Provider Newsletter

For Molina Healthcare of Washington, Inc. providers

Third quarter 2026

In this issue

The provider newsletter is available to all network providers serving Molina Healthcare of Washington, Inc. members.

Upcoming change: OB global billing model ending in 2027

Effective January 1, 2027, the traditional global obstetrical (OB) billing model will be discontinued, consistent with guidance from the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA). New maternity care coding standards will replace global obstetric billing with a service-level approach that more accurately reflects how maternity care is delivered today.

Historically, maternity care services — including prenatal visits, delivery and postpartum care — have often been billed as a single global package. Beginning in 2027, providers will bill services separately across four phases of care:

- Antepartum (prenatal) care
- Labor management
- Delivery
- Postpartum care

This transition represents a significant change for maternity care providers and billing teams. While implementation is still several months away, providers are encouraged to begin preparing now. Providers who manage their own billing and coding functions, as well as those who primarily bill using the global OB model today, may benefit from a longer preparation runway to become familiar with evolving coding, documentation, workflow and billing requirements associated with service-level reimbursement.

Molina Healthcare is sharing this information early as part of our commitment to supporting a smooth transition for providers and members. Early preparation can help practices assess operational impacts, identify educational needs and position themselves for successful adoption of the new billing approach when implementation begins on January 1, 2027.

Resources for learning more

Providers are encouraged to monitor guidance and educational resources from the organizations leading this work, such as ACOG and the AMA. For Washington state resources please see the **Washington State Health Care Authority (HCA) – OB Billing Transition Information** and watch for guidance from other associations such as the Midwives' Association of Washington State (MAWS).

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.

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 56% of the total. This was followed by 10% for Russian, 7% for Ukrainian, 4% each for Arabic and Dari, 3% for Vietnamese, 2% for Somali and 1% each for Tigrinya, Amharic and Pashto.

Among Medicare members, 48% of language translation requests were for Spanish, followed by 10% for Vietnamese, 9% for Russian, 7% for Chinese dialects, 3% each for Arabic, Punjabi and Cambodian, 2% for Cape Verdean Creole and 1% each for Haitian Creole and Somali.

For Marketplace members, 24% of language translation requests were for Spanish, followed by 20% for Russian, 15% for Chinese dialects, 8% for Vietnamese, 6% for Ukrainian, 5% for Punjabi, 3% each for Korean and Arabic, 2% for Cambodian and 1% for Haitian Creole.

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.

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. 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:

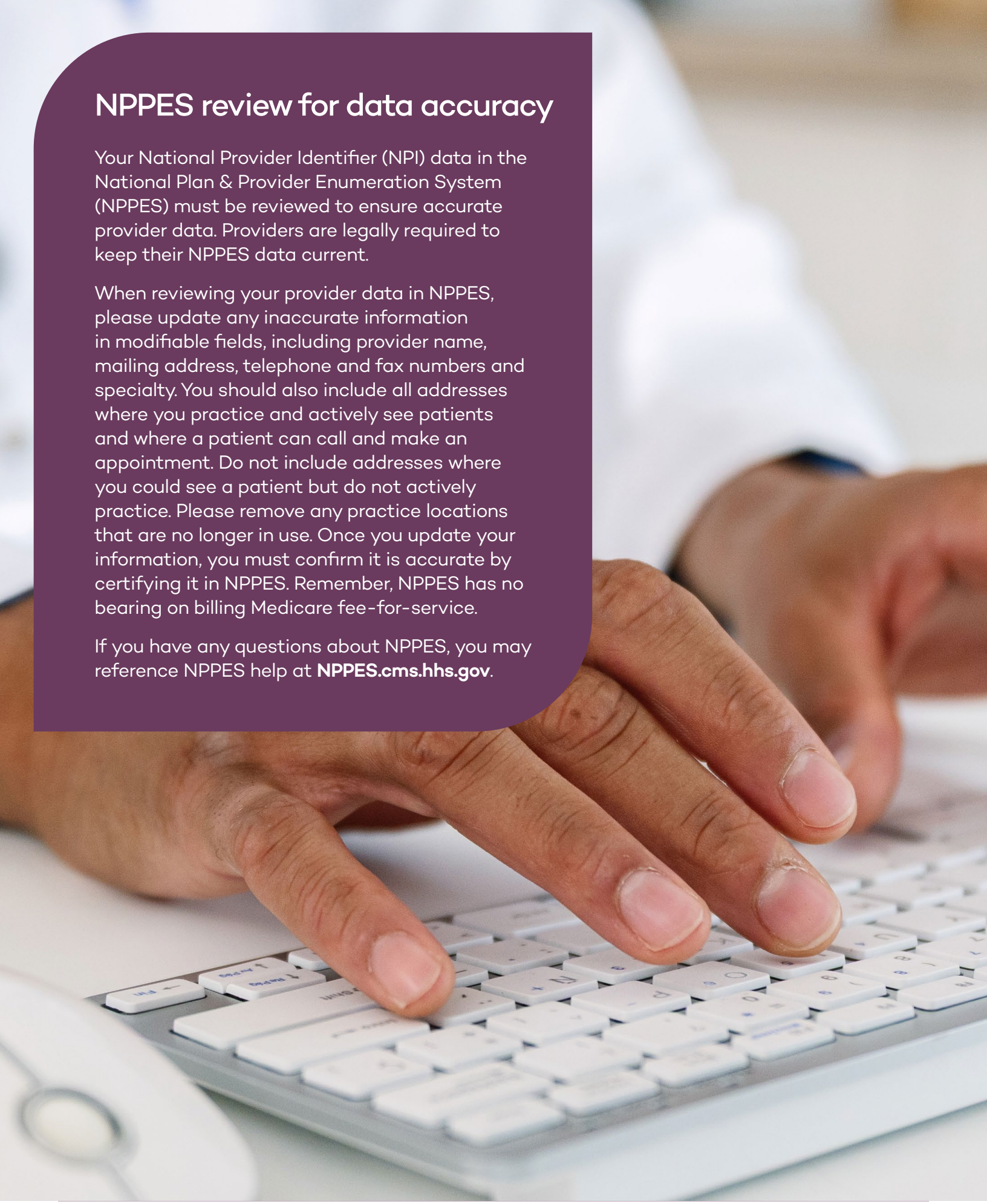
- Change in office location(s)/address(es), office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, tax ID and/or National Provider Identifier (NPI)
- Opening or closing your practice 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, hematology/oncology, and psychiatry 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.

If you have any additional questions, please contact your local Molina Provider Services representative at **MHW_Provider_Relations@MolinaHealthcare.com**.

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:

- **Medicaid Provider Manual**
- **Marketplace Provider Manual**
- **Medicare 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.