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National High Blood Pressure Education Month

May 2026 marks **National High Blood Pressure Education Month**, a time dedicated to raising awareness about hypertension and its profound impact on public health. Hypertension is a major risk factor, estimated to account for approximately **54% of all strokes** and **47% of ischemic heart disease cases**. It is more prevalent than tobacco use, dyslipidemia, and diabetes, and is believed to affect nearly **one half of all American adults**.

This observance provides an important opportunity to reflect on the burden of hypertension and to emphasize strategies for early identification and effective management to reduce the risk of **coronary heart disease, heart failure, stroke, and kidney failure.**

Blood pressure refers to the force exerted by circulating blood against the arterial walls. Blood pressure is expressed as two measurements: **systolic blood pressure**, which occurs when the heart contracts, and **diastolic blood pressure**, which occurs when the heart relaxes between contractions. In healthy adults, normal blood pressure is defined as a systolic value **less than 120 mmHg** and a diastolic value **80 mmHg or lower**. Hypertension is diagnosed when blood pressure readings are **130/80 mmHg or higher**. Importantly, for every **20/10 mmHg increase** in systolic and diastolic blood pressure, the risk of death from coronary heart disease and stroke **doubles**.

The cardiovascular risk associated with hypertension must be evaluated alongside other contributing factors such as tobacco use, diabetes, chronic kidney disease, and elevated cholesterol levels. The presence of multiple risk factors influences both the intensity of treatment and the overall strategy for reducing cardiovascular morbidity and mortality.

Accurate blood pressure measurement is essential for the diagnosis of hypertension. In-office blood pressure assessment is best performed using an automated device with the patient alone in the room, which helps reduce the likelihood of **white coat hypertension**. Preferred alternative methods include **ambulatory blood pressure monitoring (ABPM)** and **self-measured blood pressure monitoring (SMBP)**.

Ambulatory blood pressure monitoring involves the use of an automated device capable of measuring blood pressure over a 24-hour period while individuals engage in their usual daily activities and sleep. Measurements are typically taken every **15–30 minutes during the day** and every **30–60 minutes at night**. Hypertension is diagnosed using ABPM when the average **24-hour blood pressure is $\geq 125/75$ mmHg** or the average **daytime blood pressure is $\geq 130/80$ mmHg**. This method has been shown to be a stronger predictor of future cardiovascular events than office-based measurements.

Self-measured blood pressure monitoring involves periodic blood pressure checks performed by the individual using a personal monitoring device. Hypertension is identified when the average self-measured blood pressure is **greater than 130/80 mmHg**.

Two conditions may complicate the diagnosis of hypertension: **masked hypertension** and **white coat hypertension**. Masked hypertension occurs when office blood pressure readings are normal, but out-of-office measurements indicate hypertension. Individuals with masked hypertension are at increased risk for adverse cardiovascular outcomes. In contrast, white coat hypertension is characterized by elevated office blood pressure readings with normal out-of-office measurements. The clinical significance of white coat hypertension lies in the potential for overtreatment, which may result in excessive blood pressure reduction and hypotension. To avoid this risk, out-of-office blood pressure measurements should guide management decisions.

Hypertension remains one of the most common and consequential modifiable risk factors for cardiovascular disease. National High Blood Pressure Education Month underscores the importance of accurate diagnosis, comprehensive risk assessment, and appropriate use of both office and out-of-office blood pressure monitoring. By improving awareness, refining diagnostic strategies, and tailoring treatment to individual cardiovascular risk, healthcare providers and patients alike can work together to reduce the devastating consequences of uncontrolled high blood pressure.

2026 Preventative Visit Reminder

Beat the summer rush by starting to send patient reminders for a 2026 Annual Wellness Visit this Spring. Molina allows well visits to be billed at any time throughout the measurement year, providing flexibility for scheduling appointments.

Provider Incentive Details

Molina is offering a \$125 Basic Assessment Incentive after completing a face-to-face annual physical exam, well child visit or comprehensive office visit with eligible

members from your practice and supporting documentation is submitted within 90 days of the date of service.

An additional \$50 Full Assessment Incentive is achieved once all assessments are completed on the Clinical Profile form and the form is sent back to Molina either fax or email.

Contact Information

If you would like more information on open gaps or incentive criteria, please contact Quality@elmandoakhealth.com.



Is Your Practice Ready for the Prenatal Billing Changes?

NYS Medicaid is changing how prenatal visits should be billed due to the upcoming elimination of the global OB codes in 2027.

Starting June 1, 2026, routine prenatal visits should be billed using:

- Standard E/M visit codes **AND**
- –TH modifier **AND**
- Pregnancy-related ICD-10 O or Z codes

This will apply to patients who start care on or after June 1, 2026, or have a due date on or after January 1, 2027. **Global OB codes will not be accepted at all for dates of service on or after January 1, 2027.**

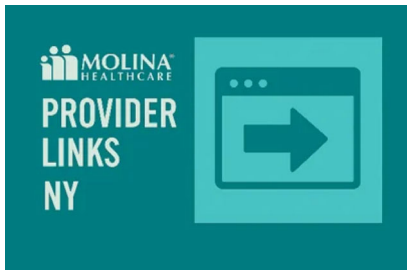
The following codes will be deleted and unavailable in January 2027:

CPT Code	CPT Description
59400	Vaginal Delivery with Antepartum and Postpartum Care
59425	Antepartum Care Only; 4-6 Visits
59426	Antepartum Care Only; 7 or More Visits
59510	Cesarean Delivery with Antepartum and Postpartum Care
59610	Vaginal Birth after Cesarean (VBAC) Delivery with Antepartum and Postpartum Care
59618	Cesarean Delivery After Attempted Vaginal Delivery with Antepartum and Postpartum Care

New Codes - effective June 1, 2026

These are the codes that can be used to identify routine antepartum care

CPT Code	CPT Description	Modifier
99202	Office Or Other Outpatient Visit for The	-TH modifier to be used for all routine prenatal visits initiated on or after June 1, 2026
99203	Office Or Other Outpatient Visit for The	
99204	Office Or Other Outpatient Visit for The	
99205	Office Or Other Outpatient Visit for The	
99211	Office Or Other Outpatient Visit for The	
99212	Office Or Other Outpatient Visit for The	
99213	Office Or Other Outpatient Visit For The	
99214	Office Or Other Outpatient Visit For The	
99215	Office Or Other Outpatient Visit For The	
99341	Residence Visit For New Patient With	
99342	Residence Visit For New Patient With Low Level	
99344	Residence Visit For New Patient With Moderate	
99345	Residence Visit For New Patient With High Level	
99347	Residence Visit For Established Patient With	
99348	Residence Visit For Established Patient With Low	
99349	Residence Visit For Established Patient With	
99350	Residence Visit For Established Patient With	
99417	Prolonged Outpatient Service, Each 15 Minutes	



Quick Links. Clear Guidance. Better Care

- To review how to manage claims click here: [Managing claims](#)
- Availability Appeals and Reconsideration changes: [Availability Appeals and Reconsideration changes](#)

- Submit and track your appeals on Availity Essentials: [Submit and track your appeals on Availity Essentials](#)
- The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at: [Provider Manual](#)
- Molina Provider Q1 2026 Newsletter: [Provider Newsletter](#)



Welcome to Molina
Healthcare - Affinity by Molina
Healthcare

**Providers can access the Availity Essentials portal at
MolinaHealthcare.com or click : [Molina Healthcare | Availity](#)**

Once in the Availity Portal office staff can search:

- 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.



“Access Starts the Care Journey”

New York State routinely completes surveillance activities to evaluate compliance with the following appointment availability standards, (Medicaid Model Contract 15.2, Appointment Availability Standards):

Molina maintains access to care standards and processes for ongoing monitoring of access to health care (including behavioral health care) provided by contracted primary PCPs (adult and pediatric) and participating specialists (to include OB/Gyn, behavioral health Providers, and high volume and high impact specialists).

Providers are expected to adhere to the Access to Care appointment standards outlined below to ensure that health care services are delivered promptly.

These standards require 100% availability for Emergency Services and at least 75% availability for all other services. The primary care provider, or their designated representative, must be accessible to Members 24 hours a day, seven days a week.

Access And Availability Standards Reminder Grid

Appointment Access

All Providers who oversee the Member's health care are responsible for providing the following appointments to Molina Members in the timeframes noted:

Additional information on appointment access standards is available from your local Molina Quality Department toll free at (877) 872-4716.

Office Wait Time

For scheduled appointments, the wait time in offices should not exceed sixty (60) minutes. All PCPs are required to monitor waiting times and adhere to this standard.

After Hours

All Providers must have back-up (on call) coverage after hours or during the Provider's absence or unavailability. Molina requires Providers to maintain a twenty-four (24) hour phone service, seven (7) days a week. This access may be through an answering service or a recorded message after office hours.

For PCPs and OB/GYNs, if a recorded message is used, it must provide an option to direct the Member to a live person. The service or recorded message should instruct Members with an Emergency to hang-up and call 911 or go immediately to the nearest emergency room.

Please visit the Provider Manual for additional information on access and availability: [Molina Provider Manual](#)

Type of Care Request	Standard Timeframe
Primary Care Provider (PCP) or Prenatal Care	
Emergency Care	Immediately
Urgent Care	Within 24 hours
After Hours Care	24 hours/day; 7 day/week availability
Routine Symptomatic Care	Within 48 to 72 hrs of request
Routine Asymptomatic Care	Within 28 calendar days
Follow-up discharge	Within (7) days of discharge
Well Child Care	Within 4 weeks of request
Specialty Care Provider	
Urgent Care - High Impact	Within 24 hours
Routine Care - High Impact	Within 42 calendar days
Specialist Referral (non-urgent)	Within 4 to 6 weeks of request
Prenatal - First Trimester	Within 21 calendar days
Prenatal - Second Trimester	Within 14 calendar days
Third Trimester	Within 7 calendar days
Initial Family Planning Visit	Within 2 weeks of request
Behavioral Health	
Life Threatening Emergency	Immediately
Non-life threatening emergency care	Within 6 hours
Urgent care	Within 24 hours
Initial Routine care Visit	Within 10 business days
Follow-up Routine Care Visit	Within 5 calendar days
Appointment Wait Times	
Wait Time	Less than 1 hour



Better Care Starts with Cultural Awareness

Reminder : Culturally and Linguistically Appropriate Services (CLAS) training is required to be completed annually.

Elm and Oak formally known as, Monroe Plan for Medical Care, IPA along with Molina Healthcare, Inc., expects providers to deliver services that affirm and respect individuals of all backgrounds and abilities, safeguarding their dignity. Employee and provider training, along with quality monitoring, support this commitment. Accordingly, Molina includes Culturally and Linguistically Appropriate Services (CLAS) training in its programs and regularly offers related education to providers and staff.

These trainings can be viewed by logging onto the Availity Portal, choose the Payor Molina Healthcare-Affinity By Molina Healthcare , then select the Resources Tab at the top of the section, and finally scroll down to view the Culturally and Linguistically Appropriate Trainings. Once the trainings have been completed an attestation form can be submitted through the portal.

Culturally and Linguistically Appropriate Services: Training for health care providers and staff include:

- **Module 1: Introduction to Culturally and Linguistically Appropriate Services**
- **Module 2: Health Outcomes**
- **Module 3: Seniors and Persons with Disabilities**
- **Module 4: LGBTQ and Immigrants/ Refugees (optional)**
- **Module 5: Providing Culturally and Linguistically Appropriate Services**
- **Provider Training Attestation Form (All Other State Providers)**

Other Cultural Competency Provider Training Resources and Links:

- **[Cultural Competency Provider Training](#)**
- **[Better Communication, Better Care](#)**
- **[Guidance & Resource Materials | ADA.gov](#)**
- **[The Arc of the United States | Disability Rights, Advocacy & Inclusion](#)**
- **[Virginia Commonwealth University/Center on Society and Health](#)**
- **[Robert Wood Johnson Foundation](#)**

Providers and appropriate staff should complete this training in the next 12 months and annually thereafter.



Elm & Oak Health Rebranding -Frequently Asked Questions

1. What's changing?

We are updating our company name and brand. This update is designed to better reflect who we are today and the full range of work we do, both now and in the future. While the name and look will be new, our mission, values, and commitment to those we serve remain unchanged.

2. When will the new name take effect?

The new name will officially take effect on March 9, 2026.

3. How does this impact my organization?

The rebranding of Monroe Plan for Medical Care will not impact the Monroe Plan for Medical Care and YourCare IPA contracts that are currently in place.

There will also be no changes in current administrative policies or procedures for the provider network in servicing Molina patients enrolled in Medicaid Managed Care, HARP, Essential Plan, or Child Health Plus..

4. Who should I contact if I have any questions?

Please send any questions to pfmemails@elmandoak.com

5. I sent provider enrollments to pfmemails@monroeplan.com will I have to resend these applications?

No, these emails have been secured and are being pro

Unlock key insights in the Elm and Oak Health Provider Guide: Stay Informed-Don't miss out

Click on this link to learn more: [Provider-Orientation-Guide](#). If you have any questions, please reach out to:



Provider Data Validation

Kindly ensure your data is up to date by submitting the necessary documentation to update your practice's information to pfmemails@elmandoakhealth.com.

These changes include:

- Change in office location(s)/address, 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.
- Change in billing address.
- Any other information that may impact member access



Tools to Help You Deliver Better Care

Stay organized and informed with quick access to quality programs, forms, training, and more. Access the latest enrollment forms, care coordination documents, and compliance information and more.

Click the link and scroll down to find the appropriate forms : [Elm and Oak Health IPA](#)

You will have the option to download a PDF version of the form and email the form to pfmemails@elmandoakhealth.com.

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