OCTOBER 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



Cultural & Linguistics Corner

Lost in Translation? How Language Access Improves Quality of Care

Clear communication is an essential part of quality healthcare. When patients understand their diagnoses, medications, treatment options, and follow-up instructions, they are better equipped to participate in their care. However, language barriers can make it difficult for patients to ask questions, understand medical information, and make informed decisions.

In California, where patients speak a wide variety of languages, providing meaningful language access is an important part of delivering safe, equitable, and patient-centered care.

Why Language Access Matters

Language differences can affect every stage of the patient journey, from scheduling an appointment to understanding a treatment plan. When communication is limited, patients may have difficulty describing symptoms, understanding medication instructions, or recognizing when to seek additional care.

Effective language access helps providers communicate more clearly, support informed decision-making, and reduce the risk of misunderstandings. It also helps patients feel respected, heard, and more confident participating in their healthcare.

Remember: A patient's ability to communicate in everyday English does not necessarily mean they are comfortable discussing complex medical information in English.

Best Practices for Clearer Communication

Providers and office staff can take several practical steps to support patients who prefer to communicate in a language other than English.

- **Ask and document language preferences.** Ask patients which language they prefer for healthcare discussions. Ensure language preferences and interpreter needs are documented accurately in the appropriate electronic health record fields and updated when necessary.
- **Use qualified medical interpreters when appropriate.** When language assistance is needed for clinical communication, use qualified interpreters through approved in-person, telephone, or video services. Family members, friends, or accompanying individuals should not routinely replace qualified interpreters, particularly for complex, sensitive, or high-stakes discussions. Follow applicable requirements and organizational policies.
- **Speak directly to the patient.** Even when working with an interpreter, maintain eye contact with the patient when appropriate and address the patient directly. Use short, clear statements, pause regularly, and allow time for interpretation and questions.
- **Use plain language.** Avoid unnecessary medical jargon, abbreviations, and complicated explanations. Break information into manageable steps and provide appropriate translated materials when available. Translated information should be understandable, accurate, and appropriate for the intended audience.
- **Confirm understanding with teach-back.** Rather than asking, "Do you understand?", invite patients to explain the plan in their own words. For example: "I want to make sure I explained everything clearly. Can you tell me how you will take this medication when you get home?"

  Teach-back is a way to evaluate how clearly information was communicated—not a test of the patient's intelligence or abilities.

A Quick Language-Access Check for Your Practice

Use the following checklist to identify opportunities for improvement:

- Preferred language and interpreter needs are identified and documented.
- Staff know how to access approved interpreter services.
- Qualified interpreters are used when indicated for clinical communication.
- Patient education and follow-up instructions are provided in an appropriate language and format when available.
- Providers use plain language and confirm understanding using teach-back.
- Patients have an opportunity to ask questions and express concerns.

Consider reviewing these practices during your next staff meeting or quality improvement discussion.



Turning Communication into a Quality Improvement Opportunity

Language access is more than a courtesy; it is an important component of patient-centered care. Practices can identify improvement opportunities by reviewing language-preference documentation, interpreter workflows, patient feedback, and follow-up processes.

Where appropriate data are available, practices may also evaluate whether patients with different language preferences experience barriers to appointment access, care coordination, or completion of recommended follow-up. Findings should be interpreted thoughtfully and used to improve systems rather than make assumptions about individual patients.

Small workflow improvements—such as making interpreter services easier to access or standardizing the documentation of language preferences—can help practices provide more consistent care.

The Takeaway

Every patient deserves to understand their healthcare and have the opportunity to participate in decisions about their well-being. By identifying language needs, using qualified interpreters, communicating in plain language, and confirming understanding, providers and office staff can help create safer, more respectful, and more effective care experiences.

This month's quality challenge: Identify one step your practice can take to strengthen language access. Whether it is reviewing interpreter workflows, improving documentation, or incorporating teach-back into patient encounters, one practical change can be a meaningful step toward better communication and quality of care.

Provider compliance reminder: *Follow applicable federal and California language-access requirements, and your organization's approved interpreter procedures. This article is intended for educational purposes and does not replace applicable regulatory guidance or organizational policy.*

Provider Satisfaction Survey Winner!



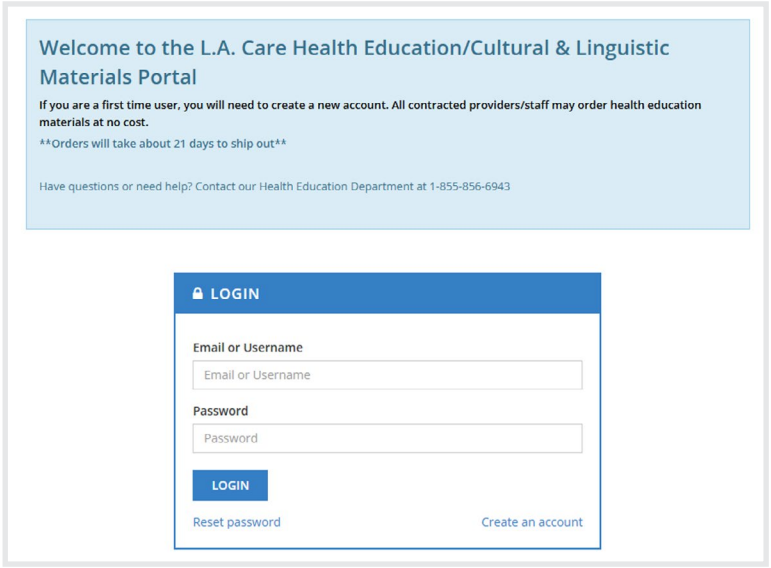
Congratulations to **Dr. Ruben Ruiz from OIFMG**, for this month's Provider Satisfaction Survey winner!

Thank you, Dr. Ruiz, for taking the time to participate in our surveys. We truly appreciate your feedback and continued support!

LA Care Health Education/ Cultural & Linguistic Materials Portal

LA Care has a wealth of health education materials available. Take an opportunity to review the portal.

https://lacare.icolorconnect.com/login?returnUrl=%2Fproduct%2FTips-for-capturing-accurate-blood-pressure



OCTOBER IS

Breast Cancer Awareness Month



October is Breast Cancer Awareness Month; this month gives an opportunity to identify patients who are overdue for a mammogram screening to ensure patients receive timely results and follow-ups while raising awareness.

Breast Cancer Screening supports early detection and can identify abnormalities before symptoms develop. Consistent screenings and appropriate follow-ups are the important components of patient quality care. BCS-E performance also provides an opportunity to coordinate preventive services, and close gaps in care. Improving performance requires the efforts from providers, quality departments and imaging centers.

Providers can support compliance through the following actions:

- **Identify eligible members:** Women between 40-74 years of age with no documentation of a qualifying mammogram between the timeframe of October 1st, 2024- December 31st, 2026.
- **Educate and encourage patients:** Discuss the importance of breast cancer screening, address concerns, and help patients understand the next steps in scheduling their examinations.
- **Facilitate scheduling:** Submit complete orders when required, address any known barriers, and ensure that evidence of the completed service is within the NCQA HEDIS requirements.
- **Ensure appropriate follow-up:** Review results, communicate findings to patient and coordinate additional imaging or specialist evaluation if necessary.

BCS-E Documentation: An Important component of compliance.

A mammogram order, referral, or scheduling note alone does not meet requirements for compliance. Providers should follow the official MY26 (Measurement Year 2026) NCQA technical specifications for denominator eligibility, qualifying services, exclusions, and data requirements. For MY26 the qualifying mammography timeframe is October 1st, 2024 – December 31st, 2026. Eligible members that fall within that timeline with no evidence of a qualifying screening should be reviewed for appropriate outreach. Review your open BCS-E care gaps, prioritize outreach to eligible members without documented qualifying screening, and follow each referral through completion and documentation.

Wear Pink, Show Support, and Make a Difference!

This October let's come together and show our support for breast cancer survivors, honor those who have lost their lives, and raise awareness about the importance of early detection. Providers and staff are encouraged to wear pink in recognition of Breast Cancer Awareness month and to help spread the message that breast health matter. Whether its wearing pink, sharing educational resources, or encouraging patients to stay current with their mammograms, every action makes a difference. Together we can turn awareness into action, celebrate the strength of survivors, and continue working toward better patient care and outcomes.

- Breast Cancer | CDC
- Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce
- HEDIS Measures and Technical Resources - NCQA



Diabetes Care & Quality Measures for Providers

Supporting Improved Outcomes Through Prevention, Monitoring, and HEDIS Best Practices

Statistics: Over **40 million people have diabetes**. That's about **1 in every 8** people. More than **1 in 4** adults with diabetes **don't know they have it**.

Risks: People who have diabetes are at higher risk of serious health complications:

- **Blindness**
- **Kidney failure**
- **Heart disease**
- **Stroke**
- **Loss of toes, feet, or legs**

Patients manage their diabetes care with regular guidance and support from their health care team. At every health care visit, you and other care team members encourage them to take the steps needed to manage their diabetes effectively. The links below are resources to help support your efforts:

- Promoting Ear Health for People With Diabetes
- Promoting Eye Health for People With Diabetes
- Promoting Foot Health for People With Diabetes
- Promoting Medication Management for People With Diabetes
- Promoting Oral Health for People With Diabetes

As a health care provider, you know firsthand that these actions are key to preventing complications and enhancing quality of life for people with diabetes. Living successfully with diabetes means developing the skills to self-manage outside the clinical setting.

Discussing the following healthy habits with your patients routinely can help them stay aware and involved in their diabetes care.

Healthy eating & Being active:

- Make and eat healthy food.
- Be active most days.
- Test your blood sugar often.
- Take medicines as prescribed, even if you feel good.
- Learn ways to manage stress.
- Cope with the emotional side of diabetes and learn to manage stress.
- Go to checkups
- Being active is one of the best tools to manage diabetes, and it's free!
- Find ways to be active throughout the day, like climbing stairs.
- Work out with a friend. You'll be more likely to stick with it.
- Try an activity tracker (many are free) and watch your steps add up.
- Try online workout videos. There's something for every level of fitness.

HEDIS Measures for Patients with Diabetes

Controlling Blood Pressure (BP): It's important for Patients with Diabetes to manage and control their BP. Patient whose most recent blood pressure (BP) is <140/90 mm Hg is considered controlled.

Best Practices:

- Most recent BP value counts toward HEDIS measures Controlling Blood Pressure and Blood Pressure Control in patients with Diabetes
- Retake BP at end of appointment if initial reading is high–lowest values count.
- Electronically submitted BP readings from patient monitoring devices are acceptable.
- BP readings from patient digital BP monitoring device during telehealth visits are acceptable.
- Notation of the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record in 2026. (Note: ALWAYS recheck BP if initial reading is at or > 140/90 mm Hg)

- BP cuffs are now a RX benefit for Medi-Cal persons. No authorization is needed, just a prescription with a diagnosis code that justifies medical necessity for cardiovascular monitoring for a chronic condition or on a regular basis.

CPT II Codes:

- **3074F** – Systolic < 129 mm Hg
- **3075F** – Systolic = 130-139 mm Hg
- **3077F** – Systolic > 140 mm Hg (non-compliant)
- **3078F** – Diastolic < 79 mm Hg
- **3079F** – Diastolic = 80-89 mm Hg
- **3080F** – Systolic > 90 mm Hg (non-compliant)

Glycemic Status Assessment for Patients With Diabetes (GSD): Persons 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c]) was at either of the following levels during 2026:

- **Control <8%** - higher rate is better
- **Poor Control >9%** - lower rate is better

Best Practices:

- Routinely monitor HbA1c and regularly see patients with elevated A1c levels more frequently.
- Order labs prior to patients' appointments.
- Regularly monitor and review medications for effectiveness and adherence.
- Order diabetes screening tests (eye exam, kidney evaluation, etc.) annually.
- Follow up with patients to discuss and educate on lab results.
- Use point-of-care testing, which is acceptable with appropriate coding and documentation; include date of service and value. Submit claims (CPT, CPT II codes, etc.) and encounter data in a timely manner, including diagnosis codes.

  HbA1c Tests CPT: 83036, 83037

  LOINC: 4548-4* (most common or generic) when submitting records in Cozeva or sending a supplemental data file.

  A1c Results CPT II:
  - 3044F - HbA1c Level <7.0%
  - 3051F – HbA1c Level = 7.0% - 7.9%
  - 3052F – HbA1c Level = 8.0% - 9.0%
  - 3046F – HbA1c Level >9.0% (non-compliant)

Kidney Health Evaluation for Patients With Diabetes (KED): Persons 18–85 years of age with diabetes (type 1 and type 2) who received both of the following:

Blood and urine testing both needed:

- At least one eGFR (estimated glomerular filtration rate) blood test and
- At least one uACR (urine albumin-creatinine ratio) urine test.

Lab CPT Codes:

Description			Codes
eGFR	Test #1	eGFR (Blood)	**CPT:** 99047, 88048, 80050, 80053, 80069, 82565 **LOINC:** 69405-9*
uACR	Test #2	Urine Creatine	**CPT:** 82570 **LOINC:** 2161-8*
	Test #3	Urine Albumin	**CPT:** 82043 **LOINC:** 1754-1*
	Urine Albumin Creatinine Ratio		**LOINC:** 30000-4*

Tip Sheets

Go to **https://www.medpointmanagement.com/provider-resources/** and select **Quality Management Resources** from the drop down menu. Then scroll down to **MedPOINT Resources** to find the Tip Sheets below.

- Kidney Health Evaluation for Patients with Diabetes (KED)
- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Blood Pressure Control for Patients with Diabetes (BPD-E)
- Controlling High Blood Pressure (CBP)

Reference Sites

A U.S. Report Card | Diabetes | CDC

diabetesintheus_print.pdf

Clinical Guidance for Diabetes | Diabetes | CDC

Diabetes Research, Education, Advocacy | ADA

Lower Your Risk of Diabetes Complications | ADA



FIT First Strategy for Colorectal Cancer Screening (COL-E)

There are several things to consider when choosing the right test for patients due for a colorectal cancer screening.

- **Patient preference**
- **Patient risk factors**
- **Access to screening options**
- **Colonoscopy is preferred for high-risk patients due to its diagnostic and therapeutic capabilities**

FIT First Screening Option

Starting at age 45, using stool-based tests as the primary method and supplementing the other options when appropriate.

- **Guaiac-based fecal occult blood test (gFOBT) or Annual fecal Immunochemical Test (FIT) – annually**
- **Multitargeted stool DNA with FIT test (sDNA FIT) – 3 years**
- **CT colonography – 5 years**
- **Flexible sigmoidoscopy – 5 years**
- **Colonoscopy – 10 years**

Colorectal cancer screenings saves lives by finding precancerous growth before they turn into cancer and detecting disease at an early, highly treatable stage. Please continue to encourage patients to complete their screening.

October Attachments & Resources:

- **2025 vs. 2026 MCAS Metric Comparison –** Review the updated 2026 Medi-Cal Accountability Set (MCAS) benchmark thresholds and compare them to 2025 performance targets. This comparison highlights measures with increased or decreased benchmark expectations for the current year. See the attachment included with this newsletter for additional details and complete information.

- **2025 vs. 2026 STAR Benchmark Comparison –** The 2026 Medicare STAR Ratings benchmarks have been released and include changes across several Part C and Part D quality measures. Providers are encouraged to review updated performance thresholds to better understand evolving quality expectations and identify opportunities to improve member outcomes and STAR Ratings performance. See the attachment included with this newsletter for additional details and complete information.

- **2026 Cervical Cancer Screening Outreach Campaign – Sign Up Today! –** IEHP is offering OB/GYN providers an opportunity to contact members who need cervical cancer screening services. Participating providers will receive member contact information to support outreach and appointment scheduling, with screenings to be completed by December 31, 2026. See the attachment included with this newsletter for additional details and complete information.

- **2026 Diabetic Eye Exam Outreach Campaign – Sign Up Today! –** IEHP is inviting vision providers to participate in an outreach campaign for members with diabetes who need retinal eye exams. Participating providers will receive monthly contact information for qualifying members and are expected to schedule exams, submit visit encounters, and report findings to the member's primary care provider. See the attachment included with this newsletter for additional details and complete information.

- **DHCS UIS (Undocumented Immigration Status) Fee-for-Service Transition Member Text Message Campaign –** The California Department of Health Care Services will send text messages to applicable Medi-Cal members regarding their transition from managed care to Medi-Cal Fee-for-Service, effective January 1, 2027. The messages will be sent to affected members in the preferred language listed in the member's record to reassure them that they are

not losing Medi-Cal coverage. See the attachment included with this newsletter for additional details and complete information.

- **Health Net Timely Access Provider Training –** Health Net is offering provider training on timely access-to-care requirements, regulatory standards, compliance risks, and the provider's role in improving access. The webinar also covers survey readiness, scheduling practices, available resources, and strategies that support high-quality patient care. See the attachment included with this newsletter for additional details and complete information.

- **2026 CAHPS Provider Brief: Every Interaction Counts –** This provider brief highlights how each patient interaction can influence the patient's overall healthcare experience. It includes practical reminders for improving timely access, communication, care coordination, referrals, scheduling, and office-team responsiveness. See the attachment included with this newsletter for additional details and complete information.

- **Immunization Requirements – APL 26-015 –** This Molina provider bulletin summarizes updated Medi-Cal immunization requirements under Department of Health Care Services All Plan Letter 26-015. Providers should assess and document immunization needs, ensure timely access to medically necessary vaccines, and report administered vaccines to the applicable immunization registry within 14 calendar days. See the attachment included with this newsletter for additional details and complete information.

- **Preparing for DHCS Risk Stratification, Segmentation and Tiering –** This Molina provider bulletin explains the Department of Health Care Services' Risk Stratification, Segmentation and Tiering approach, which managed care plans must incorporate beginning January 1, 2027. The approach uses risk tiers to help identify Medi-Cal members who may benefit from earlier outreach, care coordination, and connections to additional services. See the attachment included with this newsletter for additional details and complete information.

- **Molina Q4 Provider Training Opportunities –** Molina Healthcare of California is offering online provider trainings on regulatory requirements, Enhanced Care Management, Medi-Cal services for children and teens, new-provider orientation, facility site reviews, and medical-record reviews. Providers can review the bulletin for available sessions and registration information. See the attachment included with this newsletter for additional details and complete information.

- **Resources for Quality Care Guide –** This comprehensive provider resource guide highlights educational, quality improvement, patient engagement, and practice support tools available to healthcare providers. Topics include clinical practice guidelines, preventive care resources, cultural and linguistic services, patient education materials, performance improvement tools, and community support services designed to help providers enhance care quality and health outcomes. Providers can also access training opportunities, reporting resources, and operational tools that support regulatory compliance, quality measure performance, and patient-centered care. See the attachment included with this newsletter for additional details and complete information.

- **Medicare Telehealth Billing Requirements for RHCs and FQHCs –** The Centers for Medicare & Medicaid Services (CMS) has updated Medicare telehealth billing requirements for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), effective October 1, 2026. Providers must begin billing telehealth services using the individual CPT or HCPCS code that describes the service provided, along with the appropriate revenue code and telehealth modifier, rather than using HCPCS code G2025. Practices should review billing workflows and prepare staff and systems in advance to ensure compliance with the updated requirements. See the attachment included with this newsletter for additional details and complete information.

- **HEDIS® Guide: Blood Pressure Control for Patients with Diabetes –** This MedPOINT tip sheet outlines the blood pressure control measure for patients ages 18 to 75 with diabetes, including the target of less than 140/90 mm Hg. It also provides applicable billing codes and practical recommendations for obtaining, documenting, and reporting accurate blood pressure readings. To access this resource please visit our website here: **https://www.medpointmanagement.com/provider-resources/**

- **HEDIS® Guide: Controlling High Blood Pressure –** This MedPOINT tip sheet reviews the measure for patients ages 18 to 85 with hypertension whose blood pressure is adequately controlled at less than 140/90 mm Hg. It includes diagnosis and blood pressure result codes, along with recommendations for accurate readings, home monitoring, follow-up, and documentation. To access this resource please visit our website here: **https://www.medpointmanagement.com/provider-resources/**

- **HEDIS® Guide: Glycemic Status Assessment for Patients with Diabetes –** This MedPOINT tip sheet describes glycemic status assessment for patients ages 18 to 75 with diabetes using hemoglobin A1c or glucose management indicator results. It includes testing and result codes and offers guidance for documenting results, submitting supplemental data, completing testing, and following up with patients To access this resource please visit our website here: https://www.medpointmanagement.com/provider-resources/

- **HEDIS® Guide: Kidney Health Evaluation for Patients with Diabetes –** This MedPOINT tip sheet outlines kidney health evaluation requirements for patients ages 18 to 85 with diabetes. It explains that both an estimated glomerular filtration rate blood test and a urine albumin-creatinine ratio are needed and includes applicable billing codes and recommendations for improving test completion. To access this resource please visit our website here: https://www.medpointmanagement.com/provider-resources/

Comparison of MCAS Metrics

	2025			2026			Change		
Metric	**50th%**	**75th%**	**90th%**	**50th%**	**75th%**	**90th%**	**50th%**	**75th%**	**90th%**
BCS-E	55.87	61.43	66.31	52.63	59.28	63.69	-3.24	-2.15	-2.62
CHL	56.30	65.47	70.67	55.06	65.30	70.99	-1.24	-0.17	0.32
LSC-E	69.96	76.34	82.86	73.24	79.08	84.18	3.28	2.74	1.32
CCS-E	52.32	57.83	64.21	53.65	59.07	64.35	1.33	1.24	0.14
CIS-10	23.89	28.86	34.79	24.67	29.47	35.46	0.78	0.61	0.67
GSD	*69.59*	*73.48*	*76.4*	*72.99*	*76.64*	*79.78*	3.40	3.16	3.38
CBP	67.88	71.34	75.43	70.32	73.36	76.89	2.44	2.02	1.46
IMA-2	34.14	40.19	47.16	36.40	42.71	49.80	2.26	2.52	2.64
PDS-E New	5.46	12.74	29.75	13.50	23.17	39.85	8.04	10.43	10.10
PND-E New	9.54	22.07	41.53	21.13	35.10	48.17	11.59	13.03	6.64
PPC -Pre	86.37	89.78	91.97	88.08	91.24	93.33	1.71	1.46	1.36
PPC-Pst	82.48	85.15	88.32	84.67	87.39	90.02	2.19	2.24	1.70
W30-A	63.38	67.49	71.71	65.84	70.24	73.95	2.46	2.75	2.24
W30-B	72.32	77.50	82.12	75.25	79.73	84.47	2.93	2.23	2.35
WCV	55.41	61.47	67.63	57.06	62.45	69.73	1.65	0.98	2.10
FUM	57.13	64.91	74.67	60.52	67.72	74.49	3.39	2.81	-0.18
FUA	39.10	45.80	53.27	41.81	48.90	54.55	2.71	3.10	1.28
DSF-E	3.59	9.28	18.24	8.47	15.38	25.55	4.88	6.10	7.31
COL-E	41.39	48.22	53.31	46.68	52.1	57.81	5.29	3.88	4.50

	Increase in Benchmark
	Decrease in Benchmark

Comparison of Star Metrics (2025 vs 2026 Benchmarks)

			2025				2026				Difference			
	Metric Description	Metric	2 Stars	3 Stars	4 Stars	5 Stars	2 Stars	3 Stars	4 Stars	5 Stars	2 Stars	3 Stars	4 Stars	5 Stars
Part C	Breast Cancer Screening	BCS	58%	71%	76%	84%	63%	70%	77%	83%	5%	-1%	1%	-1%
	Colorectal Cancer Screening	COL	48%	60%	70%	78%	59%	68%	75%	82%	11%	8%	5%	4%
	Annual Flu Vaccine	Flu	57%	61%	68%	73%	56%	60%	67%	72%	-1%	-1%	-1%	-1%
	Care for Older Adults – Medication Review	COA2	58%	85%	93%	98%	63%	90%	96%	99%	5%	5%	3%	1%
	Care for Older Adults – Functional Status Assessment	COA 3	60%	81%	92%	96%	65%	78%	87%	95%	5%	-3%	-5%	-1%
	Osteoporosis Management in Women Who Had a Fracture	OMW	32%	41%	53%	68%	29%	42%	52%	70%	-3%	1%	-1%	2%
	Eye Exam in Patients with Diabetes	EED	60%	72%	80%	86%	61%	72%	79%	86%	1%	-0%	-1%	0%
	Kidney Health Evaluation	KED	34%	51%	62%	74%	46%	63%	72%	83%	12%	12%	10%	9%
	HbA1c≤9 for Patients with Diabetes	GSD	54%	77%	87%	91%	59%	82%	89%	92%	5%	5%	2%	1%
	Controlling High Blood Pressure	CBP	67%	75%	80%	86%	72%	79%	84%	90%	5%	4%	4%	4%
	Statin Therapy for Patients with Cardiovascular Disease	SPCA	81%	85%	88%	91%	82%	86%	89%	93%	1%	1%	1%	2%
	Transitions of Care - Patient Engagement	TRCE	44%	56%	69%	79%	39%	56%	69%	80%	-5%	0%	0%	1%
	Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	FMCOVER	50%	59%	67%	78%	55%	64%	72%	83%	5%	5%	5%	5%
Part D	Medication Adherence for Diabetes Medication	PDCD	83%	86%	89%	92%	86%	89%	91%	93%	3%	3%	2%	1%
	Medication Adherence for Hypertension (RAS Antagonists)	PDCA	84%	88%	91%	93%	84%	88%	90%	93%	0%	0%	-1%	0%
	Medication Adherence for Cholesterol (Statins)	PDCS	84%	88%	90%	93%	84%	88%	90%	93%	0%	0%	0%	0%
	Statin Use in Persons with Diabetes	SUPD	81%	85%	89%	93%	83%	87%	90%	94%	2%	2%	1%	1%

Increase in Benchmark

Decrease in Benchmark

We heal and inspire the human spirit.

To: IEHP OB/GYN Providers
From: IEHP – Provider Relations
Date: October 1, 2026
Subject: **2026 Cervical Cancer Screening Outreach Campaign – Sign Up Today!**

We are offering OB/GYN providers the opportunity to contact IEHP members in their area who require a cervical cancer screening as part of their preventive care services. If you decide to participate, you will receive member contact information to facilitate outreach and appointment scheduling.

Expectations for participating OB/GYN providers:

- ✓ **Outreach to Members**: Utilize the member list provided by IEHP solely for this outreach initiative; these lists may not be used for any other purpose.
- ✓ **Schedule Appointments:** Arrange member appointments for cervical cancer screenings to be completed by December 31, 2026.
- ✓ **Perform the Screening:** Conduct the screening and send the appropriate specimen to the lab for processing

The IEHP Cervical Cancer Screening Quality Measure adheres to the current recommendations from the US Preventive Services Taskforce and ACOG for cervical cancer screening in patients at normal risk:

Population	Recommendation
Ages 21 to 29 Years	Screen every 3 years with cervical cytology alone
Ages 30 to 65 Years	Screen every 3 years with cervical cytology alone, OR Screen every 5 years with high-risk human papillomavirus (hrHPV) testing alone, OR Screen every 5 years with co-testing (hrHPV and cytology)

Interested in participating in the 2026 Cervical Cancer Screening Outreach campaign? **Scan the QR code to sign up today!**

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org or IEHP's Quality team at QualityPrograms@iehp.org.

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices

We heal and inspire the human spirit.

To: Vision Providers
From: IEHP – Provider Relations
Date: October 1, 2026
Subject: **2026 Diabetic Eye Exam Outreach Campaign – Sign Up Today!**

IEHP members who have diabetes require a retinal eye exam and we would like to partner with your practice to provide these essential services. Vision providers who choose to participate in the 2026 Vision Outreach campaign will receive monthly contact information for qualifying members residing in your immediate area.

Expectations for participating Vision providers:

- ✓ **Outreach to Members**: Utilize the member list provided by IEHP solely for this outreach initiative; these lists may not be used for any other purpose.
- ✓ **Schedule Appointments:** Arrange member appointments for diabetic retinal eye exams to be completed by December 31, 2026.
- ✓ **Submit Visit Encounter**: Include coding for examination results through the standard claims process.
- ✓ **Report Findings:** Submit examination results to the member's Primary Care Provider.

Please note that IEHP no longer offers a member incentive for this examination.

Interested in participating in the 2026 Diabetic Eye Exam Outreach Campaign?

Scan the QR code below to sign up today!

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org or email IEHP's Quality team at QualityPrograms@iehp.org.

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices

We heal and inspire the human spirit.

To: Provider Network & IPAs

From: IEHP – Provider Communication

Date: October 1, 2026

Subject: **DHCS UIS FFS Transition Member Text Message Campaign**

The Department of Health Care Services (DHCS) will begin notifying applicable Medi-Cal members by text message about an upcoming change to their Medi-Cal coverage, **effective January 1, 2027**. The campaign is intended to inform members identified with Unsatisfactory Immigration Status (UIS) that they will transition from Medi-Cal managed care to Medi-Cal Fee-for-Service (FFS) delivery system.

Please see information below regarding the **DHCS UIS FFS Transition Text Message Campaign**.

- **Purpose:** Alert Medi-Cal members with Unsatisfactory Immigration Status (UIS) that they will move from managed care into Medi-Cal Fee-for-Service on January 1, 2027, and reassure them they will not lose Medi-Cal.

- **Approach:**
  - Members will receive either Message A or Message B (see below). This allows DHCS to test two versions of the text message, compare their effectiveness by tracking performance metrics such as delivery, click-through rates, and opt-outs, and determine which message is easier for members to understand and act on.
  - This approach allows DHCS to strengthen effectiveness and ensure the clearest member communication.
  - Message will be sent in the preferred language identified in the member's MEDS record.
  - Message will be sent to all Medi-Cal members identified with Unsatisfactory Immigration Status (UIS).
  - DHCS Text Messaging will begin in October with a tentative target of October 1.

- **Text Messages:**

Message A

Medi-Cal update: Starting Jan 1, you will not be in a Medi-Cal health plan anymore, but you will NOT lose Medi-Cal. Learn what to do: https://www.dhcs.ca.gov/medi-cal/updates/fee-for-service-transition/.

Message B

Medi-Cal update: Starting Jan 1, your coverage is changing, don't worry you are NOT losing your Medi-Cal. Learn more: https://www.dhcs.ca.gov/medi-cal/updates/fee-for-service-transition/

Additional Unsatisfactory Immigration Status (UIS) resources can be found at: www.providerservices.iehp.org > Resources > Resources for Providers > Medi-Cal Renewal Process. More updates to come shortly regarding the transition of UIS patients to Medi-Cal FFS and how you can support patients in their continuing care. **If you aren't already enrolled as a Medi-Cal FFS provider, please consider enrolling today through PAVE: https://www.dhcs.ca.gov/providers-partners/provider-application-and-validation-for-enrollment/**

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices

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:

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.

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.

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 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

*CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.*

PROVIDER BRIEF / 2026 CAHPS®

Every interaction counts

Patients rate their experience—not just the care documented. Your practice shapes access, communication and coordination.



CONNECT PATIENTS TO CARE

Order tests and treatment promptly. Verify coverage and network status. Follow up on referrals and specialist visits.

IMPROVE TIMELY ACCESS

Hold same-day urgent slots, offer telehealth and explain delays. Direct patients to urgent or emergency care as appropriate.

LISTEN, EXPLAIN & INVOLVE

Listen closely, involve patients in decisions, and explain results and next steps in plain language.

ALIGN YOUR OFFICE TEAM

Set team expectations: respectful check-in, prompt callbacks and clear scheduling options.

Before patients leave confirm next steps and who to contact.

Sources: Overall CAHPS Focused Interventions (slide 5); 2026 CAHPS Provider Insights Flyer, pp. 1–2.

Provider Bulletin

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

September 24, 2026

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Immunization requirements – APL 26-015

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 Department of Health Care Services (DHCS) All Plan Letter (APL) 26-015, which can be found in full on the DHCS website. The guidance supersedes APL 24-008 and clarifies provider requirements related to immunization services.

What you need to know:

DHCS issued APL 26-015 to clarify immunization requirements and vaccine coverage for Medi-Cal managed care members. The APL reinforces requirements related to vaccine coverage, access, administration, and reporting, and supports timely access to recommended childhood, adolescent, and adult immunizations.

POLICY

Providers must ensure members have timely access to immunizations recommended by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), California Department of Public Health (CDPH), and other applicable clinical guidelines. Preventive immunization services given by Molina contracted providers are not subject to prior authorization. Providers are responsible for assessing and documenting immunization needs during routine visits and reporting administered vaccines to the California Immunization Registry (CAIR) or other applicable immunization registry within 14 calendar days.

Additional key requirements can be found on Page 2 of this bulletin.

When this is happening:

APL 26-015 was issued on July 14, 2026, and is effective immediately.

Provider action

Providers should:

- Assess and document members' immunization needs during routine health visits.
- Ensure timely access to medically necessary vaccines.
- Contracted providers do not require prior authorization for recommended preventive immunizations.
- Report administered vaccines to the applicable immunization registry within 14 calendar days.

What if you need assistance?

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

KEY REQUIREMENTS

- Molina is required to cover a wide range of preventive services and screenings including immunizations and preventative care services
- As part of the Inflation Reduction Act, Molina is required to cover Medicaid and CHIP members for all FDA-approved adult vaccines recommended by ACIP and their administration
- Children under age 21 will continue to be eligible for any vaccine that is on the CDC/ACIP pediatric immunization schedule or is recommended by a Provider, or approved by the California Department of Public Health (CDPH)
- COVID-19 vaccinations and vaccine administration are carved out for Molina and covered through Medi-Cal Fee-For-Service (FFS) for medical and pharmacy claims.
- Prior Authorization requirements are not to be applied to certain services, including preventive services
- For Members under age 21, other vaccines and vaccine administration are covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Molina is expected to have Utilization Management policies and processes in place to evaluate, authorize, and make available Medically Necessary vaccines for off label uses in a timely manner to reduce barriers and avoid delays.
- Pharmacists are authorized to administer drugs and biological products that have been ordered by a prescriber.
- Medi-Cal does not reimburse individual pharmacists directly but reimburses the Medi-Cal enrolled pharmacy Provider where the claim is submitted
- Vaccines are available to Medi-Cal members younger than 19 years of age free of charge through the federal Vaccines for Children (VFC) Program.
- Molina will allow all Members to access Local Health Departments (LHDs) for immunizations and for Molina to reimburse LHDs for the administration fee
- Molina is responsible for ensuring that their Subcontractors, Downstream Subcontractors, and Network Providers comply with all applicable federal and state laws and regulations

Provider Bulletin

Molina Healthcare of California

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

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September 24, 2026

Preparing for DHCS Risk Stratification, Segmentation and Tiering (RSST)

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 is preparing for the implementation of the Department of Health Care Services (DHCS) Risk Stratification, Segmentation, and Tiering (RSST) approach, a key component of California's Population Health Management (PHM) strategy. Beginning **January 1, 2027**, Managed Care Plans will be required to incorporate DHCS-generated RSST risk tiers available through Medi-Cal Connect into population health and care management activities.

What is RSST?

RSST is a statewide, data-driven methodology developed by DHCS to help identify Medi-Cal members who may be at increased risk for poor health outcomes, gaps in care, or unmet medical, behavioral health, or social needs. The goal is to support earlier outreach and intervention so members can be connected to services before issues become more serious. Molina is also committed to ensuring that each of our members receive the right level of care based on their risk level and will aim to maintain this commitment.

Using information available through Medi-Cal Connect, members are assigned a risk tier that helps Managed Care Plans prioritize outreach and engagement efforts. The approach is intended to create greater consistency across California while supporting health equity and improving access to needed services.

Provider action

What this means for providers

Providers may see increased collaboration with Molina care management and Population Health teams for members identified as having elevated levels of risk. This may include discussions related to care coordination, engagement strategies, referrals, and connections to available services and programs.

Programs that may be supported through RSST-informed outreach include:

- Care Management
- Enhanced Care Management (ECM)
- Community Supports
- Transitional Care Services (TCS)
- Long-Term Services and Supports (LTSS)
- Maternal, pediatric, and adult population health programs

Molina's goal is to use RSST to strengthen coordination and support for members while continuing to partner closely with providers who know their patients best.

What is not changing

Providers should continue to care for patients and make referrals as they do today. Existing referral pathways, care management processes, and provider-provider coordination remain in place. RSST is intended to enhance Molina's ability to identify and support members who may need additional assistance; it is not intended to replace provider assessment, clinical decision-making, or existing standards of care.

Molina's approach

As DHCS rolls out RSST statewide, Molina will incorporate the DHCS risk tiers into our existing Population Health Management processes and care management workflows. The RSST risk tier will help inform member outreach, engagement, care planning, and connection to services.

At the same time, Molina recognizes that providers often have the most current understanding of a member's health status, needs, and circumstances. While RSST will provide an important starting point, Molina will continue to consider provider input, clinical information, assessments, referrals, and other available data when determining appropriate interventions and support services. Clinical judgment remains essential and will continue to be an important part of how members are assessed and supported.

Looking ahead

Over the coming months, Molina will continue building the systems, workflows, and operational processes necessary to support RSST implementation. We will provide additional updates as information becomes available and will share any future provider-facing processes or resources that may help support our shared members. We appreciate your partnership and ongoing commitment to improving health outcomes for Medi-Cal members across California. Together, we can continue advancing a proactive, whole-person approach to care that identifies needs earlier, improves care coordination, and helps connect members to the services and supports they need.

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/providers/ca

October 1, 2026

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Q4 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, November 18, 2026, 12:00 PM - 1:00 PM PDT

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.

- Monday, November 9, 2026, 10:30 AM – 12:30 PM PT
- Tuesday, November 10, 2026, 10:30 AM – 12:30 PM PT
- Wednesday, November 11, 2026, 10:30 AM – 12:30 PM PT
- Thursday, November 12, 2026, 10:30 AM – 12:30 PM PT

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, December 17, 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, October 14, 2026, 12:00 PM - 1:00 PM PDT
- Wednesday, November 11, 2026, 12:00 PM - 1:00 PM PST
- Wednesday, December 9, 2026, 12:00 PM - 1:00 PM PST

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 October, November and December.

- 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/education-training

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	Clemente Arias Velma Castillo Sandra Flores Elias Gomez	562-233-1753 626-721-3089 562-266-6011 562-723-9760	Clemente.Arias@molinahealthcare.com Velma.Castillo@molinahealthcare.com Sandra.Flores1@molinahealthcare.com Elias.Gomez@molinahealthcare.com
Orange	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento	Johonna Eshalomi Angelina Gudino	916-268-1418 562-459-0762	Johonna.Eshalomi@molinahealthcare.com Angelina.Gudino@molinahealthcare.com
Inland Empire/Imperial	Cynthia Bustamante Luana McIver	619-693-0404 909-454-4247	Cynthia.Bustamante@molinahealthcare.com Luana.Mciver@molinahealthcare.com
San Diego	Christian Hernandez	619-669-3307	Christian.Hernandez@molinahealthcare.com
Behavioral Health	**Representative**	**Contact Number**	**Email Address**
Behavioral Health	Patricia Melendez Vanessa Lomeli	951-447-7585 909-419-3026	Patricia.Melendez@molinahealthcare.com Vanessa.Lomeli2@molinahealthcare.com
California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	**Facility Representative**	**Contact Number**	**Email Address**
Riverside, San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com
Imperial, Los Angeles, Sacramento	Valerie Chaney	714-305-9008	Valerie.Chaney@molinahealthcare.com
San Diego	Brittney Aguilar	916-216-9882	Brittney.Aguilar@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.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

L.A. Care HEALTH PLAN®

Resources for Quality Care

RESOURCE NAME	DESCRIPTION	CONTACT INFO
Provider Financial Opportunities & Support	**Physician Pay-for-Performance (P4P) Program** - Offers performance-based incentives to qualified physicians and Community Clinics that provide high-quality preventive and chronic care to L.A. Care members **Prop 56 Funds** - Tax revenue allocated to 5 health programs. **Elevating the Safety Net** - Initiative to address the physician shortage in Los Angeles County that includes: • Provider Recruitment Program (up to $125,000 per provider) • Provider Loan Repayment Program (up to $5,000 per month for 36 months) • IHSS + Home Care Training Program	Incentive_Ops@lacare.org Be connected with the appropriate team for any question on Prop 56 funds **HERE** Find the right team to contact online at **www.lacare.org/elevate-providers**
Online Provider Portal	Create an account on the **L.A. Care Online Provider Portal** and look up eligibility and claim status, download reports and find important forms.	ProviderRelations@lacare.org
Patient Education	**Health Education Materials and Services** - Order free health education materials and refer patients to free health education services via the online referral form.	HealthEd_Info_Mailbox@lacare.org
Performance Resources	**HEDIS Resources** - Learn more about providing the best quality care and how to properly submit coded data with these FREE HEDIS reference guides. **Cozeva** - Better monitor and take action on performance gaps with this free reporting and analytics platform. **Provider Opportunity Reports**- Solo and Small Group Providers and Contracted IPAs can download these and other reports from the provider portal. **Make an account online by clicking here.** Clinics (i.e.: Federally Qualified Health Centers (FQHCs) and FQHC-Lookalikes) and Plan Partner-only IPAs do not have access to reports on the provider portal and can request them.	HEDISOps@lacare.org lacare@cozeva.com Incentive_Ops@lacare.org
Community Resources	**L.A. Care Community Link** - A tool for addressing the Social Determinants of Health. It is a site where you can search for help with free or low-cost food, bills, job training, legal aid, and more.	

CLICK THE RESOURCE DESCRIPTION TO BE DIRECTED TO THAT WEBPAGE.

L.A. Care HEALTH PLAN®

Resources for Quality Care

RESOURCE NAME	RESOURCE DESCRIPTIONS	LINK
Provider and Staff Training and Education	**Quality Improvement Webinar Training Series** - Ongoing series of webinars covering a wide range of quality improvement topics.	Quality@lacare.org
	Patient Experience Training Series - Customer service and patient experience training program provided by Sullivan-Luallin Group. Webinar series includes sessions for providers, managers, and staff.	Quality@lacare.org
	Provider Continuing Education Program - Accredited educational program consisting of Continuing Medical Education activities.	ProviderContinuingEducation_ Mailbox@lacare.org
	Cultural and Linguistic Training - Workshops available online for network providers.	CulturalandLinguisticServices_ Mailbox@lacare.org
Guidelines, Toolkits, Forms and Tips	**Preventive Health Guideline Brochures** - Available for free for providers and their offices.	Quality@lacare.org
	Clinical Practice Guidelines - Evidence based guidelines available to providers for use on various medical and behavioral conditions.	Quality@lacare.org
	Provider Toolkits - Over a dozen free toolkits for providers on topics ranging from medical and behavioral health to serving diverse populations.	Quality@lacare.org
	Patient Satisfaction Tips - Tips to help you increase patient satisfaction and maximize financial payout.	Quality@lacare.org
	Forms and Manuals - One-stop shop for L.A. Care provider manuals and commonly used forms.	Quality@lacare.org
	Cultural and Linguistic Resources - C&L toolkit, language poster, member language brochure, telephonic interpreting card. **Order through the L.A. Care Materials Portal**.	CulturalandLinguisticServices_ Mailbox@lacare.org
Pharmacy Services	**L.A. Care's Pharmacy Services** offers several resources and guidelines to assist you with prescribing medications to our members. There is a list of covered drugs, outlined steps to improve medication adherence and prescription drug prior authorizations.	L.A. Care Customer Solutions Center Provider Unit: **1.866.522.2736**
Provider News and Advisories	**Stay up-to-date** with the latest information about policy and regulatory changes, education and training opportunities, as well as updates on clinical best practices in a bi-monthly email newsletter and quarterly print newsletter.	Click here to subscribe online.

Not sure who to contact?
Fill out this online form to be directed to the right department:
www.lacare.org/providers/provider-resources/tools-toolkits/hedis-resources/contact-us

1.866.522.2736

LA3604 06/23

Medicare changes telehealth billing requirements for RHCs and FQHCs

Update from the California Medical Association

July 14, 2026

WHAT YOU NEED TO KNOW: Beginning October 1, 2026, rural health clinics and federally qualified health centers must bill Medicare for distant-site telehealth services using the individual CPT or HCPCS code that describes the service rather than HCPCS code G2025. Practices should alert billing staff and prepare their systems for the change.

The Centers for Medicare & Medicaid Services (CMS) has issued new billing instructions for rural health clinics (RHCs) and federally qualified health centers (FQHCs) that provide Medicare distant-site telehealth services.

For dates of service on or after October 1, 2026, RHCs and FQHCs must report the individual CPT or HCPCS code that describes the telehealth service provided instead of HCPCS code G2025. CMS publishes the eligible telehealth service codes annually through the Medicare Physician Fee Schedule rulemaking process.

RHCs and FQHCs must also report the appropriate revenue code and one of the following modifiers:

- Modifier 93: Synchronous telemedicine service provided through telephone or another real-time interactive audio-only telecommunications system
- Modifier 95: Synchronous telemedicine service provided through a real-time interactive audio and video telecommunications system

RHCs and FQHCs may continue using HCPCS code G2025 for covered nonbehavioral health distant-site telehealth services provided through

September 30, 2026. Beginning with dates of service on or after October 1, 2026, they must bill the individual CPT or HCPCS code that describes the telehealth service provided, along with the appropriate modifier and revenue code.

RHCs and FQHCs should review the CMS guidance and work with billing staff and vendors before the effective date to ensure systems are prepared to report individual service codes, appropriate revenue codes and the required telehealth modifier.

For More Information

- Medicare Learning Network: **MM14468 - Rural Health Clinics & Federally Qualified Health Centers: Billing Distant Site Telehealth Services**
- Noridian: **Article Detail - JE Part A - Noridian**

https://www.cmadocs.org/newsroom/news/view/medicare-changes-telehealth-billing-requirements-for-rhcs-and-fqhcs