



Provider Newsletter

For Molina Healthcare of Nebraska, Inc. providers

May 2025

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Mastering pharmacy prior authorizations

We know prior authorization (PA) can be time-consuming. That's why we're sharing the tips below — to help simplify the PA process and ensure patients get their medications faster.

First, check the formulary.

To avoid unnecessary PAs, check the [Molina Formulary](#) before prescribing. Preferred drugs typically don't require PA, while non-preferred drugs usually require documentation of trial and failure of preferred alternatives.

When using the formulary, keep in mind that:

- Safety edits, such as age and quantity limits, may apply to certain medications. Check the QTY or AL icons to review specific restrictions.
- There may be state-imposed medication limitations. Those can be found on the Department of Health and Human Services' [Summary of Drug Limitations](#).

Next, review PA requirements before submission.

Before requesting authorization, review PA requirements for both Molina-managed and state-managed medications:

- PA criteria for Molina-managed medications can be found under the Clinical Criteria section on the [Pharmacy page](#) of Molina's website.
- Step therapy and PA requirements can be found on the state's Preferred Drug List (PDL)

Lastly, provide all essential information in the request.

Incomplete or incorrect submissions can delay patient care. To prevent PA denials, ensure all requests include:

- Member details (e.g., name, date of birth, Medicaid ID)
- Prescriber NPI and contact information
- Healthcare Common Procedure Coding System (HCPCS) codes for medical benefit requests
- Diagnosis and relevant lab results
- Previous medications tried and failed
- Supporting documentation for off-label use

Taking these steps can help prevent delays, reduce administrative burden, and ensure patients receive their medications without interruption. If you have questions or need assistance, contact NE_UM@MolinaHealthcare.com. For all other questions, please email NEProviderRelations@MolinaHealthcare.com.

Evaluating Molina's quality performance

At Molina, ensuring high-quality care and member satisfaction is a top priority. Annually, Molina Healthcare, Inc. evaluates health plan quality performance using two important data sets:

- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

These assessments help identify successes, highlight opportunities for improvement, and shape quality initiatives for the following year.

Tracking quality with HEDIS® measures

Molina collects and reports HEDIS® measures to evaluate quality performance. HEDIS® measures, which are used nationwide, focus on:

- Preventive care: Well visits, immunizations, screenings and routine exams
- Chronic condition management: Diabetes care, blood pressure control and medication adherence
- Access to care: Members receive timely appointments and services
- Utilization of services: Emergency room visits, hospital stays and follow-up care

Molina sets performance goals for each measure and uses the data to identify areas that can enhance patient outcomes.

Measuring member satisfaction with CAHPS®

Molina also evaluates CAHPS® survey results annually to assess member experiences with their health insurance company and providers. The CAHPS® survey captures feedback on:

- Timeliness and quality of care
- Ease of getting needed appointments
- Provider communication and support

By analyzing CAHPS® survey results, Molina identifies ways to improve patient experiences and strengthen the relationship between patients and providers.

How you can help

As a provider, you play a critical role in improving quality measures and member satisfaction. Here are a few ways to make a meaningful impact:

- Encourage preventive care: Remind patients about well visits, screenings and immunizations
- Support clear communication: Ensure patients understand their treatment plans and feel confident in managing their care
- Enhance access to care: Help reduce gaps in care by performing timely follow-up visits and ensuring appointment availability

Molina appreciates your commitment to delivering high-quality, patient-centered care. By working together, we can continue improving health outcomes and member experiences.

The path to recovery

Timely treatment for substance use disorders (SUDs) can be life-changing. Early intervention leads to a higher chance of recovery, improved health, and lasting stability.

To support you in helping patients start and stay engaged in treatment, we're sharing best practices that also align with the Initiation and Engagement of Treatment for Substance Use (IET) quality measure from the Healthcare Effectiveness Data and Information Set (HEDIS).

Best practices:

- **Screen at every opportunity.**
Routine visits, hospitalizations, and even check-ins can be critical moments to identify SUDs. Use validated tools to assess severity and a patient's readiness to change.
- **Act fast with a warm hand-off.**
When a SUD is identified, a direct referral to a treatment provider — rather than just a recommendation — increases follow-through and ensures treatment begins within 14 days, as outlined in the IET measure.
- **Simplify access to treatment.**
Use Molina's provider directory to quickly find in-network specialists and treatment providers across the state. Providing clear, accessible options reduces uncertainty and helps patients take the next step.
- **Refer patients to Case Management.**
Molina's case managers can help coordinate care, connect patients with community resources, and assist with next steps like housing or behavioral health services, helping patients stay engaged and supported throughout their recovery.
- **Help patients understand their treatment journey.**
Because fear of the unknown is a common barrier to seeking and staying engaged in care, explain what treatment looks like, what to expect, and why early intervention and follow-up are key to recovery. When patients feel informed and supported, they are more likely to stay engaged in their treatment journey.
- **Ensure follow-up care is scheduled before patients leave.**
A follow-up visit within 14 days of starting treatment dramatically improves the likelihood of long-term recovery. Use reminder calls and texts to reduce no-show rates and help keep patients on track.
- **Encourage patients to stay engaged in ongoing care.**
Recovery is an ongoing process, and consistent engagement is key to long-term success. For that reason, the IET measure recommends patients attend at least two additional visits within 34 days of initiating treatment. Scheduling these in advance and maintaining ongoing communication helps reinforce progress, accountability, and stability.

SUD treatment is more than a process — it's a lifeline, and your efforts don't just improve IET performance — they change lives. By screening, referring, and supporting patients, you break down barriers, reduce stigma, and create real opportunities for recovery. Thank you for the work you do every day to support patients on their path to recovery.

Supporting men's health



Encouraging men to prioritize their health can lead to better outcomes and improved quality of life.

Routine checkups and preventive screenings play a key role in detecting and managing conditions like heart disease, diabetes, and hypertension early. As a provider, you can support your male patients in staying proactive about their health by encouraging them to:

- Schedule annual wellness exams to monitor overall health and stay current on recommended screenings (e.g., blood pressure, cholesterol, and glucose levels).
- Prioritize mental health concerns by normalizing conversations about well-being. If they report symptoms of depression, anxiety or stress, please refer them to a behavioral health provider for the support they need. You can find one in our provider directory.
- Adopt a healthy lifestyle by:
 - Maintaining a balanced diet rich in fruits, vegetables, and whole grains.
 - Engaging in regular physical activity.
 - Avoiding tobacco use and limit alcohol consumption.

If any of your patients need extra support for heart disease, diabetes, or hypertension, contact email our Care Management team at NE_CM@MolinaHealthCare.com or call Member Services at **(844) 782-2018**, Monday-Friday, 8 a.m.-6 p.m. CT.

By proactively addressing preventive care, you can empower men to take control of their health, leading to improved quality of life and reduced health care costs. Please encourage your male patients to schedule their next check-up and take proactive steps toward a healthier future.

A great event for your patients

Molina Healthcare of Nebraska and Goodwill South Omaha are teaming up to host a back-to-school event, helping families get ready for a healthy start to the school year. This is a great opportunity for your patients to take advantage of no-cost health screenings, school physicals, and childhood vaccinations. Plus, this event will also have fun activities for the whole family.

Date: Saturday, Aug. 2

Time: 9 a.m.–12 p.m. CT

Location: Goodwill South Omaha

Address: 3503 L Street, Omaha, NE 68107

Screenings available:

- Blood pressure, BMI, glucose, HbA1c and lead screenings
- Dental screenings

Family-friendly activities:

- Musical performances from Omaha Street Percussion
- Back-to-school photos by Precious Jules Photography
- Kids' craft and activities



Please share this information with your patients so they can take advantage of these services.

Check your provider directory data

Ensuring Molina has accurate and up-to-date practice and business information is essential for providing the best possible care to our members, and it's also a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA) requirement.

Why accuracy matters

Keeping your information current in Molina's provider directory helps:

- Ensure members can find and contact you easily
- Prevents delays in claims processing
- Support correct member-to-provider assignments
- Ensure seamless referrals and care coordination

Mandatory verification every 90 days

Providers must review and confirm their practice details at least once every 90 days to remain in the Molina Provider Directory. Failure to do so may result in removal from the directory.

What information needs to be verified

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Telephone, fax and email contact details
- Digital contact information
- PCPs: Whether your practice is open to new patients
- Tax ID and/or National Provider Identifier (NPI)

Reporting changes in provider information

In addition to quarterly verifications, providers are required, under the terms of their Provider Agreement, to notify Molina at least 30 calendar days in advance of any changes to their information, including:

- Practice details: Name, office location(s), address(es), phone, fax or email
- Provider details: Name, Tax ID number (TIN), National Provider Identifier (NPI), or specialty
- Access to care: Whether your practice is accepting new patients (PCPs only)
- Operational updates: Office hours, additional or closed locations, any providers joining or leaving a clinic or practice
- Other changes: Any updates that may impact member access to care

How to update or confirm your information

Providers must verify and update their information using the appropriate methods based on their provider type:

- Delegated providers (or those submitting rosters): Submit a complete, updated roster to Molina by emailing NEProviderRosters@MolinaHealthcare.com.
- All other providers: Log in to your Council for Affordable Quality Healthcare, Inc. (CAQH) account to review and attest to the accuracy of your information.
 - If all details are correct, select the option to attest.
 - If updates are needed, make the necessary changes in CAQH.
 - If you cannot update through CAQH, call Molina Provider Services for assistance. You can reach them at [\(844\) 782-2678](tel:844-782-2678), Monday-Friday, 7 a.m.-6 p.m. CT.

By keeping your practice information accurate, you help ensure smoother operations, faster claims processing, and better access to care for members.

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

