JULY 2026

MPM PROVIDER QUALITY NEWSLETTER

To access the materials referenced in this newsletter, please go to:

- https://www.medpointmanagement.com/provider-resources/
- Click on **"Quality Management Information"** and then **"2026 Quality Newsletters."**
- All materials are listed in one PDF document.
- Please also note that MedPOINT's Reference Guides are available under **"HEDIS 2026 Health Plan Guides and Resources"** and **"MedPOINT Resources"**.

MedPOINT MANAGEMENT

Join the MPM Quality Discussion Board!

MPM's Quality Management Discussion Board has an all-new landing page! Be sure to check out the Discussion Board's new look here: Pointing Healthcare In The Right Direction - MedPOINT Management. ➔

By joining the discussion forum, you can connect with a vibrant community of network providers, clinicians, and staff who are actively involved in exchanging ideas, seeking answers, and discussing optimal strategies for effectively implementing quality measures.

Our platform fosters collaboration and promotes the sharing of best practices to ensure the delivery of high-quality, cost-effective healthcare. The discussion board hosts various topics that you can peruse but be sure to make your own post to make the most of the platform. We look forward to reading and interacting with your discussions!

Your source for up-to-date information

Standard vs. non-standard supplemental data
Quality Measures

Role of MPM Quality Specialists compared to Health Plan QM Staff Roles
Quality Measures

HEDIS vs. STARs vs. IHA AMP
Quality Measures

Cancer Screening Reporting & CPT-II Codes
Quality Measures
Coding Tips and Tricks

UV Safety Awareness Month: Delivering Culturally Responsive Sun Safety Education

July is UV Safety Awareness Month, providing an important opportunity for providers to educate patients about the risks of ultraviolet (UV) exposure and the steps they can take to protect themselves and their families. In California's diverse communities, effective health education goes beyond providing information—it requires culturally and linguistically appropriate communication that patients can understand, trust, and apply to their daily lives.

Sun Safety Is a Health Equity Issue

Not all patients receive health education in the same way. Language barriers, health literacy challenges, cultural beliefs, and access to care can affect a patient's understanding of skin cancer prevention and sun safety recommendations. Providers are encouraged to ensure educational discussions and materials are tailored to each patient's cultural, linguistic, and health literacy needs to support informed decision-making and improved health outcomes.

For example, some patients may not be aware that UV exposure can cause skin damage year-round or that individuals of all skin tones can develop skin cancer. Using culturally relevant education and plain language can help improve awareness and encourage preventive behaviors across diverse populations.

Communicating Sun Safety Effectively

When discussing UV protection with patients, providers should consider the patient's preferred language, literacy level, and cultural background. Health education materials should be easy to understand and, when available, provided in the patient's preferred language. Interpreter services should be utilized when needed to ensure patients fully understand prevention recommendations and can ask questions comfortably.

Simple, actionable messages may include:

- Apply broad-spectrum sunscreen with SPF 30 or higher.
- Seek shade during peak sunlight hours.
- Wear hats, sunglasses, and protective clothing when outdoors.
- Stay hydrated during hot weather.
- Monitor skin changes and report concerns to a healthcare provider.

Using techniques such as plain language and Teach-Back can help confirm patient understanding and reinforce key health messages. Cultural competency and patient engagement training emphasize the importance of clear communication to improve patient understanding and health outcomes.

Identifying Patients at Increased Risk

Providers may wish to focus additional education on populations that may be more vulnerable to UV-related health risks, including:

- Children and adolescents participating in outdoor summer activities.
- Older adults who may be more susceptible to heat-related illness.
- Outdoor workers with prolonged sun exposure.
- Patients with chronic medical conditions.
- Individuals experiencing housing instability who may have limited access to shade or cooling environments.

Incorporating discussions about environmental and social factors that affect a patient's ability to practice sun safety aligns with ongoing efforts to address Social Determinants of Health (SDOH) and improve overall health outcomes.

Provider Tip

Review your office's health education materials this summer to ensure they are available in the languages most spoken by your patient population and written in clear, easy-to-understand language. Providing information that is both accessible and culturally relevant can improve patient understanding, engagement, and preventive care outcomes.

2026 Provider Satisfaction Survey Is Now Live – We Want to Hear from You!

At MedPOINT Management, we are committed to building strong partnerships with our provider community and continuously improving the services and support we provide. We are pleased to announce that the 2026 Provider Satisfaction Survey is now live and accepting responses.

Your feedback is one of the most valuable tools we have for evaluating our performance and identifying opportunities to better meet the needs of your practice. The survey provides providers and office staff with an opportunity to share their experiences and insights regarding key areas of support, including utilization management processes, provider tools and resources, quality management services, and overall satisfaction.

The 2026 survey includes questions focused on:

- Overall satisfaction with your IPA
- Prior authorization processes and timeliness
- Provider portal functionality and usability
- Quality Management resources, including Cozeva and Initial Health Appointment (IHA) support
- MedPOINT customer service and provider support tools
- Opportunities for additional training, education, and assistance

In addition to helping us understand what is working well, your feedback guides future process improvements and helps us identify areas where additional support or resources may be beneficial. Survey responses are reviewed and used to drive meaningful enhancements that support both providers and their staff.

We encourage all participating providers and office staff to take a few minutes to complete the survey. Honest and constructive feedback helps us strengthen our collaboration and continue delivering high-quality service to the provider community.

Thank you for your partnership and for taking the time to share your experience. Together, we can continue improving the provider experience and supporting the delivery of exceptional care to our members.

When you complete the 2026 provider satisfaction survey you are automatically entered into a monthly raffle for a $100 Target gift card – We look forward to hearing from you!

Access the satisfaction survey here: Pointing Healthcare In The Right Direction – MedPOINT Management. ➔

Provider Satisfaction Survey Highlight:

Provider Satisfaction Survey Winner!

As a thank you to our providers that have completed the provider satisfaction survey for their designated IPA(s), MPM will be raffling off one $100 Target gift card each month through the end of the survey period in December 2026. MPM would like to congratulate the following winner for our July raffle:

- **Mehry Gharib, M.D. (Global Care IPA)**

If you have not done so already, be sure to complete the provider satisfaction survey for your affiliated IPA(s) for a chance to win one of our future raffles! Satisfaction surveys can be accessed here: **Pointing Healthcare In The Right Direction – MedPOINT Management. ➔**

If you would prefer a PDF or paper version of the survey, or if you have any questions, please reach out to your HEDIS/STARs Specialist or send us an email at QualitySpecialists@medpointmanagement.com.

Risk Adjustment KPIs

MedPOINT's Cozeva instance includes several measures that can be used as Key Performance Indicators for Medicare Risk Adjustment. We recommend that practices monitor these indicators as part of their risk adjustment program.

- Adults' Access to Preventive/Ambulatory Health Services (AAP). This measure shows members who had an outpatient visit with any provider during the measurement year. Noncompliant members should be a priority for outreach to engage and retain. Best practice is >95%.

- Review of Chronic Conditions (RCCB). This measure shows which risk adjustable diagnosis categories (called Hierarchical Condition Categories, or HCCs) which were coded in either of the prior two measurement years were also coded in the current year. Risk adjustable diagnoses must be coded each year to count toward the member's Risk Adjustment Factor (RAF). Best practice is >85%. Achieving this may be challenging if the member has historical HCCs that were diagnosed out of network and the PCP doesn't have access to those records. Please do the best you can to confirm all HCCs which appear to be correct. HCCs from any face-to-face or video telehealth encounter with an eligible provider count toward risk adjustment.

- Review of Suspect Conditions (RSC). Cozeva suggests suspected HCCs based on all the information it knows about the member. This measure shows which risk adjustable diagnosis categories suggested by Cozeva were confirmed in the measurement year. There is no benchmark because Cozeva's methodology is being continually improved. Most MedPOINT clients are currently confirming around 40% of suspects.

- Annual Wellness Visit (AWV). This measure shows the members who have completed an Annual Wellness Visit during the measurement year. It includes billed encounters (G0402, G0438, and G0439), medical records uploaded in the Cozeva UI, AWVs bridged from other Cozeva instances, and AWV records received through Cozeva Connect. High-performing practices use the AWV as dedicated time to gather a detailed history, review previous records and ensure that all chronic conditions have been documented and correctly coded each year. Best practice is >75%.

- RAF Score (RAF). This measure shows the current year Build-Up Risk Adjustment Factor (BURAF) as a percentage of Cozeva's estimated potential BURAF. At the start of each measurement year, the BURAF is the member's demographic RAF (primarily age, gender and dual-eligible status) and it increases as risk adjustable conditions are coded. The estimated potential assumes that previous HCCs are coded at a high rate and some new HCCs are diagnosed. The true potential BURAF, which Cozeva can't know, is all risk adjustable conditions diagnosed and coded with 100% accuracy.

A BURAF that accurately reflects the member's health status is the ultimate goal of risk adjustment coding. Due to late-arriving and out-of-network claims, as well as retrospective chart reviews completed by the health plans, the final Paid RAF calculated by CMS often averages 15%-20% higher than the BURAF calculated by MedPOINT's Cozeva, although there is significant variation by health plan and provider. Please contact your Risk Adjustment Coding Specialist if you have questions.

JULY IS

GROUP B STREP & CORD Blood Awareness Month:

SUPPORTING HEALTHY PREGNANCIES AND BETTER OUTCOMES

July is **Group B Streptococcus (GBS) and Cord Blood Awareness Month,** providing an opportunity to highlight the importance of preventive maternal care and patient education throughout pregnancy.

Group B Strep (GBS) Awareness

GBS is a common bacterium that is often carried without symptoms in healthy adults. While it is typically harmless to pregnant individuals, GBS can be passed to a newborn during labor and delivery, potentially causing serious infections such as sepsis, pneumonia, and meningitis.

To help reduce the risk of early-onset GBS disease, universal screening is recommended between **35 and 37 weeks of pregnancy.** Patients who test positive can receive intravenous antibiotics during labor, which significantly decreases the risk of transmission to the newborn.

Providers play a vital role in educating expectant parents about the importance of GBS screening and ensuring timely documentation of testing and treatment. For additional information, visit the Group B Strep International website.

Cord Blood Awareness

Umbilical cord blood is a valuable source of stem cells that can be used to treat more than 80 diseases, including certain cancers, blood disorders, immune deficiencies, and inherited metabolic conditions. Stem cells collected from cord blood can develop into healthy blood and immune cells and are currently used in life-saving stem cell transplants.

Expectant parents have two options for cord blood banking:

- **Public cord blood banking:** Cord blood is donated to a public bank where it may be used to treat any compatible patient or support medical research.
- **Private cord blood banking:** Families pay to store their baby's cord blood exclusively for potential future use. This option may be considered when a close family member has a condition that could benefit from a stem cell transplant.

Providers are encouraged to discuss cord blood banking options early in pregnancy, so families have adequate time to make an informed decision before delivery.

HEDIS Reminder: Timeliness of Prenatal and Postpartum Care (PPC)

Early and consistent maternal care not only improves outcomes for mothers and infants but also supports performance on the **HEDIS Prenatal and Postpartum Care (PPC)** measure.

Timeliness of Prenatal Care: Members should receive a prenatal care visit during the first trimester or within **42 days of enrollment** in the health plan.

The medical record must include a note with the date that the prenatal visit occurred, and one of the following:

- Basic physical obstetrical exam including auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used), or
- Last menstrual period (LMP), estimated due date (EDD), or gestational age, or
- A positive pregnancy test result, or
- Documentation of gravidity and parity, or
- A completed obstetric history or a prenatal risk assessment and counseling/education, or
- Evidence that a prenatal procedure was performed: Screening test in the form of an obstetric panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing, or TORCH antibody panel alone, or a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or ultrasound of the pregnant uterus.

Postpartum Care: Members should receive a postpartum visit **7 to 84 days after delivery** to assess recovery, address physical and behavioral health needs, provide family planning counseling, and support ongoing maternal wellness.

- Pelvic exam.
- Evaluation of weight, blood pressure (BP), breasts and abdomen.
  - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
- Notation of "postpartum care", "PP check", "PP care", "6-week check", or pre-printed "Postpartum Care" form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for persons with gestational diabetes.
- Documentation of any of the following topics:
  - Infant care or breastfeeding.
  - Resumption of intercourse, birth spacing or family planning.
  - Sleep/fatigue.
  - Resumption of physical activity.
  - Attainment of healthy weight.

Scheduling postpartum appointments before hospital discharge, conducting proactive outreach, and documenting all qualifying prenatal and postpartum services can help improve continuity of care while supporting HEDIS performance. **Please reach out to QualitySpecialists@medpointmanagement.com for HEDIS Guides and tip sheets.**

July Resources

- **How to Access Interpreting Services –** Federal law requires that healthcare providers who see government program recipients provide free language assistance to persons with limited English proficiency (LEP) and who are hard - of - hearing or deaf. To help you meet this legal requirement, Blue Shield of California Promise Health Plan (Blue Shield Promise) is providing over - the - phone, face - to-face, and American Sign Language (ASL) interpreting services at no cost to Blue Shield Promise providers and members. This document will be posted on our MPM Website.
- **Health Literacy & Health Misinformation Training –** Healthy San Diego Health Education & Cultural/ Linguistics Work Group. To view the training objectives this will be posted on our MPM website.
- **Health Net Timely Access Provider Training –** This course provides an overview of timely access to care requirements and the provider's role in meeting regulatory standards. Participants will learn how health plans monitor access and evaluate performance, along with the risks and impacts of non-compliance. This flyer will be attached to our MPM newsletter.
- **Molina Provider Bulletin –** Please be aware of Medi-Cal eligibility restrictions that may impact member eligibility to access care. We appreciate and encourage your support in guiding members through the Medi-Cal annual redetermination process. For more information this document will be attached to our MPM Newsletter.

Please join Health Net for a Provider Training on:

Health Net Timely Access Provider Training

Who should attend?

- Provider Physician Groups (PPGs), Providers, Provider Office Staff

When:

You can choose to attend one or more of the following webinars:

July 8, 2026 12:00 PM - 1:00 P.M.
July 22, 2026 12:00 PM - 1:00 P.M.
August 5, 2026 4:00 PM - 5:00 P.M.
August 19, 2026 12:00 PM - 1:00 P.M.
October 7, 2026 12:00 PM - 1:00 P.M.
October 21, 2026 12:00 PM - 1:00 P.M.
November 4, 2026 12:00 PM - 1:00 P.M.
November 18, 2026 4:00 PM - 5:00 P.M.
December 2, 2026 12:00 PM - 1:00 P.M.
December 16, 2026 12:00 PM - 1:00 P.M.

About the Webinar:

This course provides an overview of timely access to care requirements and the provider's role in meeting regulatory standards. Participants will learn how health plans monitor access and evaluate performance, along with the risks and impacts of non-compliance.

The session also introduces tools and best practices to support survey readiness, improve scheduling and availability, and enhance patient care. Learners will be

Register

Registration:

- You must pre-register for this webinar by selecting the **"Register"** button above.
- This webinar is offered via Zoom. You will receive the Zoom link and connection details after completing registration.
- At the end of the registration process, you will have the option to add the webinar to your calendar.
- During the webinar, you may access audio either through a call-in number or directly through your computer audio.

guided through available resources, including e-consults, to improve efficiency and access to care.

By the end of the course, participants will be equipped with actionable strategies to maintain compliance, improve access, and support high-quality patient outcomes.

Training Objectives:

- Define key timely access to care requirements and provider responsibilities.
- Explain how health plans monitor and evaluate member access.
- Analyze compliance risks and impacts of not meeting access standards.
- Apply best practices and tools to improve access and support audit readiness.

Questions

For questions about this webinar, please email:

Partners in Performance

Provider Bulletin

Molina Healthcare of California
molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

July 1, 2026

☐ Imperial
☒ Riverside
☒ San Bernardino
☒ Los Angeles
☐ Orange
☒ Sacramento
☒ San Diego

Medi-Cal Enrollment Restrictions

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

Please be aware of Medi-Cal eligibility restrictions that may impact member eligibility to access care. We appreciate and encourage your support in guiding members through the Medi-Cal annual redetermination process.

1. **Medi-Cal Enrollment Restrictions**
   When checking Medi-Cal eligibility through the State's AVES system or reviewing Molina eligibility in Molina's Availity provider portal, you may encounter a Hold Restriction on a member's record. This indicates the member is temporarily ineligible for Medi-Cal coverage due to failure to complete the annual redetermination process.

   Below is guidance on how to support patients during this time and how retroactive coverage works if eligibility is restored. A **Hold Restriction** appears when a member's Medi-Cal coverage is inactive, typically because they did not complete their annual redetermination. This means they are **not eligible for non-emergency services** at the time of verification.

   These members must submit the required documents to reestablish coverage.

2. **Supporting Your Patients**
   To assist members in obtaining or restoring their Medi-Cal eligibility, we encourage providers to take an active role in supporting them through the enrollment process. This includes helping members contact their local Medi-Cal office, ensuring they understand the required documentation, and assisting in the completion of their redetermination packet.

3. **Retroactive Coverage**
   If a member completes the redetermination paperwork successfully within 90 days of their Medi-Cal coverage termination, their Medi-Cal coverage will be retroactively applied to the date they lost coverage. This ensures that members have coverage for services received during this period.

Provider Action

How You Can Support Your Patients

Providers can play a key role in helping members regain coverage. Encourage members who show Hold Restriction to:

- Contact their local county Medi-Cal office.
- Submit any required documentation as soon as possible.
- Follow up on their application or redetermination status via Medi-Cal Enrollment.

Providers can confirm Eligibility through:

- Automated Eligibility Verification System (AVES)
- Availity Essentials portal

We appreciate your dedication to providing quality care and your support in ensuring members receive the health coverage they need.

If the Hold is due to redetermination:

- Within 90 Days: If the member completes their redetermination and is found eligible within 90 days of the discontinuation, Medi-Cal will reinstate their coverage retroactively to the date it was lost. They will also be automatically re-enrolled in their previous managed care plan (MCP) unless they have moved to a different county.
- After 90 Days: If more than 90 days have passed, the member must reapply for Medi-Cal. They will not receive retroactive reinstatement, and instead will:
    - Re-enter the Medi-Cal health plan choice process, selecting or being assigned a new MCP.
    - Begin coverage effective the first of the following month.
    - Additional information may be found here: Medi-Cal Renewal Process - The 90-Day Cure Period Job Aid

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative.