

MAY 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



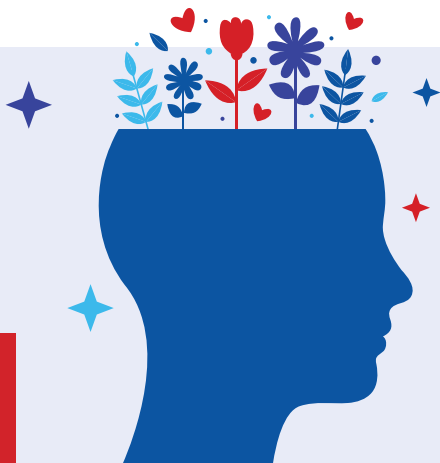
HEDIS vs. STARS vs. IHA AMP

Quality Measures



Cancer Screening Reporting & CPT-II Codes

Quality Measures
Coding Tips and Tricks



Bridging Cultural Gaps in Mental Health: Strategies for Providers During Mental Health Awareness Month

May is Mental Health Awareness Month, a critical time to reflect on how we provide mental health care across diverse populations. While mental health challenges affect everyone, cultural differences can influence how patients perceive, discuss, and seek treatment for mental health conditions. Providers who embrace cultural and linguistic competence can make a profound difference in patient outcomes.

Understanding Cultural Barriers:

- ▶ **Stigma and Perception:** In some cultures, mental health conditions may be seen as a personal weakness or spiritual imbalance. Patients may hesitate to seek help or openly discuss symptoms.
- ▶ **Communication Nuances:** Direct questions about mood or mental health may not resonate with all patients. Some may prefer storytelling, metaphors, or indirect expressions of distress.
- ▶ **Trust and Historical Context:** Communities with a history of healthcare discrimination may be wary of mental health services. Building trust is crucial.

Practical Strategies for Providers:

- 1. Use Culturally Adapted Screening Tools:** Incorporate validated mental health questionnaires available in multiple languages and culturally sensitive formats.
- 2. Engage Professional Interpreters:** Avoid relying on family members for translation. Professional interpreters improve accuracy and maintain patient confidentiality.
- 3. Create Safe, Inclusive Spaces:** Display culturally diverse imagery, multilingual resources, and signs of inclusivity to signal a welcoming environment.

- 4. Build Community Partnerships:** Collaborate with local cultural organizations, faith leaders, and support groups to enhance outreach and education.
- 5. Educate Patients on Mental Health:** Use culturally relevant examples and metaphors to explain conditions, treatments, and coping strategies.

Spotlight on Action:

Providers can celebrate Mental Health Awareness Month by:

- ▶ Hosting a virtual or in-person workshop on culturally sensitive mental health care.
- ▶ Updating patient education materials to include multilingual and culturally adapted content.
- ▶ Reviewing clinic workflows to ensure language access and culturally respectful care practices.

For more mental health resources, please visit the DMHC website to access their Mental Health Awareness Month Toolkit here: <https://www.dmhc.ca.gov/Resources/Newsroom/Toolkits/MentalHealthAwareness.aspx>

eClinicalWorks (eCW) – Maximizing Automation of CPT II Codes

eCW supports the automation process for the submission of CPT II codes that improve compliance for the Controlling Blood Pressure (CBP) and Glycemic Status Assessment for Patients with Diabetes (GSD) metrics.

Clinical Rule Engine (CRE) is the most enhanced method for submitting CPT II codes within eCW. Users can configure rules to automate the addition of corresponding CPT II codes to a claim. It is based on specific criteria that is documented in standardized fields. Examples include Blood Pressure and A1c results).

Users can build CPT II codes into templates or order sets. When the template is loaded into the progress note, the corresponding code is automatically added to the claim. It is important to ensure proper codes are mapped to the supporting documentation. If you have eCW and are interested in implementing this process, contact your eCW representative.

Codes to Identify Blood Pressure Results

Description	CPT II Codes
Systolic	3074F (<130 mm Hg) 3075F (130 – 139 mm Hg) 3077F (≥ 140 mm Hg)
Diastolic	3078F (< 80 mm Hg) 3079F (80 – 89 mm Hg) 3080F (≥ 90 mm Hg)

Codes to Identify A1c Results

Description	CPT II Codes
HbA1c Results	3044F – HbA1c <7% 3051F – HbA1c >7% to < 8% 3052F – HbA1c >8% to < 9% 3046F – HbA1c >9%

Youth Trauma Screening Requirements

DHCS released a new All Plan Letter ([APL 26-002](#)) effective April 1, 2026, in support of Youth Trauma Screening. The letter identifies approved youth trauma screening tools for individuals 21 and younger.

Providers who determine that a youth trauma screening is necessary, need to use an approved screening tool. The use of an approved screening tool allows members to be eligible for Specialty Mental Health Services (SMHS). Approved screening tools include:

- ▶ Adverse Childhood Experiences (ACES) Questionnaire
- ▶ Standard Child and Adolescent Needs and Strengths (CANS) Trauma Module (also referred to as the National Child Traumatic Stress Network CANS-Trauma Comprehensive)

- ▶ California Integrated Practice Comprehensive Adolescent Needs and Strengths (CA IP-CANS)
- ▶ Child and Adolescent Trauma Screen (CATS)
- ▶ Child PTSD Symptom Scale – 6-item (CPSS-5-Screen) – screening version
- ▶ Child Trauma Screening (CTS)
- ▶ Life Events Checklist for DSM-5 (LEC-5) – standard version
- ▶ Pediatric ACEs and Related Life-Events Screener (PEARLS), including parent-caregiver report and self-report versions
- ▶ UCLA Child/Adolescent PTSD Reaction Index for DSM-5 Brief Form (UCLA PTSD RI-5 BF)

For access to SMHS, providers may refer members directly to the Los Angeles County Department of Mental Health (DMH) Access Line at (800) 854-7771.



MAY IS

National Women's Health Month

May is National Women's Health Month. It is also a time for celebrating the women in our lives with Mother's Day. What better way to honor all moms than to focus on encouraging women to prioritize their health through regular checkups and Preventive Health Screenings. Early detection saves lives by providing faster diagnoses, effective treatment options and improved patient outcomes.

Following is a list of recommended screenings for Women.

Understanding Cultural Barriers:

- ▶ **Pap Smear (Cervical Cancer Screening)** – Recommended for all women ages 21-64 years of age; every 3 years/ages 30 and up; every 5 years w/ HPV co-testing.
- ▶ **Mammogram (Breast Cancer Screening)** – Recommended for all women ages 40-74 years of age.
- ▶ **DEXA scan (Bone Mineral Density screening for Osteoporosis)** – Recommended for women aged 65 and older.

Preventive Screenings are a vital component of quality primary care. Scheduling regular checkups and providing referrals to specialty services will also improve your overall Quality Performance. Implementing workflow processes such as Standing Orders, Direct Referrals and QI awareness can lead to more effective daily operations that directly impact your HEDIS/STARS scores.

Most EMR systems feature alerts and reminders that can flag members and notify you when they are due for preventative screenings. Implementing HEDIS platforms such as Cozeva, can also help identify gaps in care and produce Member level detailed lists that can be used for Member Outreach. Be sure to engage your contracted health plans and IPAs in your QI efforts as they likely have a team that is ready and available to assist.

Fostering a QI culture within your practice will enable you to maximize the talent of your staff. Proactive member outreach, timely encounter submission and up to date billing practices are a guaranteed recipe for improving patient healthcare outcomes while continuously keeping your fingers on the pulse of your Quality Performance.



May Resources:

- ▶ **Health Net Ensuring Accessible Material for Members with Disabilities** – Members with disabilities may request Plan materials in alternative formats they can use. Delegated participating physician groups (PPGs) have responsibilities to respond to these requests and support member access in accordance with applicable state compliance standards. For more information this flyer will be attached to our MPM newsletter.
- ▶ **L.A. Care Health Plan W30 Quick Reference Guide** – L.A. Care Health Plan (L.A. Care) is pleased to share a new W30 Quick Reference Guide, designed to assist your practice in meeting the Well-Child Visits in the First 30 Months of Life (W30) HEDIS® measure. This single-page guide provides a clear summary of visit requirements, key performance tips, and coding guidance aligned with the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule recommendations. For more information this flyer will be attached to our MPM newsletter.
- ▶ **L.A. Care CAHPS Survey Overview** – What is CAHPS, why is it Important, and what can you do? An annual survey administered by the Centers for Medicare and Medicaid Services (CMS) to assess patient experiences and satisfaction with their Medicare provider and health plan. For more information this flyer will be attached to our MPM newsletter.
- ▶ **Radnet Webinar Series Men's Health Coast to Coast** – Join Leading physicians from across the country for a powerful and informative live webinar focused on life-saving conversations. Topics include heart disease detection and cardiac imaging, AI-Powered imaging and early detection, Prostate MRI and advanced prostate screening, and Lung cancer screening with low-dose CT. To RSVP for June 13th from 10-11am PST more information can be found attached to our MPM newsletter.
- ▶ **Initial Health Appointment (APL 26-001)** – This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business. Providers should review their current intake and documentation processes to ensure alignment with Initial Health Appointment (IHA) requirements. For more information this flyer can be found attached to our MPM Newsletter.
- ▶ **HEDIS® Measure Guide 2026** – Molina's 2026 HEDIS® Measure Guide is now available for review. This guide includes current information on HEDIS® measures used for quality measurement and reporting for the 2026 measurement year. Providers are encouraged to review this resource to understand measure specifications and documentation requirements. For more information this flyer can be found attached to our MPM Newsletter.
- ▶ **Q2 Provider Training Opportunities** – MHC offers quarterly online trainings to keep providers informed on key programs, policies, and updates. These sessions are designed to support high quality care and help ensure alignment with current guidance. Registration links for all upcoming sessions are available on the Molina Provider website. For more information this flyer can be found attached to our MPM Newsletter.
- ▶ **Quality Measures for Encounter Data Update** – Please review the Quality Measures for Encounter Data Version 2.0 and ensure encounter data submissions to Molina comply per contract agreement and for the plan to meet the performance threshold requirements. For more information this flyer can be found attached to our MPM Newsletter.
- ▶ **Blood Lead Screening Requirements and Resources for Providers Guide** – Blue Shield Promise must ensure that their Network Providers (physicians, nurse practitioners, and physician's assistants) who perform periodic health assessments on child members between the ages of six months to six years comply with current federal and state laws, and industry guidelines for health care providers issued by Childhood Lead Poisoning Prevention Branch. For more information this guide can be found on our MPM website.
- ▶ **Medi-Cal Managed Care Plan Responsibilities for Non-Specialty Mental Health Services** – All Plan Letter 26-002, the purpose of this All-Plan Letter (APL) is to provide guidance to Medi-Cal managed care plans (MCPs) for the provision or arrangement of clinically appropriate and covered Non-Specialty Mental Health Services (NSMHS) and the regulatory requirements for the Medicaid Mental Health Parity Final Rule (CMS-2333-F). For more information this document will be posted on our MPM website.
- ▶ **Screening, Reporting, Treatment, Care Coordination, and Quality Monitoring of Members with Tuberculosis** – Network Providers are often the first to know or suspect that a member has active TB disease. MHC Provider Responsibilities Checklist which can be found in the TB specific Provider Toolkit as well as the answers to frequently asked questions, TB specific ICD-10 billing codes, and other useful resources. For more information this document can be found on our MPM website.
- ▶ **Timely Access Standards** – Providers are required to conform to the Access to Care appointment standards to ensure that healthcare services are provided in a timely manner. The primary care provider (PCP) or their designee must be available 24 hours a day, seven days a week to Members. For more information this document can be found on our MPM website.
- ▶ **2026 Medicaid Pay-For-Performance / HEDIS Performance Bonus Program** – Please review the updated 2026 Medicaid P4P HEDIS Metrics and Bonus Amounts. This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business. To locate this document, it will be found on our MPM website.



26-623 Ensuring Accessible Materials for Members with Disabilities

Date: 05/07/26

PPG responsibilities for providing member materials in alternative formats

Members with disabilities may request Plan materials in alternative formats they can use. Delegated participating physician groups (PPGs) have responsibilities to respond to these requests and support member access in accordance with applicable state compliance standards.

Alternative formats that may be requested

When a request is made, member materials must be provided in an appropriate alternative format. These may include:

- Braille
- Audio format
- Large print (not smaller than 20-point Arial font)
- Accessible electronic format, such as CD
- Other auxiliary aides and services, as appropriate

Identifying a member's format needs

PPGs should review the **Eligibility Report** to determine whether a member has an identified need for materials in an alternative format. This report also reflects the member's preferred language and should be used to support timely and appropriate handling of requests.

Coverage of alternative format costs

Health Net covers the costs for alternative formats materials when **both of the following are met**:

- The request is for Medi-Cal **Notice of Action** letters.
- Propio Translation, Health Net's preferred vendor, is used.

Compliance, monitoring and tracking

Health Net monitors and documents member format selections to meet **Department of Health Care Services (DHCS)** requirements.

PPGs must **maintain records of all Medi-Cal alternative format requests** in accordance with record retention requirements. These records may be requested as part of annual audits or compliance reviews.

Need more information or assistance?

For more information on alternative format requirements, refer to the [DHCS All Plan Letter 25-016 \(PDF\)](#) .

For questions about information contained in this update, contact the **Health Net Provider Services Center at [800-675-6110](tel:800-675-6110)**.

This information applies to Participating Physician Groups (PPGs).

For Medi-Cal, this information applies to Amador, Calaveras, Inyo, Los Angeles, Molina, Mono, Sacramento, San Joaquin, Stanislaus, Tulare and Tuolumne counties.

Last Updated: 05/06/2026

The information provided is the most up-to-date as of the date of this publication. For the most up-to-date information, visit providerlibrary.healthnetcalifornia.com

May 6, 2026

RE: W30 Quick Reference Guide

ATTN: Pediatric Providers, Care Teams, and Clinic Staff

Dear Valued Provider,

L.A. Care Health Plan (L.A. Care) is pleased to share a new W30 Quick Reference Guide, designed to assist your practice in meeting the Well-Child Visits in the First 30 Months of Life (W30) HEDIS® measure. This single-page guide provides a clear summary of visit requirements, key performance tips, and coding guidance aligned with the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule recommendations.

Why This Matters:

The W30 measure ensures children receive timely well-child visits, which are crucial for early detection of developmental, physical, and behavioral issues. Strong W30 performance promotes preventive care, improves health outcomes, and enhances your practice's quality performance.

Quick Reference Guide Contains:

- Age-based visit requirements
- Documentation and coding tips to support compliance
- Strategies to reduce missed visits and improve outreach
- Guidance on educating caregivers about the importance of routine well-care visits

L.A. Care Resources to Improve W30:

- Access the W30 Care Gap Report in the Legacy Provider Portal to identify members due for visits
- Conduct proactive outreach, including reminder calls, texts, or scheduling follow-ups
- Use every encounter opportunity, including sick visits, to complete well-care when appropriate
- Educate caregivers early, especially during pregnancy about the recommended well-visit schedule and its benefits

For additional information on W30 HEDIS® requirements and provider resources, please visit:

<https://www.lacare.org/providers/tools/hedis-resources>

If you have any questions, please contact Quality@lacare.org.

Thank you for your continued partnership in improving the health of our pediatric members.

Sincerely,

Quality Improvement Department
L.A. Care Health Plan



Well-Child Visits in the First 30 Months of Life (W30)

This guide supports provider offices in meeting the Healthcare Effectiveness Data and Information Set (HEDIS) Well-Child Visits in the First 30 Months of Life (W30) measure. This measure assesses whether children receive the recommended number of well-child visits with a primary care provider (PCP) during the first 30 months of life. L.A. Care follows the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care, known as the Periodicity Schedule.

HEDIS® Measure Basics



- Children who turn **15 months** old during the measurement year should have **six or more** well-child visits by that age.
- Children who turn **30 months** old during the measurement year should have at least **two** well-child visits between **15 and 30 months** of age.
- Visit must include health & developmental history, physical exam, and anticipatory guidance.

Tips for Improving Performance



- Reschedule missed appointments as soon as possible so children stay on track.
- Conduct reminder calls or texts to reduce missed visits.
- Use L.A. Care's W30 Report (gap in care list) to conduct outreach. The report is available in the legacy portal.
- Ensure well-child visits are accessible and offer same-day appointments.
- Use every opportunity, including sick visits, to provide a well care visit.
- Educate caregivers why visits matter: growth, vaccines, milestones.
- Educate pregnant members on the timing of well-child visits and book appointments in advance.

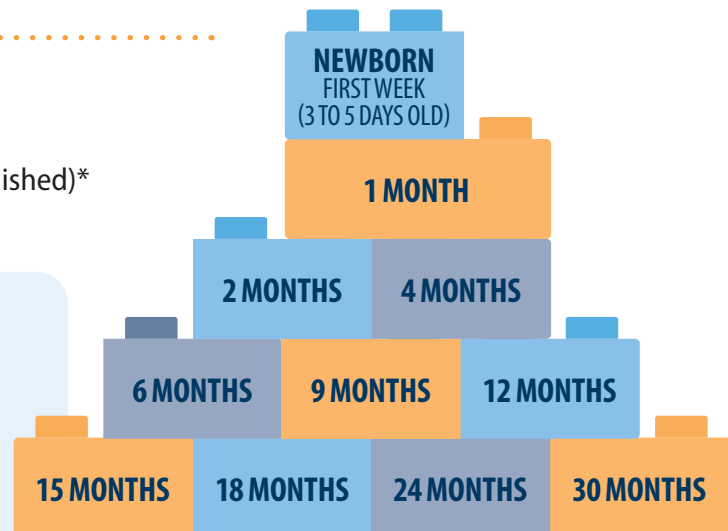
Coding Tips

Code visits correctly using applicable CPT codes, such as:
Well-child CPT codes: **99381–99385** (new), **99391–99395** (established)*
Add **mod 25** if preventive + sick visit same day

AAP Bright Futures Visit Timeline

Newborn, First week (3-5 days after birth), 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months

*This is not a complete list of codes





✓ What is CAHPS?

- An annual survey administered by the Centers for Medicare and Medicaid Services (CMS) to assess patient experiences and satisfaction with their Medicare provider and health plan
- The survey is conducted via mail and phone from February through June
- Key measures that are most impacted by providers include:
 - Care Coordination
 - Getting Appointments & Care Quickly
 - Getting Needed Care
 - Getting Needed Prescription Drugs

✓ Why is it important?

- Patients' health care experience impacts the health plan's CMS Star Rating, which can inform and influence who a patient chooses as their provider and health plan
- The majority of the CAHPS measures are directly influenced by patients' interactions with their provider – **ultimately, these interactions impact patient health attitudes, behaviors, and health outcomes**
- The survey data can be used to identify strengths and areas for improvement around patient care, provider, and health plan interaction

✓ What can you do?

- Use language similar to the CAHPS survey questions (see below) when talking with patients about their health
- Help patients understand how to access care
- Show empathy and connect with your patients by being prepared, listening intently, and taking the time to clearly explain topics such as treatment plans and test results
- Consider culture, language, and gender identity when recommending treatment and interventions
- Review this tipsheet for additional best practices for each CAHPS measure



Care Coordination

CAHPS Survey Questions	Best Practices
<p>In the last 6 months, how often did your personal doctor:</p> <ul style="list-style-type: none"> • Talk about all the prescription medicines you were taking? • Help you manage your care among these different providers and services? • Seem informed and up-to-date about the care you got from specialists? 	<ul style="list-style-type: none"> • Consider asking your patients the following: <ul style="list-style-type: none"> ◦ "I want to make sure we're covering all of your medical history to provide you with the best care possible. Is there any new medical information, changes in your health, or updates to your medications or treatments that you would like to share?" • Ask patients about any new symptoms or information they want to share about their health
<p>In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you:</p> <ul style="list-style-type: none"> • How often did someone from your personal doctor's office follow up to give you those results? • How often did you get those results as soon as you needed them? 	<ul style="list-style-type: none"> • Follow-up with patients on referrals to specialists and/or lab/test results • Order new tests and labs before patients leave the office • Inform patients how they can view their lab/test results (e.g., patient portal) and/or when you will reach out about their results • Review medications – discuss the importance of medication adherence and address any concerns or side effects

Getting Appointments & Care Quickly

Questions	Best Practices
<p>In the last 6 months, how often did you get:</p> <ul style="list-style-type: none">• Care as soon as you needed, when you needed care right away?• An appointment for a check-up or routine care as soon as you needed?	<ul style="list-style-type: none">• Consider asking your patients the following:<ul style="list-style-type: none">◦ “Before you leave today, would you like me to help you schedule your next routine appointment? I want to make sure we get you set up at a time that works best for you.”• If the provider is behind schedule, notify patients by text, phone, or in the waiting room to manage expectations• If possible, leave a few appointment slots open each day for urgent visits• If possible, offer virtual appointments or other care options• Remind patients that L.A. Care offers 24/7 care options through the Nurse Advice Line or Teladoc

Getting Needed Care

Questions	Best Practices
<p>In the last 6 months, how often:</p> <ul style="list-style-type: none">• Did you get an appointment to see a specialist as soon as you needed?• Was it easy to get the care, tests, or treatment you needed?	<ul style="list-style-type: none">• Consider asking your patients the following:<ul style="list-style-type: none">◦ “As discussed at your last visit, I sent in a referral for you to see a specialist [or other care, test, or treatment]. Did you have any issues getting this care? I want to make sure you get the care you need.”• Help patients understand why you’re recommending certain types of care, tests, or treatment• Set realistic expectations around how long it may take to schedule an appointment with a specialist if the appointment is not urgent• Encourage patients to pre-schedule their next appointment• Some L.A. Care Medicare Plus patients may have transportation benefits if they need assistance getting to their next medical appointment

Getting Needed Prescription Drugs

Questions	Best Practices
<p>In the last 6 months, how often was it easy to use your prescription drug plan:</p> <ul style="list-style-type: none">• To get the medicines your doctor prescribed?• To fill a prescription at your local pharmacy?• To fill a prescription by mail?	<ul style="list-style-type: none">• Consider asking your patients the following:<ul style="list-style-type: none">◦ “Did you have any issues picking up your prescriptions last time? I can help by making sure we have the correct pharmacy on file. If you’re happy with the prescription, I can also help by sending in a larger refill or supply.”• Send in prescriptions to patients’ pharmacy of choice before they leave the office• Use L.A. Care’s Medicare Plus Formulary Search Tool and stay up-to-date with L.A. Care’s formulary• Offer lower cost/tier medications• Remind patients that they can sign up for L.A. Care Medicare Plus’s mail order and receive up to 100-day supply<ul style="list-style-type: none">◦ Order 100-day supply of all applicable medications



Advancing Imaging Through
Innovation & Technology



RadNet Webinar Series

Men's Health Coast to Coast

Saturday with the Doctors

Join leading physicians from across the country for a powerful and informative live webinar focused on life-saving conversations.

SATURDAY
**JUNE
13**

10am-11am PST

For questions, contact
Monique Jenkins
Monique.Jenkins@RadNet.com



RSVP

Click the link or scan the QR code to RSVP to this RadNet Knowledge Series Webinar.

radnet.com/webinars/mens-health



Live Q&A with the Doctors

Bring your questions and hear directly from leading experts in cardiac, prostate, and lung imaging and prevention.

SPEAKERS



CARDIAC
Michael G. Coords,
MD, FSCCT
Medical Director, California



PROSTATE
Randall Stenoien, MD
Medical Director, Texas



LUNG
Evan Kaminer,
MD, FACR
Medical Director, New York

TOPICS INCLUDE



Heart disease
detection &
cardiac imaging



AI-powered
imaging and
early detection



Prostate MRI &
advanced prostate
screening



Personalized screening
recommendations
for men



Lung cancer
screening with
low-dose CT



Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

March 13, 2026

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Initial Health Appointment – APL 26-001

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

This notification is based on [All-Plan Letter \(APL\) 26-001](#), which can be found in full on the [Department of Health Care Services \(DHCS\) website](#).

What you need to know:

DHCS released APL 26-001 with guidance on Initial Health Appointment (IHA) requirements for Medi-Cal Members. While no new provider requirements were introduced, this bulletin reinforces existing expectations under the Population Health Management (PHM) Program.

BACKGROUND

The IHA occurs during a member's encounter with a provider in the primary care medical setting and is intended to assess and manage the member's acute, chronic, and preventive health needs as part of routine care. The IHA requirements are based on the California Code of Regulations (CCR), PHM Policy Guide, and Molina contracts.

Prior guidance referred to the Initial Health Assessment and required inclusion of an Individual Health Education Behavioral Assessment (IHEBA) or a Staying Healthy Assessment (SHA), along with prescriptive content and timing for preventive services.

Effective January 1, 2023, these requirements were removed, and the visit is now referred to as the Initial Health Appointment. The IHEBA and SHA are no longer required components of this visit.

Provider Action

Providers should review their current intake and documentation processes to ensure alignment with Initial Health Appointment (IHA) requirements.

Initial Health Appointment(s) must be completed **within 120 days of enrollment** for new members and must continue to include a history of the member's physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.

Providers are expected to:

- Complete an Initial Health Appointment for newly enrolled members within required timeframes
- Ensure all required IHA elements are documented in the medical record
- Avoid requiring SHA or IHEBA as part of the IHA process
- Ensure services are delivered in a culturally and linguistically appropriate manner

Further guidance on the IHA requirements can be found in the [PHM Policy Guide](#) or in the [2026 Molina Medi-Cal Provider Manual](#).



POLICY

An IHA must be completed for all Members and periodically re-administered according to requirements in the PHM Policy Guide and Molina contract requirements.

An IHA:

- Must be performed by a Provider within the primary care medical setting.
- Is not necessary if the Member's Primary Care Provider (PCP) determines that the Member's Medical Record contains complete information that was updated within the previous 12 months.
- Must be provided in a way that is culturally and linguistically appropriate for the Member.
- Must be documented in the Member's Medical Record.

An IHA must include all of the following:

- A history of the Member's physical and mental health;
- An identification of risks;
- An assessment of need for preventive screens or services;
- Health education; and
- The diagnosis and plan for treatment of any diseases.

For Members who are dually eligible for Medi-Cal and Medicare, Molina will adhere to the IHA requirements in the PHM Policy Guide and Molina contracts.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).

Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

March 26, 2026

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

HEDIS® Measure Guide 2026

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:

Molina's 2026 HEDIS® Measure Guide is now available for review. This guide includes current information on HEDIS® measures used for quality measurement and reporting for the 2026 measurement year. Providers are encouraged to review this resource to understand measure specifications and documentation requirements.

Provider Action

Review the [HEDIS® Measure Guide 2026](#) on the Molina Provider website to stay up to date on current measure requirements.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).



Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

April 3, 2026

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Q2 Provider Training Opportunities

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

What you need to know:

MHC offers quarterly online trainings to keep providers informed on key programs, policies, and updates. These sessions are designed to support high-quality care and help ensure alignment with current guidance.

Registration links for all upcoming sessions are available on the Molina Provider website.

Upcoming trainings

2026 Biannual Provider Regulatory Training – Review MHC protocols, services, resources, and regulatory requirements to ensure a strong and effective partnership.

- Wednesday, May 20, 2026, 12:00 PM - 1:00 PM PST

Enhanced Care Management (ECM) – These 4-part trainings prepare newly contracted ECM Providers to navigate and document in Molina's Clinical CareAdvance® (CCA) care management platform and learn about our ECM Program requirements.

- For the full schedule of training dates and times, please visit the MHC Provider website.

Medi-Cal for Kids & Teens Provider Training (Formerly EPSDT) – Primary Care Physicians (PCPs) treating youth up to age 21 are encouraged to join this essential training for valuable insights and updates to enhance comprehensive care for youth.

- Thursday, June 18, 2026, 12:00 PM - 1:00 PM PT

New Provider Orientation (NPO) – New providers and staff are invited to attend this training to familiarize themselves with MHC protocols, services, and resources. New providers and staff are encouraged to participate or use the session as a refresher.

- Wednesday, April 8, 2026, 12:00 PM - 1:00 PM PDT
- Wednesday, May 13, 2026, 12:00 PM - 1:00 PM PDT
- Wednesday, June 10, 2026, 12:00 PM - 1:00 PM PDT

Facility Site Review (FSR), and Medical Record Review (MRR) Training Sessions – MHC is offering several training sessions on FSR and MRR during the months of February and March.

- For the full schedule of training dates and times, please visit the MHC Provider website

Provider Action

Providers are encouraged to register for upcoming training sessions on the MHC Provider website at:

molinahealthcare.com/providers/ca/medicaid/com/m/training.aspx



What if you need assistance?

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

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-233-1753	Clemente.Arias@molinahealthcare.com
	Elias Gomez	562-723-9760	Elias.Gomez@molinahealthcare.com
	Velma Castillo	626-721-3089	Velma.Castillo@molinahealthcare.com
	Anisha Brar	562-756-1347	Anisha.Brar@molinahealthcare.com
	Anita White	310-654-4832	Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@molinahealthcare.com
	Christian Hernandez	619-669-3307	Christian.Hernandez@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@molinahealthcare.com
Imperial, San Diego & Sacramento	Brittney Aguilar	916-216-9882	Brittney.Aguilar@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Provider Bulletin

Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

May 12, 2026

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Quality Measures for Encounter Data Update: Quality Measures for Encounter Data 2.0 – APL 26-003

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

This notification is based on [All-Plan Letter \(APL\) 26-003](#), which can be found in full on the [Department of Health Care Services \(DHCS\) website](#).

What you need to know:

BACKGROUND

The purpose of this APL is to provide an update to the DHCS Quality Measures for Encounter Data (QMED) requirements. This APL supersedes APL 14-020.

POLICY

For encounters submitted on or after January 1, 2026, the Department of Health Care Services (DHCS) will conduct quarterly reviews of encounter data quality and assign a Pass/Fail rating based on QMED 2.0 requirements.

DHCS will begin publicly posting quarterly QMED 2.0 report cards no earlier than April 1, 2026. Enforcement actions related to QMED 2.0 will be imposed to Molina and its subcontractors which may include corrective actions and financial sanctions for non-compliance, beginning July 1, 2027, in alignment with APL 25-007.

Encounter data quality will be evaluated quarterly using the following standards:

- **Lag Time Requirement:** Encounters must be submitted within 120 days of the date of service.
- **Scoring Methodology:** Overall performance will be assessed as Pass or Fail each quarter.
- **Public Reporting:** Report cards will be publicly available no sooner than April 1, 2026.
- **Enforcement Timeline:** Monetary and other enforcement actions will begin July 1, 2027.

QMED 2.0 Performance Thresholds (Fail Criteria):

- Duplicate encounters exceed 0.5%
- 837I encounter service lines with duplicate service lines exceed 5%
- 837P encounter service lines with duplicate service lines exceed 0.5%
- Encounter service lines with a Type 1 rendering provider fall below 90%
- Corrected denied encounters fall below 99.5%
- Total denied encounters exceed 2%
- Denied encounters corrected within 15 days fall below 97.5%
- Encounters submitted within 120 days of service fall below 90%

Provider Action

Please review the [Quality Measures for Encounter Data – Version 2.0](#) and ensure encounter data submissions to Molina comply per our contract agreement and for the plan to meet the performance threshold requirements.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).

