



Provider Newsletter

For Molina Healthcare of Iowa, Inc. providers

First quarter 2026

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Molina Iowa Medicare Advantage D-SNP Plan now live!

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

Provider office hours:

We previously hosted two Medicare provider office hour sessions in December 2025. Additionally, we held a post go-live Medicare overview in January. These sessions included a presentation from our Medicare team, and an open Q&A portion hosted by our Provider Network team. If you were unable to attend, or if you have any provider inquiries, please reach out to your **Provider Relations representative**.

Ongoing provider training:

To ensure that health care providers are prepared for this transition, MHIA will initiate Medicare education into our monthly onboarding sessions. These sessions will equip providers with the necessary knowledge and tools to manage and support the new Medicare plans effectively. If you have not completed our onboarding session for newly contracted providers, please sign up on our **Provider Education Series - Webinars page** under the Communications tab.

Clinical practice and preventive health care guidelines

Molina adopts clinical practice guidelines based on evidence-based standards and recommendations from national specialty organizations and governing bodies. These guidelines are reviewed, updated and evaluated in collaboration with network providers through Molina's Quality Improvement Committee. If you are interested in participating in the Quality Improvement Committee, please contact your **Provider Relations representative**.

Molina's website provides a comprehensive list of adopted guidelines and links to national resources. If using the Molina website, navigate to the Health Care Professionals site and click **Preventive Health** or **Clinical Practice Guidelines** from the Health Resources tab.

MHIA Provider Relations representative map update

We recently updated our map regions. Please view our representative map to ensure you are in contact with the correct Provider Relations representative for your provider inquiries at **MHIA Medicaid | Contact Us**.

MHIA now accepting electronic attachments (275) via clearinghouse – The SSI Group (SSI)

Molina now accepts electronic attachments (275 transactions) via The SSI Group, LLC Clearinghouse, in addition to the **Availity Essentials** portal. Providers can submit attachments to PayerID MLNIA through their existing clearinghouse, provided that the clearinghouse has connectivity with SSI.

To help ensure smooth processing, please keep these tips in mind:

- Attachment types: Ensure the attachment type and purpose codes are valid per the 275 standard
- Timeliness: Submit attachments promptly after claim submission to avoid delays
- File size and format: Confirm your clearinghouse supports the file size and format you intend to send

Edifecs 824 and 999 transmission implementation

To support end to end attachment reconciliation, Molina will generate 824 and 999 response transmissions for all SSI inbound 275 transactions effective September 15 for markets that are set up to accept attachments today. All future market expansion will include this functionality. The goal of this implementation is to provide line of sight into document receipts and confirmation of processing. If you have any questions, please contact **IAProviderRelations@MolinaHealthcare.com**. You can also visit our **Provider website** to learn more about SSI.

Utilizing Availity Essentials portal to submit electronically

We encourage all providers to use Availity Essentials for authorizations. Please submit electronically via the **Availity Essentials** portal. Reminder: for Advanced Imaging Cite Auto Auth submissions, this is also done via Availity Essentials.

Provider Advisory Council

The Molina Iowa Provider Network thanks its providers who participate in the Iowa Molina Provider Advisory Council (IMPAC). To join this council, please complete the sign-up form [here](#). We look forward to our next meeting this May.

Want regular Molina Iowa provider communications?

We have partnered with **ConstantContact** to be our provider communications email vendor. The first time you receive an email from this source, you may need to check your spam/junk folder to “accept and release” it. For regular news, updates and announcements, sign up [here!](#)

Partnership opportunities

If you are interested in cobranding with Molina, or partnering for community events, please reach out to our Community Engagement team at MHI_IA_Events@MolinaHealthcare.com.

Follow us on Facebook!

Please “Like” our Molina Healthcare of Iowa **Facebook** page to see all of our community events!



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.

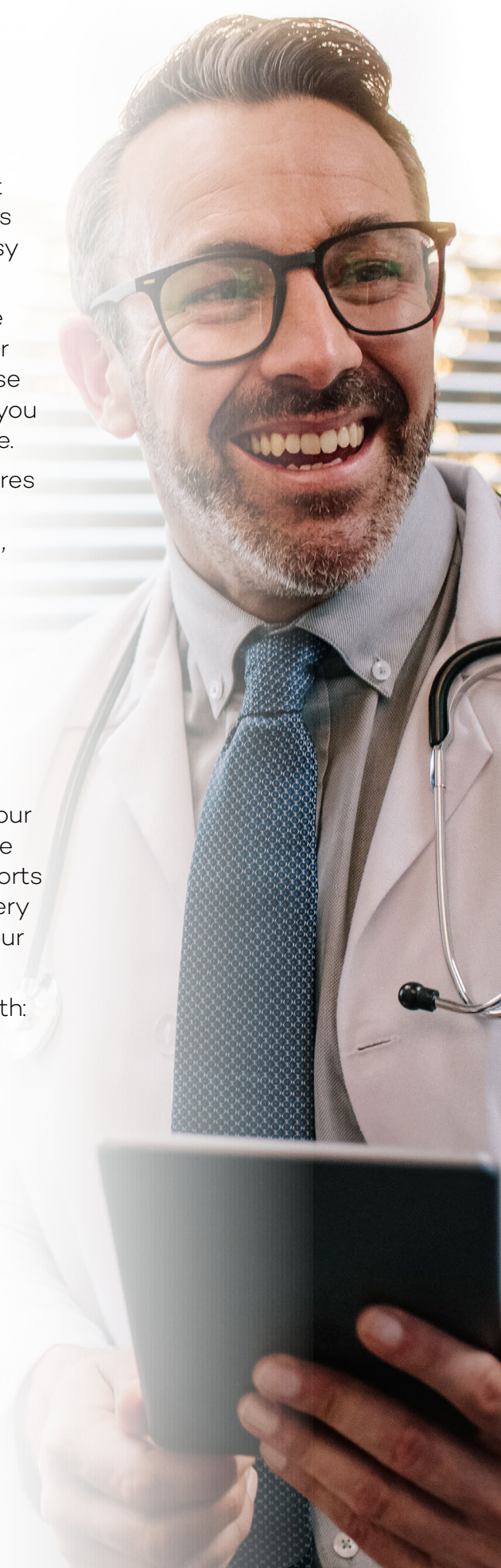
Addressing mental health with patients

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 both body and mind
 - Abstaining from the use of tobacco, vaping, etc.
 - Limiting consumption of alcohol
- Take 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 at [MHIA|Quality](#).

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 at [MHIA|Quality](#).

If you have any questions or want additional information or printed copies with HEDIS or CAHPS results, please contact Provider Relations at [MHIA|Contact Us](#).

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 **(844) 236-2096**.
- Molina members can access Interpreter Services at no cost by calling Member Services at **(844) 236-0894**.

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 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(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 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 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 [Model of Care Provider Training 2026](#). The completion date for this year's training is December 2026.



Clinical Policy

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinahealthcare.com/clinical-policy). 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|Provider Manual](#).

