Elm and Oak Health November 2026 Provider Newsletter

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Lung Cancer Awareness Month

November 2026 Is Lung Cancer Awareness Month

Regrettably, lung cancer stands as the leading cause of cancer-related fatalities in the United States. While cigarette smoking has been recognized as the primary risk factor for lung cancer, accounting for approximately 90% of cases, its impact is particularly pronounced among individuals who smoke and those exposed to secondhand smoke. Radon, a colorless, odorless, and radioactive gas that can infiltrate homes and buildings through gaps or cracks, ranks as the second leading cause of lung cancer in the United States. Notably, the concurrent exposure to cigarette smoking and radon significantly elevates the risk of developing lung cancer.

Furthermore, air pollution, characterized by particulate matter, which comprises minuscule solid and liquid particles present in the air we breathe (such as wildfire smoke), may contribute to an increased risk of lung cancer. As our comprehension of the relationship between genetic predisposition and cancer advances, it is acknowledged that a family history of lung cancer may indicate an individual's heightened susceptibility to this disease.

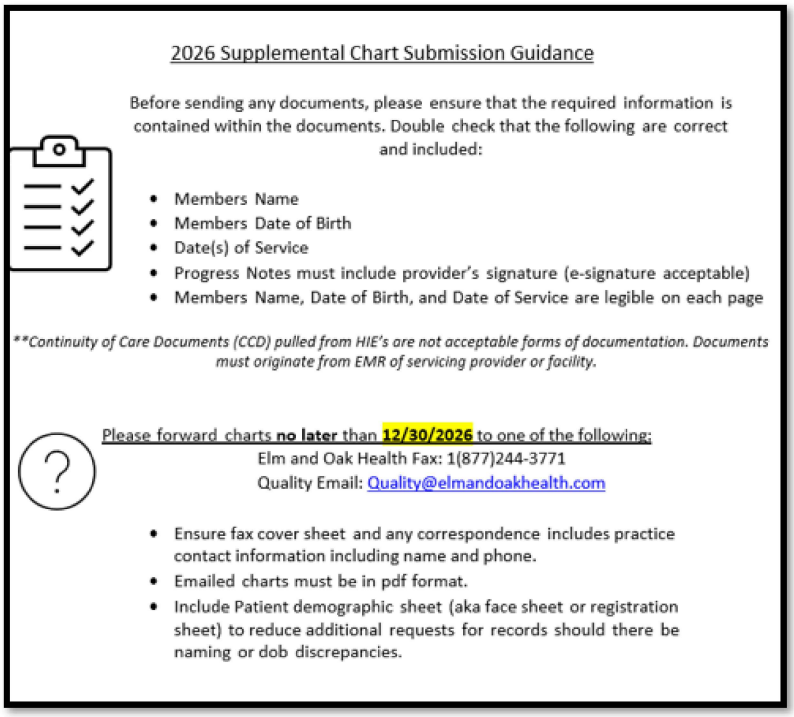
The two predominant types of lung cancer are small cell lung cancer (SCLC), which is almost invariably associated with cigarette smoking, and the more prevalent type, non-small cell lung cancer (NSCLC). Our most effective means of mitigating the alarming statistics pertaining to lung cancer lies in either reducing the risk factors for this condition or identifying the presence of lung cancer at an early stage, when it is potentially most treatable. Lung cancer screening is most appropriate for individuals aged 50 to 80 who have a 20-pack-years smoking history and are currently smoking or have recently quit within the past 15 years. This constellation of factors constitutes a high-risk cohort of individuals for developing lung cancer, warranting annual screening. For those individuals at high risk, low-dose computed tomography (CT) scans have been identified as a valuable tool for detecting lung cancer at an early and more treatable stage.

For individuals not at high risk and eligible for lung cancer screening, several methods can significantly reduce the risk of developing lung cancer. These include abstaining from smoking or quitting smoking if currently smoking, avoiding exposure to secondhand smoke, and testing your home for radon gas. If radon is detected at a high concentration within your home, a certified radon contractor can implement measures to mitigate the risk. Upon diagnosis of lung cancer, it is crucial to collaborate with your physician to ascertain the specific type of lung cancer, its stage, and the presence of any mutations or specific cancer biomarkers. These factors will guide your treatment team in selecting the most appropriate therapeutic approach tailored to your individual goals and preferences. In conclusion, understanding the primary risk factors and implementing

proactive measures remain critical in reducing the devastating impact of lung cancer.

By prioritizing smoking cessation, minimizing exposure to secondhand smoke and radon, and adhering to recommended screening protocols for high-risk individuals, we can improve early detection and outcomes for this disease. Collaboration between patients, healthcare providers, and public health initiatives offers the most effective strategy for lowering incidence rates and enhancing survival. Through continued awareness, prevention, and early intervention, we can move toward a future with fewer lives lost to lung cancer.

2026 Supplemental Chart Submission Guide for Practices



2026 Supplemental Chart Submission Guidance

Before sending any documents, please ensure that the required information is contained within the documents. Double check that the following are correct and included:

- Members Name
- Members Date of Birth
- Date(s) of Service
- Progress Notes must include provider's signature (e-signature acceptable)
- Members Name, Date of Birth, and Date of Service are legible on each page

***Continuity of Care Documents (CCD) pulled from HIE's are not acceptable forms of documentation. Documents must originate from EMR of servicing provider or facility.*

Please forward charts **no later** than **12/30/2026** to one of the following:
Elm and Oak Health Fax: 1(877)244-3771
Quality Email: Quality@elmandoakhealth.com

- Ensure fax cover sheet and any correspondence includes practice contact information including name and phone.
- Emailed charts must be in pdf format.
- Include Patient demographic sheet (aka face sheet or registration sheet) to reduce additional requests for records should there be naming or dob discrepancies.

Important Tips for Documenting Diabetes Control for Hemoglobin A1c Results

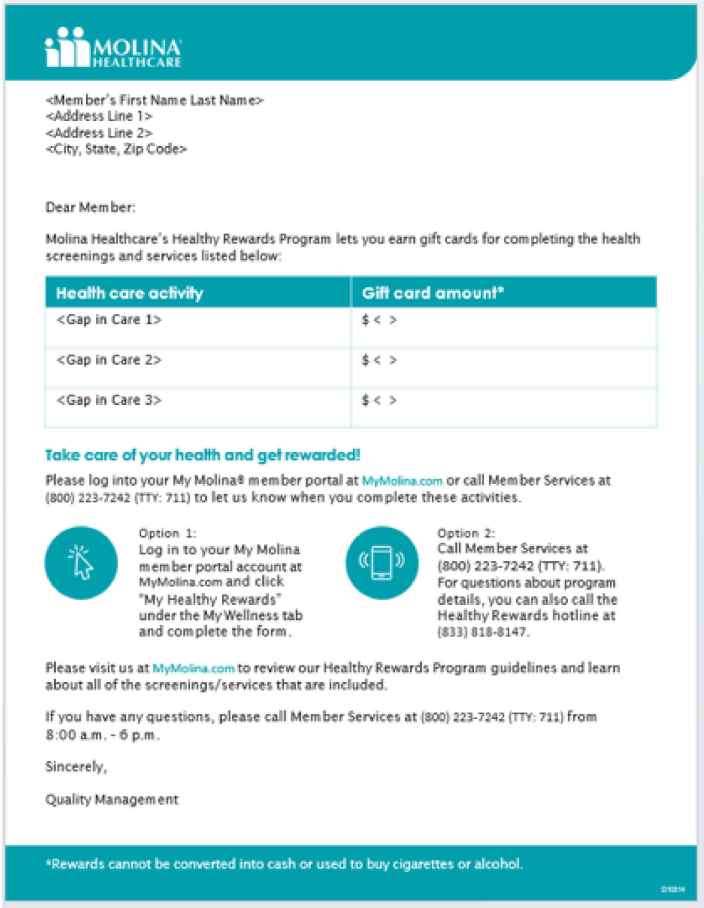
Diabetic patients should have at least one HbA1c test performed during the calendar year. To document properly, please ensure to follow these coding instructions:

- HbA1c Control < 8%: Most recent Hemoglobin A1c (HbA1c) level < 8.0% is considered compliant
- HbA1c Poor Control > 9%: Most recent Hemoglobin A1c (HbA1c) level > 9.0% or result is missing
- Medical record documentation must include the date and value of the most recent HbA1c result during the calendar year

CPT Coding: 83036; 83037
3044F – Most recent HbA1c less than 7.0%
3046F – Most recent HbA1c greater than 9.0%
3051F – Most recent HbA1c greater than or equal to 7.0% and less than 8.0%
3052F - Most recent HbA1c greater than or equal to 8.0% and less than 9.0%

New Member Report Cards from Molina Healthcare of NY

Molina Healthcare of New York will be sending out Member Report Cards to identify which gaps in care the member qualifies for earning gift cards once a health screening or service is completed. Here is the sample your patients can expect to receive via mail:
For specific questions, members are instructed to please contact Molina Member Services at (800) 223-7242.



MOLINA HEALTHCARE

<Member's First Name Last Name>
<Address Line 1>
<Address Line 2>
<City, State, Zip Code>

Dear Member:

Molina Healthcare's Healthy Rewards Program lets you earn gift cards for completing the health screenings and services listed below:

Health care activity	Gift card amount*
<Gap in Care 1>	$ < >
<Gap in Care 2>	$ < >
<Gap in Care 3>	$ < >

Take care of your health and get rewarded!

Please log into your My Molina® member portal at MyMolina.com or call Member Services at (800) 223-7242 (TTY: 711) to let us know when you complete these activities.

Option 1:
Log in to your My Molina member portal account at MyMolina.com and click "My Healthy Rewards" under the My Wellness tab and complete the form.

Option 2:
Call Member Services at (800) 223-7242 (TTY: 711). For questions about program details, you can also call the Healthy Rewards hotline at (833) 818-8147.

Please visit us at MyMolina.com to review our Healthy Rewards Program guidelines and learn about all of the screenings/services that are included.

If you have any questions, please call Member Services at (800) 223-7242 (TTY: 711) from 8:00 a.m. - 6 p.m.

Sincerely,

Quality Management

*Rewards cannot be converted into cash or used to buy cigarettes or alcohol.

MOLINA® HEALTHCARE

Your Network, Your Updates

Pardon Our Dust: The Molina Healthcare of New York provider website is currently being updated. For assistance in the meantime, please contact providerrelations@elmandoakhealth.com.
Molina Provider Website to access communications and bulletins:
Resources | Molina Healthcare Providers

Is Your CAQH Ready? What Molina's New ProviderTrak Process Means for You

A complete, current CAQH profile is now essential for every provider — including NPs, PAs, and other midlevels.

On September 21, 2026, Molina Healthcare of New York and Senior Whole Health launched **ProviderTrak**, a new provider network management portal for network participation, onboarding, and initial credentialing requests. The good news: **nothing changes in how you work with Elm & Oak Health.** Please keep sending practitioner applications and provider data requests to **pfmemails@elmandoakhealth.com** as you do today.

What has changed is how Molina verifies and loads providers behind the scenes. Molina's new system relies on CAQH, so a profile that is out of date or not shared with Molina can stop an enrollment in its tracks.

What's different now

Molina now requires **all providers** including midlevels and hospitalists to attest to their CAQH profile and allow Molina viewing privileges. This applies even when a provider does not need full credentialing.

If Molina cannot access a profile, the request is flagged incomplete. The provider may then remain non-participating, which can lead to claim denials.

Midlevels: don't skip CAQH

Nurse Practitioners and Physician Assistants are often not credentialed, so many offices assumed CAQH was optional. It is not.

Whether or not credentialing is needed, midlevels should:

- Complete and attest their CAQH profile
- Authorize Molina to view it
- Keep practice locations and documents current

Remember that PAs always need a supervising MD, and NPs who are not credentialed also need one. **The supervising MD must be credentialed first.**

Is your CAQH profile Molina-ready?

- **Completed status** every section finished
- **Molina authorized** Molina is listed to view your data
- **Attested within the last 120 days**
- **Documents current** nothing expired, including liability insurance
- **Practice information accurate** – matches the locations on your application

If you receive a Molina notice

Notices titled “CAQH Not Accessible –Application Pending” or “Credentialing File Incomplete” come from the Molina Healthcare Credentialing Team. Please act quickly:

- Log in to CAQH at proview.caqh.org and review the checklist above.
- Correct any gaps, re-attest, and authorize Molina.
- Allow 24–48 hours for Molina’s status to update.
- Requests not answered on time may be discontinued.
- Let us know at pfmemails@elmandoakhealth.com once you’ve made updates.

Tip: Check spam and junk folders. Molina's credentialing correspondence may be sent from a Salesforce email address.

What to expect on timing

- **Credentialing** can take up to 60 days. The provider is considered non-participating until Molina completes it.
- **Enrollment without credentialing** (for example, midlevels) typically takes about 20 days.
- After credentialing is approved, Molina sends a letter with the participating effective date to the contact on the provider's CAQH record, so keep that contact current.
- Once the enrollment window has passed, email us to confirm participation status and avoid non-participating claim denials.

Make CAQH a habit

Set a recurring reminder to re-attest every 120 days, and assign one person in your office to own each provider's profile. Review expiring documents, such as liability insurance, before they lapse. A few minutes of upkeep can save weeks of delay.

Questions? Contact Provider Data Management at pfmemails@elmandoakhealth.com.

Topic	What to Validate/Report	Timing/Action
Provider Data Accuracy	Practice and business information must remain accurate with Molina to support member access, directory accuracy, and regulatory requirements.	Validate information at least every ninety (90) days.
Information to Validate	Provider/practice name, Tax ID, NPI, locations, specialties, phone, fax, email, digital contact information, PCP new-patient status, and telehealth availability.	Attest or update information in CAQH, or submit a complete roster if delegated/roster-based.
Changes to Report	Location, office hours, contact information, billing address, telehealth availability, provider/practice name, Tax ID, NPI, specialty, PCP new-patient status, provider additions, terminations, or any change impacting member access to care.	Notify Elm & Oak health at pfmemails@elmandoakhealth.com, as soon as possible and at least thirty (30) calendar days in advance, as required by the Provider Agreement.
Assistance	If you have questions please contact pfmemails@elmandoakhealth.com	Reach out for support before information becomes outdated.
NPPES Review	Review National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) for accuracy. Update modifiable fields such as provider name, mailing address, telephone and fax numbers, specialty, and active practice locations where patients can schedule appointments. Remove locations no longer in use.	**Keep NPPES data current**, certify updates in NPPES, and reference NPPES help at NPPES.cms.hhs.gov with questions.

Access and Availability Standards Reminder

Providers responsible for coordinating a member's health care must offer appointments to Molina members within the applicable timeframes outlined below. Please refer to the Access and Availability Tip Sheet for additional guidance: Access & Availability Standards Tip Sheet

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Reaching Every Member with Respect, Access, and Understanding

Annual Cultural Competency and CLAS Training Reminder

Molina is required to offer annual training to providers on cultural competency, access to language services, and available resources for Molina members. These resources help providers and office staff communicate effectively with diverse patient populations, address health disparities, and support improved patient experiences and outcomes.

Molina supports the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and complies with regulatory and accreditation standards focused on health equity.

Available Training Topics

- Cultural competency, including CLAS
- Language access services and effective communication strategies
- Health equity, disparities, and social determinants of health
- Federal requirements, including the Affordable Care Act and the Americans with Disabilities Act (ADA)

How to Access the Training: Availity Molina Portal

1. Log in to the Availity Essentials Provider Portal.
2. Navigate to Molina Healthcare under **Payer Spaces**.
3. Select the **Resources** tab.
4. Choose **Culturally and Linguistically Appropriate Services Provider Training Resources and Links**.

Training Completion and Attestation

Training modules typically take five to ten minutes to complete. Providers may complete all modules or select individual modules based on topic interest. After completing the training, submit the Culturally and Linguistically Appropriate Services Training Attestation through Availity Essentials, or use the attestation form below.

Attestation form for "Culturally and Linguistically Appropriate Services: Training for Healthcare Providers and Staff" Survey

Language Access Services

Language access services support clear communication, improve patient satisfaction, and help ensure equitable care for members who speak a language other than English. Molina provides language access services directly to members at no cost when needed.

- Written materials in alternate formats such as large print, audio, accessible electronic formats, and Braille
- Translated written materials
- Interpreter services, including American Sign Language

- Relay service (TTY: 711)
- 24-hour Nurse Advice Line
- Bilingual staff support

For questions about cultural competency resources, language access services, or interpreter support, contact your Provider Services Representative or visit MolinaHealthcare.com.

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 via email to: pfmemails@elmandoakhealth.com or providerrelations@elmandoakhealth.com or by telephone call 716-331-0525.

Elm & Oak Health, 1120 Pittsford Victor Road, Pittsford, NY 14564, United States, 585-244-5550

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