# Elm and Oak Health July 2026 Provider Newsletter

**Office Operations**

Molina's Provider Incentive

Child and Adolescent Preventative Well Visit

Small Check, Big Impact, Your Elm & Oak Molina Reminders

Provider Manual

Provider Links

Partnering to Deliver Timely Access to Care

Access and Availability Standard

Care That Connects Starts with Cultural Awareness

Provider Guide- Stay Up to Informed

Provider Data Validation

Tools to Help Deliver Better Care

**Provider Resources and News**

Reimaging Public Health

Essential Plan Updates

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## July 2026 - Reimagining Public Health - Continuing Efforts to Improve the United States Healthcare Landscape

Among individuals in the United States aged 0 to 64, an estimated 25–30 million remain uninsured. Notably, among high-income, highly developed countries without universal health coverage, the United States stands alone in failing to provide healthcare access for its entire population. Despite programs such as Medicare and

safety-net programs like Medicaid, millions of Americans remain uninsured or underinsured.

The consequences of lacking insurance are significant. Individuals without coverage are less likely to seek preventive services, primary care, and timely treatment. Specifically, uninsured adults are less likely to receive screenings for colorectal, breast, and cervical cancers, leading to diagnoses at later stages and higher mortality rates. Chronic diseases such as hypertension and diabetes are also less effectively managed without continuous access to care. In this sense, the lack of insurance functions as a social determinant of health, undermining efforts to prevent disease and optimize care for chronic conditions.

From a financial perspective, the absence of insurance does not mean no care is received; rather, care often occurs at a later, more severe stage of illness. Emergency departments frequently become the point of first contact, driving up costs for hospitals, communities, and taxpayers. Without systemic changes, this model is unsustainable.

As the following quotations illustrate, attempting to reinforce a fundamentally flawed system is unlikely to succeed:

· “Patching holes in a sinking ship is not repair; it is denial. Sometimes, the only lifeboat is a new vessel.”

· “We cannot rebuild the past by reinforcing its ruins; the future demands a fresh blueprint.”

To reimagine a more effective system, the following recommendations merit thoughtful consideration:

**1. Establish a nationwide Medicaid eligibility standard** that encompasses all states and eliminates restrictive criteria. Expanding Medicaid would increase preventive care utilization, enhance early disease detection, reduce mortality, and eliminate geographic disparities.

**2. Decouple health insurance from employment,** ensuring that individuals employed part-time, in the gig economy, or unemployed retain continuous access to care. This approach would reduce coverage gaps and improve overall population health.

The current U.S. healthcare system, fragmented and tied to employment, leaves millions without essential coverage, undermining both individual and public health. As the system stands, patching gaps with incremental fixes cannot achieve lasting results. Meaningful reform—through expanded, standardized coverage and decoupling insurance from employment—is necessary to build a resilient, equitable system capable of preventing disease, managing chronic conditions, and controlling costs. In short, to safeguard health and sustainability, the United States must chart a new blueprint rather than cling to the ruins of the old system.

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**Molina's 2026 Provider Incentive:**
**Clinical Profile Quality (CPQ)**

Molina is offering a new opportunity in 2026 for providers to make $175 after eligible patients complete their annual visit and documentation from the visit is submitted via fax or email. For more information on practice eligibility, profile forms and patient specific list, please contact Kbrusehaber@elmandoakhealth.com


MOLINA HEALTHCARE

Clinical Profile Quality Program

The Clinical Profile Quality (CPQ) Program is a pre-visit planning and point-of-care program that supports providers in addressing gaps in care during a patient encounter. It is designed through a patient-centered lens to support providers in delivering high-quality patient care with positive outcomes for Molina members.

Benefits of the CPQ Program

- Improve patient and provider outcomes by supporting early detection and ongoing assessment of chronic conditions
- Address clinical quality gaps in care, including but not limited to HEDIS® measures and previously documented conditions
- Reward eligible providers for providing high-quality care and supporting care coordination, treatment planning and improved quality outcomes

CPQ Program details

Utilize the list of CPQ Program members and their Clinical Profile (CP) forms during pre-visit planning and at point-of-care.

Eligible visit types

Annual Wellness Visit, Welcome to Medicare visit, annual routine physical exams, well-child visits and comprehensive office visits.

**Level 1 Basic Assessment**
**$125 per Clinical Profile member:** Complete a face-to-face visit with the patient and submit supporting medical record documentation within **90 days of the date of service.**

**Level 2 Full Assessment**
**An additional $50 per Clinical Profile member:** Complete all elements of Level 1 Basic Assessment and assess all patient care gaps by returning the completed Clinical Profile form as proof.

**Submission process:** Submit medical record and Clinical Profile form submissions securely via email at **AEProgramSubmissions@MolinaHealthcare.com**, fax to (877) 682-2216, Molina's SFTP or through a direct EMR access pull.

Important dates

**Eligible dates of service*:** January 1, 2026 – December 31, 2026
**Submission deadline:** January 31, 2027
**Payout dates:** 2026 – April, July, October | 2027 – January, March

*Dates of service must take place after the list of applicable CPQ Program members is received by the provider group. Prior dates of service are not eligible.

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**2026 Child and Adolescent Preventative**
**Well Visit Reminder**

It's the time of year where well visits are typically scheduled. Here are just a few tips to take full advantage of having patients in the office to complete all care gaps.

- Encourage families who have several children needing well visits to be scheduled on the same day. *Molina allows any time throughout the measurement year, does NOT need to be 365-days apart.*
- Pre-visit planning is key to making sure you close all gaps. Review medications that may need a refill and that vaccination records are up to date. Also, if a female between the ages of 16-24 is in for her well visit, make sure to get a urine sample for chlamydia testing.

**QUALITY and CODING: Common Missed Opportunities**

HEDIS measures require claims submissions to track whether a gap was closed. Correct coding is the most accurate way to capture clinical quality data.
Ensure your practice is using CPT II or HCPCS codes on claims to capture health results such as HbA1c, Blood Pressure readings, and previous cancer screening results.

| Controlling High Blood Pressure | |
|---|---|
| **Systolic Blood Pressure** | **Coding**<br>• 3074F (if Systolic <130 mm Hg)<br>• 3075F (Systolic 130-139 mm Hg)<br>• 3077F (if Systolic ≥ 140 mm Hg) |
| **Diastolic Blood Pressure** | **Coding**<br>• 3078F (if Diastolic <80 mm Hg)<br>• 3079F (if Diastolic 80-89 mm Hg)<br>• 3080F (if Diastolic ≥ 90 mm Hg) |

| HbA1c Test Result | Coding |
|---|---|
| HbA1c less than 7.0% | 3044F |
| HbA1c greater than 9.0% | 3046F |
| HbA1c ≥7.0% to <8.0% | 3051F |
| HbA1c >8.0% to ≤9.0% | 3052F |

| Review of Cancer Screening Results | Coding |
|---|---|
| Colorectal Cancer Screening | 3017F |
| Breast Cancer Screening | 3014F |
| Cervical Cancer Screening | 3015F |

**Essential Plan & Medicaid Updates: What Providers Need to Know**

Starting July 1, 2026, changes to New York's Essential Plan will take effect due to federal budget legislation (H.R. 1, Public Law No. 119-21). While Governor Hochul has taken steps to preserve coverage for most individuals, some updates may impact eligibility and benefits. Additional Medicaid changes will take effect January 1, 2027, including new federal requirements.

Effective January 1, 2027, certain Medicaid members may be required to demonstrate participation in work, education, community service, or job training activities to maintain coverage. This policy, known as the Medicaid Work Requirements rule, is still being finalized and may change. Providers should encourage patients to stay informed.

**How You Can Support Your Patients:**
Before these changes take effect, encourage patients to ensure their contact information is current so they receive important updates.
**Patients should:**

- Confirm their **phone number, email address, and mailing address** are up to date

**How Patients Can Update Their Information:**
If enrolled through **NY State of Health**, patients can:

- Log in at NY State of Health
- Work with an **enrollment assistor**
- Call the **Customer Service Center** at **1-855-355-5777** (TTY: 1-800-662-1220)
- Learn more under **Reporting Changes**

If enrolled through their county's **Local Department of Social Services (LDSS)**, patients should contact their county office directly to make updates. Some individuals may also be subject to new federal requirements.

**Molina Member Support**

For Molina members with eligibility or renewal questions:

- Call **(844) 239-4911**
- Email **Memberengagementemail@molinahealthcare.com**
  A Molina renewal specialist will follow up directly.

Additional details are available here:

- https://www.molinahealthcare.com *(navigate to "Renew My Coverage")*

Additional Resources:

• Impact of H.R.1 Legislation on New York's Essential Plan: Federal funding cuts have impacted New York™s Essential Plan program.

• Impact of Essential Plan Changes by Congressional District : New York State 1332 Waiver Overview Deck

• Stay Connected with NY State of Health: Stay Connected With NY State of Health | NY State of Health

• Changes to Medicaid Starting January 2027 : READ: Medicaid Starting January 2027

**Small Check, Big Impact, Your Elm & Oak Molina Reminders**

**Important Change**:

Tools Moved to Availity: Access to Cultural Competency, Disability, & Language Services Resources.

Molina Healthcare is committed to helping providers deliver care that is culturally and linguistically appropriate for every member. You can now access a wide range of helpful resources and training materials on cultural competency, disability related services, and language access services through the Availity Essentials portal or by visiting the Molina Healthcare website.

**How to Access on Availity**:

1. 1.Log in to the Availity Essentials portal. Molina Healthcare | Availity
2. Select Molina Healthcare under Payer Spaces.
3. Click the Resources tab.
4. Choose Culturally and Linguistically Appropriate Services Provider Training Resources/Disability Resources and Links.

These tools are designed to support you in delivering respectful, inclusive, and person-centered care to all Molina members. If you have questions or need more information about Molina's language access services or cultural competency resources, please reach out to your Provider Services representative they there to help.

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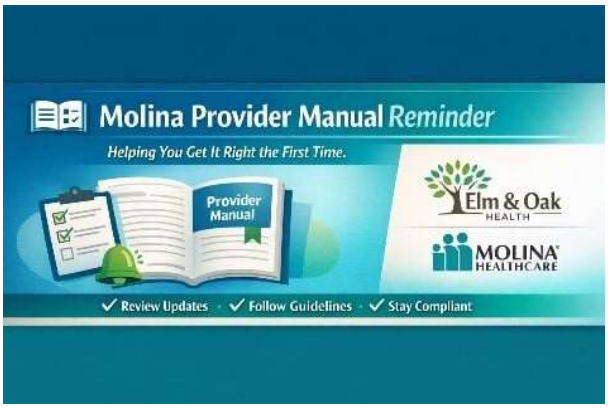
**Provider Manual**

Molina Healthcare is committed to ensuring providers have access to accurate and up-to-date guidance that supports high-quality care for our members. The Provider Manual is reviewed annually and may also be updated more frequently as needed

to reflect operational, regulatory, or program changes. The most current version of the Provider Manual is available online at: Provider Manual

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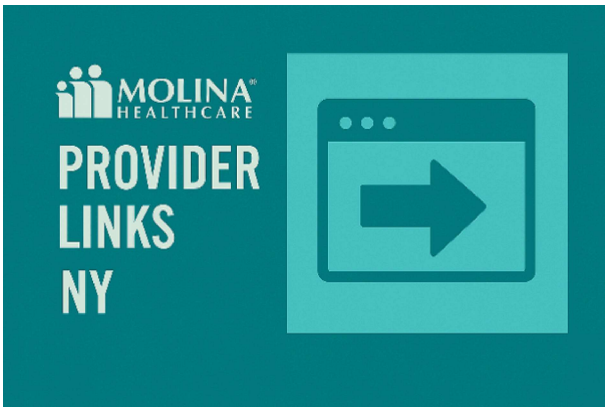


- To review how to manage claims click here: Managing claims
- Availity Appeals and Reconsideration changes: Availity Appeals and Reconsideration changes
- Submit and track your appeals on Availity Essentials: Submit and track your appeals on Availity Essentials
- Molina Provider Q1 2026 Newsletter: Provider Newsletter
- Prior Authorization Lookup Tool: Provider Prior Authorization Look-Up Tool

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**Stronger Partnerships. Timely Access to Care.**

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 REMIINDER 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:

| 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 |

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

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**Care That Connects Starts with Cultural Awareness**

Reminder: Annual completion of Culturally and Linguistically Appropriate Services (CLAS) training is required.

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.

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**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: pfmemails@elmandoakhealth.com or providerrelations@elmandoakhealth.com.

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**Provider Data Validation**

To maintain accurate records, please submit all necessary documentation to update your practice 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 to care.


**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.***