function is important at every stage of life.

Addressing urinary incontinence and bladder health with patients

Bladder health is an important component of overall well-being and should be routinely addressed as part of preventive and ongoing care. Urinary incontinence and bladder control issues are common — particularly among older adults — but are often underreported due to stigma or discomfort discussing symptoms.

Proactively creating a supportive environment can help normalize these conversations. Encourage patients to share concerns about leakage, urgency, frequency or nocturia and reassure them that these issues are common and manageable.

Why this matters:

- Urinary incontinence can significantly impact quality of life, including sleep, mobility and emotional well-being.
- Early identification allows for timely intervention and can prevent complications such as falls, skin breakdown or social withdrawal.
- Many patients are unaware that effective, noninvasive treatments and lifestyle strategies are available.

How you can support patients:

- Initiate the conversation during routine visits, especially for higher-risk populations.
- Encourage patients not to feel embarrassed and to report symptoms openly.
- Provide education on conservative management strategies (e.g., bladder training, pelvic floor exercises, fluid management).
- Assess for underlying causes and comorbidities that may contribute to symptoms.
- Connect patients to additional resources or educational materials, such as bladder health tip guides.

Even brief counseling can empower patients to take the first step toward improved bladder control and overall comfort. Reinforcing that help is available and that these conditions are not just something they must live with can significantly improve engagement and outcomes.

Upcoming Health Outcomes Survey (HOS): Supporting patient engagement

The Health Outcomes Survey (HOS) will be distributed to select patients soon. This survey captures patient-reported information on both physical and mental health status and plays a critical role in evaluating care outcomes over time.

Why it matters:

- HOS responses provide valuable insights into patients' functional status, well-being and quality of life.
- Results help inform population health strategies and identify opportunities to improve care delivery.
- Patient participation supports more accurate measurement of health outcomes and plan performance.

How you can help:

- Encourage patients to complete the survey if they receive it, emphasizing that their input is important.
- Reinforce that the survey is confidential and voluntary.
- Use patient interactions as an opportunity to highlight how their feedback contributes to better care and services.

Explain that patients' survey responses directly influence how care is delivered at both the individual and population level. Their feedback helps identify gaps and allows care teams to adjust treatment approaches and prioritize resources in areas such as risk of falling, urinary incontinence, physical activity, emotional and physical health, pain management and access to services.

Even brief encouragement from a trusted provider can significantly increase participation rates and the quality of insights gathered.

Thank you for your partnership in improving patient outcomes and experience.

Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Training modules and resources on cultural competency are available to review when communicating with and serving diverse patient populations. This information helps you and your staff understand and address disparities to improve health care and patient outcomes. Our provider partners are important to us, and assisting you is one of our highest priorities. We look forward to supporting your efforts, so all members have the same opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** established by the Office of Minority Health. We also comply with regulatory and accreditation standards focused on health equity.

Building culturally competent health care: Resources for providers and staff

Cultural competency can positively impact a patient's health care experiences and outcomes. Cultural competency training modules and resources are available to providers and office staff. This training provides helpful tips and recommendations for effectively supporting diverse subpopulations and communities that may experience unique challenges or barriers to accessing health care.

The California Department of Health Care Services (DHCS) now requires contracted network providers to complete Culturally and Linguistically Appropriate Services (CLAS) training. This is a condition of participation in the Medi-Cal Managed Care program.

Molina is now offering multiple ways to complete the training:

- Platform: Training is delivered via the More Inclusive Healthcare (MIH) Learning Management System (LMS).
- Registration: Providers can register using only their unique NPI number — no additional credentials are required.
    - Group registration is not available. Providers may not register as a group.
- Alternate completion: If you have already completed CLAS training with another Medi-Cal managed care plan (MCP) in your county, you must attest to completion in the MIH LMS for regulatory reporting.
- Molina webinar: Although Molina prefers you to use our new LMS system; to meet compliance, we do offer additional training sessions based on providers' requests.

Link to register for the MIH LMS platform: MHReg.LizaLearning.com

- Enter email and NPI.
- Check your inbox for registration email.
- Create a password.
- Start learning –45 minutes, OR
- Attest if you have completed the learning with another health plan – approximately 2 minutes.

Cultural competency resources for providers and office staff (continued)

Reminder: To avoid issues with registration and verification emails, ensure these email addresses and URLs/domains are whitelisted with your IT department.

- Email addresses:
  - **Support@LizaLearning.com**
  - **Info@LizaLearning.com**
- URLs/domains:
  - **Molina.LizaLearning.com**
  - **MH.LizaLearning.com**
  - **MHReg.LizaLearning.com**

If you encounter any issues registering, please reach out to your assigned provider relations rep.

Note: Providers have the option to utilize their own CLAS training that meets the National Standards for CLAS in Health and Health Care. Prior to implementation, all provider-developed or externally sourced training must be reviewed and approved by Molina's Health Equity Officer to ensure compliance with regulatory and organizational requirements.

Molina's language access services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve health care quality for patients who speak a language other than English. Molina ensures effective communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that receive federal funds. A member cannot be refused services due to language needs. Molina provides the following services directly to members at no cost, when needed:

- Written materials in other formats, such as large print, audio, accessible electronic formats and Braille
- Written materials translated into languages other than English
- Interpreter services, including American Sign Language
- Relay service (TTY: 711)
- 24-hour Nurse Advice Line
- Bilingual staff

Molina will cover the cost of an interpreter for our members' medical appointments. Molina providers are instructed to call Hanna Interpreting Services at **(833) 739–6055** to schedule interpreter services or to connect to a telephonic interpreter. Providers can also access interpretation services by visiting the Hanna Hub at **Molina.HannaHub.ai/**. First-time users must register.

Molina's materials are always written simply in plain language and at required reading levels.

You can access resources and materials on cultural competency, disability-related services, and language access services by logging in to the **Availity Essentials Provider Portal**. After logging in, navigate to Molina Healthcare under Payer Spaces, then select the Resources tab to view the available resources.

For additional information on Molina's language access services or cultural competency resources, contact your Provider Services Representative or visit MolinaHealthcare.com.

Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and providers.

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)
- Phone 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)
- If you provide telehealth services

The information above must be provided as follows:

If you are a capitated group/IPA or other group that submits rosters, quarter rosters are required every 90 days to be submitted through D360. Please contact **MHCDO.Support@MolinaHealthcare.com** for support.

There are two distinct kinds of provider rosters:

Quarterly provider roster

- Required every 3 months
- Quarterly roster is a full reconciliation file

Monthly provider roster

- The monthly roster has additions, updates and terms for each month. PCP terms, member moves and clinic updates are not processed through this file. These will need to be sent to the contracted shared mailbox.
- This is sent only if there are 10 or more provider updates (including the months when the quarterly roster is sent). If there are fewer than 10, individual requests can be sent to the shared mailboxes.

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.

Update provider data accuracy and validation (continued)

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 a minimum thirty (30) calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

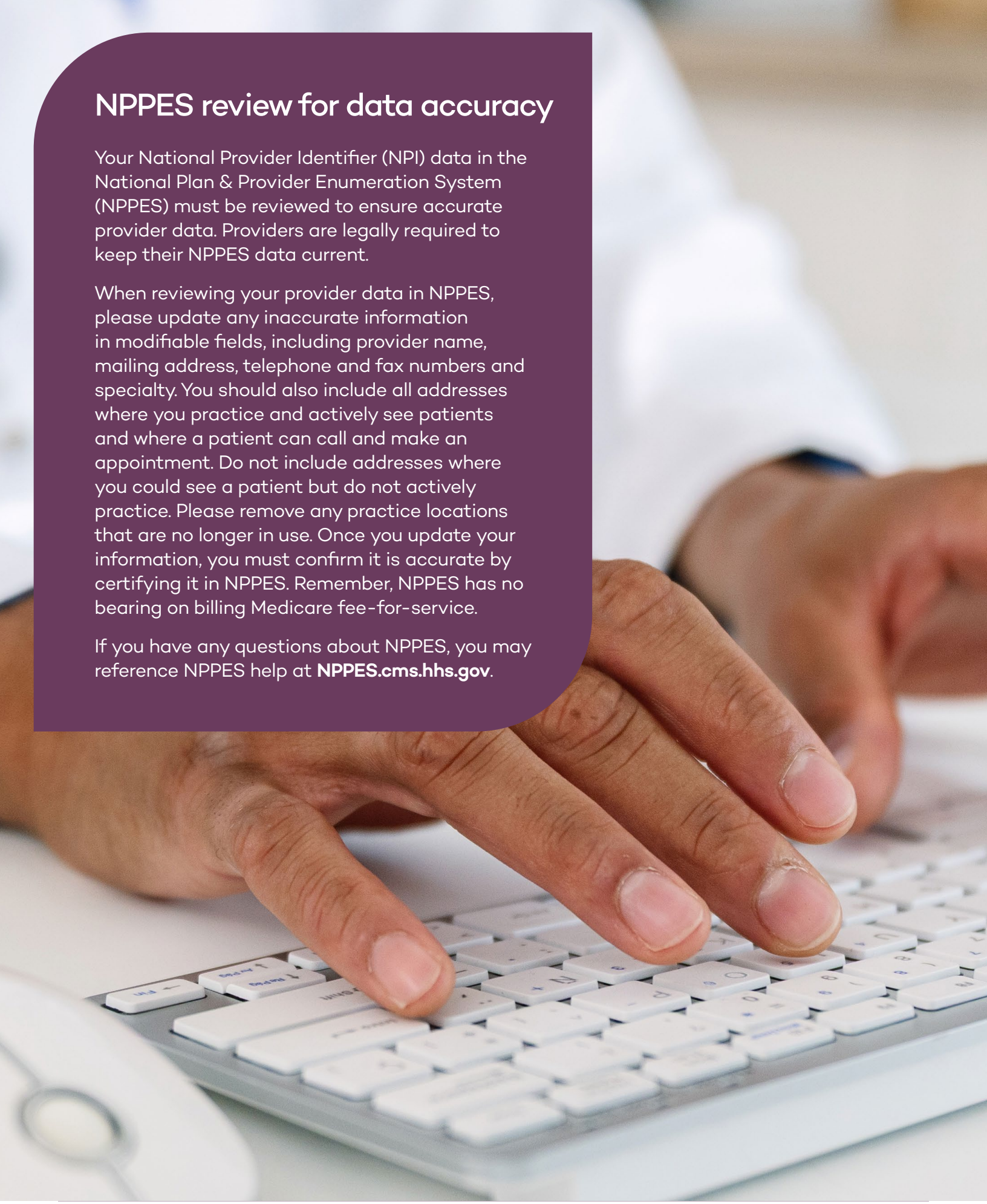
- Change in office location(s)/address(es), office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or National Provider Identifier (NPI)
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty
- Does your practice provide telehealth appointments
- Any other information that may impact member access to care

NPPES review for data accuracy

Your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) must be reviewed to ensure accurate provider data. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, telephone and fax numbers and specialty. You should also include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you could see a patient but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare fee-for-service.

If you have any questions about NPPES, you may reference NPPES help at **NPPES.cms.hhs.gov**.



2026 Molina Model of Care provider training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Molina Healthcare requires PCPs and key high-volume specialists, including cardiologists, gastroenterologists, and hematologists/oncologists to receive training about Molina Healthcare's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to members with special needs. 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 **MolinaHealthcare.com/model-of-care-provider-training**. The completion date for this year's training is December 31, 2026.

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:

- **Medi-Cal Provider Manual**
- **Medicare Provider Manual**
- **Marketplace Provider Manual**

Clinical policy

Molina's clinical policies (MCPs) are located at **MolinaClinicalPolicy.com**. Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.