Provider Newsletter

For Molina Healthcare providers in Massachusetts

Third quarter 2026

In this issue

The provider newsletter is available to all network providers serving Molina Healthcare members in Massachusetts.

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** within the 4th quarter. 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. We encourage you to visit **MolinaHealthcare.com** to explore the updates and see how they can help save time in your daily workflow.

Upcoming changes for Massachusetts providers

Massachusetts providers should be aware of several upcoming enhancements designed to improve authorization workflows, provider self-service capabilities and overall operational efficiency. Recent updates include the transition of select prior authorization functions to specialized vendor platforms and continued expansion of digital provider tools.

Providers should be aware of changes related to utilization management and authorization submissions through designated vendor portals, including Evolent and MSK/Turning Point. Additional provider communications, training resources and job aids will be distributed to support these transitions and ensure a smooth implementation experience.

Molina is also launching its external provider data portal through ProviderTrak. These updates are intended to streamline provider interactions, improve access to information and support more efficient issue resolution. More information can be found on our website here.

As a reminder, providers should continue to maintain accurate demographic and directory information, monitor communications for implementation notices and review updated training materials as they become available. Accurate provider data remains essential to member access, claims processing and regulatory compliance.

Stay connected: Watch for upcoming provider notices, educational materials, and webinar opportunities from Molina Healthcare of Massachusetts to help prepare for these changes.

Availity enhancements

Molina Healthcare continues to advance its Digital First strategy with several provider-facing enhancements launching during the third quarter. Improvements include enhanced functionality for Appeals and Disputes (Reconsiderations), Inpatient Continued Stay Requests and the Patient Care Portlet (PCP) within Availity® Essentials. These updates will introduce streamlined digital submission options, improved attachment capabilities, automated routing and the ability to submit clinical documentation and update authorization requests online. Providers will also benefit from new PCP features, including multi-provider roster generation, an enhanced user experience and expanded self-service capabilities, offering convenient 24/7 access to member roster information. Together, these enhancements are designed to reduce manual and fax-based processes, improve efficiency and simplify provider workflows. Training materials and setup resources are available through the Help & Training section of Availity.

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 55% of the total. This was followed by 10% for Chinese Dialects, 8% for Vietnamese, 5% for Haitian Creole and Cape Verdean Creole, 4% each Portuguese, 3% for Arabic, and 1% each for Khmer, Russian and French.

Among Medicare members, 26% of the language translation requests were for Spanish, followed by 30% for Chinese Dialects, 18% for Vietnamese, 8% for Cape Verdean Creole, 6% each for Haitian Creole and Portuguese, 1% each for Cambodian and Arabic, and 0.4% each for Khmer and Russian.

Please contact Molina if you need assistance addressing the language needs of your patients. 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.

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. You can access the resources through the **Availity Essentials Provider Portal**. Once you are logged into Availity, navigate to Molina Healthcare under Payer Spaces, then select the Resources tab. Select Culturally and Linguistically Appropriate Services Provider Training Resources and Links.

Cultural competency education resources include:

- Cultural competency, including CLAS
- Language access services, including effective communication strategies
- Health equity and disparities
- Social determinants of health
- Federal requirements, including the Affordable Care Act and the Americans with Disabilities Act (ADA)

These resources provide helpful tips and recommendations for effectively supporting diverse subpopulations and communities that may experience unique challenges or barriers to accessing health care.

Training modules last five to ten minutes. Depending on the topic of interest, you may participate in all or just one module. Upon completing the training, please submit the provider attestation form available through **Availity Essentials**. Please contact your Provider Relations Representative if you have any questions.

Molina is required to offer training annually to our providers regarding Cultural Competency, access to language services and available resources for Molina members. Upon completing the training, please complete the Culturally and Linguistically Appropriate Services Training Attestation.

Cultural competency resources for providers and office staff (continued)

The attestation is completed through an online electronic form. The links below will direct you to your respective health plan's attestation form. Once complete, click submit.

- **California provider training attestation form** (or visit **MolinaHealthcare.surveymonkey.com/r/DF9TYWS**)
- **Ohio provider training attestation form** (or visit **MolinaHealthcare.surveymonkey.com/r/PWKMR3R**)
- **All other states training attestation form** (or visit **MolinaHealthcare.surverymonkey.com/r/WSDN6TD**)

Note: Providers have the option to utilize their own CLAS training that meets the National Standards for CLAS in Health and Health Care.

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

In many cases, Molina will also cover the cost of an interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

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:

Delegated and other providers that typically submit rosters must submit a complete roster that includes 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 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:

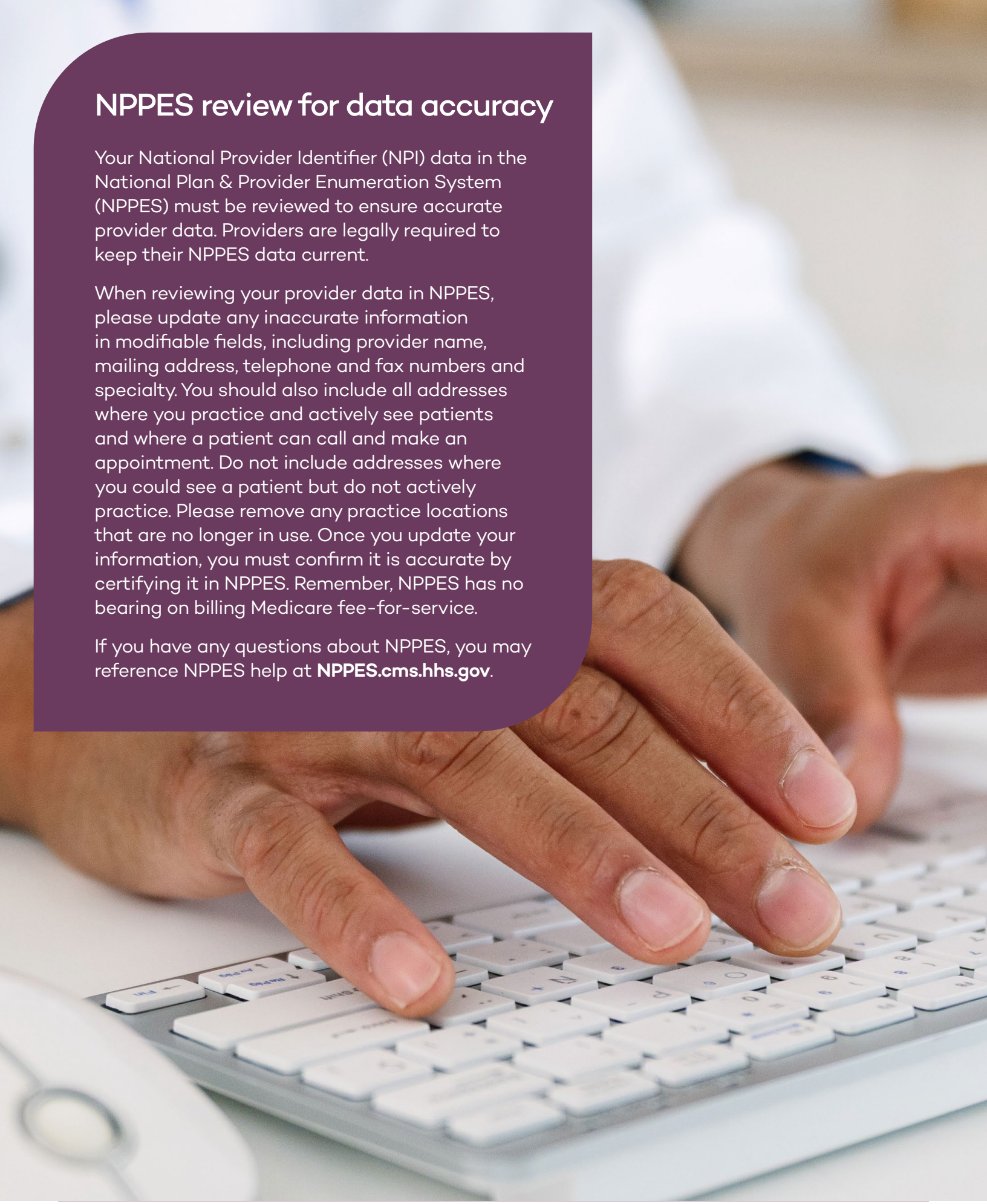
- Change in office location(s)/address(es), office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, tax ID and/or National Provider Identifier (NPI)
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty
- Whether your practice provides 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 cardiology, neurology, hematology/oncology 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 12/31/2026.

If you have any additional questions, please contact your local Molina Provider Services representative at **(855) 838-7999**.

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**.

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.

Clinical Practice and Preventive Health Guidelines

Molina of Massachusetts would like to share recent updates to our clinical practice and preventive health guidelines. Guidelines are reviewed each quarter by our Massachusetts Medical Advisory Committee to ensure our provider network has the most current evidence-based practice recommendations available. Recent updates include:

- New guideline - Toolkit for Primary Care Providers: Health Care for Adults with Intellectual and Developmental Disabilities from the Vanderbilt Kennedy Center
- Updated guideline – HIV/AIDS from the NIH National Center for Biotechnology Information – updates include
    - Aligning fully with 2025 global and U.S. guidelines
    - Emphasizing simpler, safer and longer-acting treatments
    - Incorporating new resistance data, drugs and pregnancy safety evidence
    - Expanding focus on equity, stigma reduction and policy impact

Please incorporate current guidelines into your practice. You can view all guidelines here:
MolinaHealthcare.com/providers/ma/swh/health/cpg.aspx
MolinaHealthcare.com/providers/ma/swh/health/phg.aspx

Preventing falls – STEADI!

The Centers for Disease Control and Prevention (CDC) implemented the Stopping Elderly Accidents, Deaths & Injuries initiative, known as the STEADI Initiative, to provide tools to help reduce falls among older patients. The toolkit includes materials on fall risk screening, assessment and interventions. There are multiple tools that can be downloaded to support your patients at risk for falls, including helpful brochures, fact sheets and fall risk checklists. Molina of Massachusetts adopted the STEADI initiative as one of our practice guidelines. We encourage providers to review materials in the STEADI toolkit and implement these tools into routine practice for our elderly members at risk for falls.

You can find valuable information on these tools and resources here: **cdc.gov/steadi/index.html**

The Medicare Health Outcomes Survey (HOS): What is it and why does it matter?

The Health Outcomes Survey (HOS) from CMS is an annual survey of Medicare Advantage (MA) enrollees evaluating patient perspective on maintaining and improving physical and mental health over time. The survey looks at how their health plan supports them and is sent each year to a random sample of members. A follow-up survey is sent to survey respondents two years after the initial survey. For 2026, the HOS survey will be fielded July 20 through November 2.

HOS survey results impact Medicare Part C Star ratings for health plans. The HOS measures making up a portion of the Star rating include:

- HEDIS Effectiveness of Care Measures
  - Monitoring Physical Activity
  - Improving Bladder Control
  - Reducing the Risk of Falling
- Functional Health Measures
  - Improving or Maintaining Physical Health
  - Improving or Maintaining Mental Health

In 2025, CMS increased the impact of the HOS Functional Health Measures to a weight of '3'. These measures have a heavy impact on the overall Star rating. Molina is using a multipronged approach to focus on improving outcomes for patients and quality performance for these high-impact measures.

Supplemental data sources: Establishing connections to improve outcomes

Molina of Massachusetts has established supplemental data source (SDS) connections with multiple providers over the past year. Supplemental data comes from a variety of sources outside of claims and can include the following:

- Blood pressure readings, lab results, cancer screenings
- Self-reported depression screening results
- Health-related assessments and vital signs including height and weight
- Medical record feeds from Health Information Exchanges (HIEs) or electronic health records (EHRs)
- Out-of-network services not sent through claims, such as community vaccination clinics, mobile health screenings such as DEXA scans or mammograms feeds improve efficiency and provides multiple benefits, including:
    - Supporting transparency in patient care activities
    - Validating provider efforts to capture patient burden of illness and close quality gaps for VBC arrangements
    - Capturing current chronic conditions and quality measures to support accuracy in documentation
    - Meeting contractual requirements for providers in VBC arrangements to submit supplemental data per their contract, avoiding withholds of potential VBC payments

With some high priority HEDIS measures relying on supplemental data such as lab results or vital signs, the establishment of SDS connections with our provider network is critical for quality metrics and Star ratings.

Once an SDS feed is established, submission of supplemental data to Molina requires minimal maintenance. The Provider Engagement team at Molina of Massachusetts is ready to work with your practice through the entire process. You can learn more information about the SDS connection process by contacting **SWHProviderRelations@molinahealthcare.com**.

The 2026 member incentive program

The 2026 Molina Healthcare Healthy Actions Rewards Program is an incentive program giving rewards to members who complete important health screenings. Rewards are loaded to the Molina members' benefit card to be used for health foods and produce. Rewards can be claimed by members after they complete their screening and submit the required information to Molina by phone or through the Nations Benefits online portal.

We are asking providers to remind members of the incentive program and awards they can earn for each screening included. You can see the 2026 program information for both SCO and One Care members on our member website here: **Members | Senior Whole Health**. Click on each line of business in the drop-down for details on the Healthy Actions Rewards Program by line of business.

Molina of Massachusetts Medical Advisory Committee

The Molina Massachusetts Medical Advisory Committee is a committee appointed and chaired by our chief medical officer, Dr. Christopher A. Post. The committee is made up of participating network practitioners from different specialties and meets in-person quarterly at our Waltham office, with an option to join virtually. The committee reviews and provides input into clinical and quality programs and initiatives for our Senior Care Options and One Care members.

We are currently seeking a Women's Health OB/GYN provider to join the committee. Please contact Regina Pepin, Provider Engagement Manager, if you are interested in joining the committee at **Regina.Pepin@MolinaHealthcare.com**.

HEDIS® measure: Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Timely follow-up after an emergency department (ED) visit for patients experiencing mental health crisis is vital. Providers can help coordinate care, identify changes in mental health, and intervene quickly to provide treatment and resources. Molina offers comprehensive behavioral health supports and services through case management and collaboration with treating providers. Information on our Behavioral Health Toolkit and detailed Behavioral Health Program Specifications can be found in the Provider Resources section on our website: **SWH of Massachusetts Providers Home**.

Two rates are reported on this HEDIS measure, including:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days)

Molina is working to improve rates of follow-up for members with behavioral health conditions who visit the ED, with a goal to avoid another visit to the hospital and ensure members receive appropriate quality care. Some tips to support these efforts include:

- Schedule follow-up appointments within 7 days of ED discharge with a healthcare practitioner before the patient leaves the hospital to reduce the likelihood of a preventable ED visit or hospital admission. A telehealth, telephone, e-visit or virtual check-in appointment within the required timeframe meets compliance.
- Review medications with patients (and/or caregiver as appropriate). Educate patients after an ED visit on the importance of taking their medication(s) and how to take them safely.
- Follow-up visits must be supported by a claim and documentation in the medical record to count toward the measure.
- Provide information to your patient on the importance of monitoring their mental health and following up with their mental health practitioner.
- Coordinate care after an ED visit with the member's Molina care manager.

Instruct patients who have a behavioral health crisis after leaving the hospital to call **911** or go to the nearest ER for help. Other resources available include:

- Suicide and Crisis Lifeline – **CALL 988**. For **TTY, dial 711**.
- Community Behavioral Health Center Adult Mobile Crisis Intervention at **(877) 382-1609**. For **TTY, dial 711**.
- Massachusetts Behavioral Health Help Line – **Masshelpline.com**; call or text **(833) 773-2445**. For **TTY, dial 711**.