Formerly Known As
Monroe Plan for Medical Care

Elm and Oak Health August 2026 Provider Newsletter

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2026 National Health Center Week

National Immunization Month

August 2026 is National Immunization Awareness Month

Every August, National Immunization Awareness Month (NIAM) brings renewed focus to one of public health's most powerful tools. Led by the Centers for Disease Control and Prevention, NIAM highlights a principle that extends well beyond the individual: vaccination is a shared responsibility, one whose benefits ripple outward to protect entire communities — not just those who receive the shot.

The consequences of letting vaccination rates slip are not theoretical. Measles, declared eliminated in the United States by the World Health Organization in 2000, has made a troubling comeback. In 2025, the CDC confirmed 2,281 measles cases nationally — the highest annual count in decades. Most cases occurred among unvaccinated individuals and in communities where immunization coverage had fallen below protective levels. The resurgence is a vivid reminder that public health victories are not permanent; they require constant upkeep.

The broader history of vaccination is one of remarkable achievement. Smallpox has been eradicated. Polio and tetanus, once widespread causes of death and disability, have been dramatically reduced through coordinated global immunization efforts. These milestones reflect the combined power of scientific innovation and public commitment — and they stand as evidence of what is possible when communities act together.

Understanding the science behind vaccines helps clarify their value. When a vaccine is administered, it introduces the immune system to an inactive or weakened version of a pathogen. The body responds by producing antibodies, essentially building a memory that allows it to recognize and fight off that pathogen far more effectively if exposed in the future. This controlled exposure carries a fraction of the risk of natural infection, which can lead to serious complications — or worse.

Vaccines also protect people who cannot protect themselves. When enough of a population is immunized, the transmission of disease slows significantly, creating what is known as herd immunity. This indirect protection is vital for newborns, elderly individuals, and those with immune conditions that make vaccination unsafe or ineffective. While there are limited medical circumstances — such as a severe allergy to a vaccine component or specific immunocompromising conditions — that may warrant delaying or avoiding certain vaccines, these are exceptions. All vaccines undergo rigorous clinical testing and ongoing post-approval monitoring to confirm their safety and effectiveness.

NIAM is more than an awareness campaign — it is a call to action. Maintaining the immunization gains of the past requires education, honest conversation, and community trust. By keeping up with recommended vaccinations, individuals contribute to a protective shield that benefits everyone. The goal is not just personal health, but a healthier, more resilient society for all.

Molina Matters, Quick Reads, Big Impact

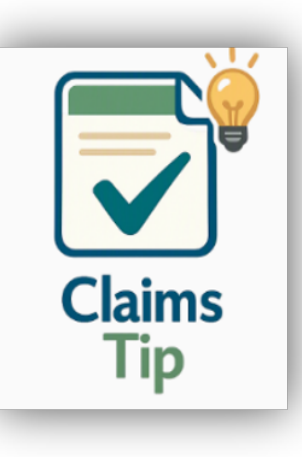
Availity Essentials Training Access: Access training anytime through the Availity Essentials Provider Portal at availity.com/providers. Select Help & Training to view tutorials, webinars, and step-by-step guidance.

Most-used courses include:

- Authorizations
- Claim Status, Eligibility, and Benefits
- Eligibility and Benefits Inquiry, plus other useful recorded webinar
- 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

Claims TIP: Denials: Appeals vs. Corrected Claims

When a claim is denied, providers should carefully review the denial reason to determine the appropriate course of action. Appeals are required for denials related to medical necessity, coverage or benefit determinations, authorization or eligibility issues, or payment decisions based on policy or guideline interpretation. Appeals must be submitted within applicable contractual requirements and New York State Medicaid timeframes. Corrected or replacement claims are only appropriate to address clerical or data entry errors, such as incorrect procedure codes, modifiers, member identification numbers, or dates of service. Corrected claims do not replace the appeals process and should not be submitted for denials that require an appeal.



Molina Provider Manual

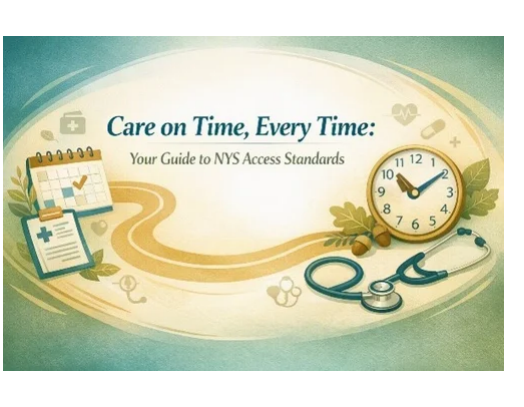
Molina Healthcare is committed to ensuring providers have access to accurate and up-to-date guidance that supports high-quality care for our members. The Provider Manual is reviewed annually and may also be updated more frequently as needed to reflect operational, regulatory, or program changes. The most current version of the Provider Manual is available online at: Provider Manual

Care on Time, Every Time: Your Guide to NYS Access Standards

New York State routinely conducts surveillance activities to assess compliance with appointment availability standards, as outlined in Medicaid Model Contract Section 15.2, Appointment Availability Standards.

Molina maintains access-to-care standards and ongoing monitoring processes for health care services, including behavioral health care, provided by contracted PCPs, both adult and pediatric, and participating specialists, including OB/GYN, behavioral health, high-volume, and high-impact providers. Providers are expected to follow the Access to Care appointment standards below to help ensure timely delivery of health care services.

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.

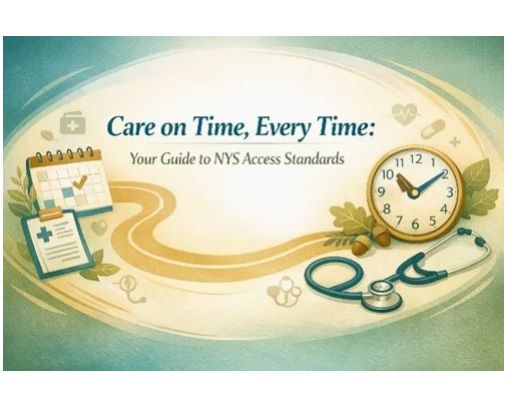


Care That Connects Starts with Cultural Awareness.
Reminder: Annual completion of Culturally and Linguistically Appropriate Services (CLAS) training is required

Elm and Oak, formerly Monroe Plan for Medical Care IPA, and Molina Healthcare expect providers to deliver respectful, affirming care to individuals of all backgrounds and abilities. Training and quality monitoring support this commitment, including Molina's CLAS education for providers and staff.
To access the trainings, log in to Availity, select Molina Healthcare-Affinity by Molina Healthcare as the payer, open the Resources tab, and scroll to Culturally and Linguistically Appropriate Trainings. After completing the trainings, submit the attestation form through the portal.

Available CLAS training modules 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)**



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.

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

Provider Data Validation

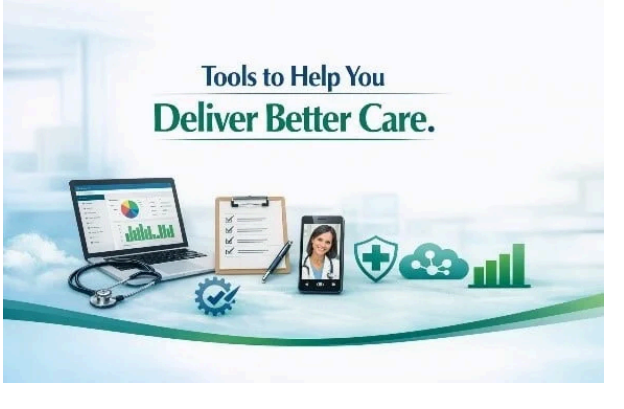
To maintain accurate records, please submit all necessary documentation to update your practice information to **pfmemails@elmandoakhealth.com**.
These changes include:

- 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.**



Molina PDN Billing Reminders:

Private Duty Nursing (PDN) Billing Reminder

To ensure accurate and timely reimbursement, newly contracted Private Duty Nursing (PDN) providers must bill using the correct HCPCS code and appropriate modifier combination.

Please review the billing guidance below:

Code	Modifier	Code Description
S9123		Nursing Care, in the Home by Registered Nurse, per hour
S9123	U1	Nursing Care, in the Home by Registered Nurse, high tech fee, per hour
S9123	U2	Nursing Care, in the Home by Registered Nurse, Medically Fragile Trained
S9123	U3	Nursing Care, in the Home by Registered Nurse, high tech fee, Medically Fragile Trained, per hour
S9123	U4	Nursing Care, in the Home by Registered Nurse, Medically Fragile Trained and Directory
S9123	U5	Nursing Care, in the Home by Registered Nurse, high tech fee, Medically Fragile Trained and Directory, per hour
S9124		Nursing Care, in the home, by Licensed Practical Nurse, per hour
S9124	U1	Nursing Care, in the home, by Licensed Practical Nurse, high tech fee, per hour
S9124	U2	Nursing Care, in the home, by Licensed Practical Nurse, Medically Fragile Trained, per hour
S9124	U3	Nursing Care, in the home, by Licensed Practical Nurse, high tech fee, Medically Fragile Trained, per hour
S9124	U4	Nursing Care, in the home, by Licensed Practical Nurse, Medically Fragile Trained and Directory, per hour
S9124	U5	Nursing Care, in the home, by Licensed Practical Nurse, high tech fee, Medically Fragile Trained and Directory, per hour

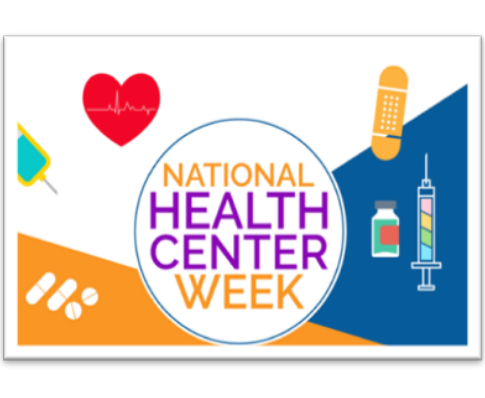
Shared Case Billing Guidelines: A shared case occurs when more than one member at the same location receives PDN services during the same span of hours from a single nurse.

Billing requirements for shared cases: The first member should be billed at the full hourly rate. • The second member must be billed using the TT modifier. • Reimbursement for the second member will be reduced by 50%

Important Reminder: Submitting claims with the correct HCPCS codes and modifiers helps prevent claim denials and payment delays. Please review your billing practices to ensure compliance with these requirements. For questions regarding PDN billing, please contact Provider Services.

2026 National Health Center Week is recognized as August 2-8, 2026

Elm & Oak Health wants to recognize the amazing work Federally Qualified Health Centers (FQHCs) do for our patients in preventative care, health screenings, disease management, medication adherence, health insurance assistance, case management, mental/behavioral health needs, and all other aspects of the services they deliver. We appreciate your services and thank you for the continued support and partnership.



August is recognized as National Immunization Awareness Month

It is important for healthcare professionals to engage in learning opportunities with the CDC's Immunization Education and Training courses. It is also important to make your practice a supportive space, welcoming vaccine questions and concerns from patients, parents and staff. It is encouraged to make immunization schedules easy for patients and parents to find, either displayed in the office, given a handout or simply added to your practice website.

Molina Healthcare of NY (MHNY) is incentivizing practices who are participating in the ***2026 Pay-for-Quality (P4Q)*** Provider Incentive to receive $50 per gap closed after achieving the 90th benchmark in the Adult Immunization Status- Influenza (Ages 19-65) metric for Medicaid and HARP enrollees and for Medicaid Child/Adolescents the Immunizations for Adolescents & Childhood Immunization Status $125 incentive per gap closed after achieving the 90th benchmark.
For more information on practice eligibility in the P4Q or any other incentives with Molina, please reach out to KBrusehaber@elmandoakhealth.com.

Molina Healthcare 2026 PCP Pay for Quality Bonus Program

Pay for Performance – Providers/Provider Groups with 150+ Combined Members

Enrollee Type (LOB)	Population	Measure Code	Measure Description	# of Eligible Members required	Performance Target Health Plan 90th Percentile*	Incentive Award per Target Achieved	Supplemental Data Required
Medicaid or HARP	Adult	AIS-E	Adult Immunizations Status - Influenza	10	90th Percentile	$50	X
Medicaid	Child/Adolescent Primary Care	CIS-E	Childhood Immunization Status - Combo 3	10	90th Percentile	$125	X
Medicaid	Child/Adolescent Primary Care	IMA-E	Immunizations for Adolescents - Combo 2	10	90th Percentile	$125	X