



# Provider Newsletter

For Molina Healthcare of Florida, Inc. providers

Fourth quarter 2025

## In this issue

- 1** Best practices for PSR & TCM services
- 2** Enhanced coverage for SBIRT services for Molina Medicaid members in ER settings
- 2** Increased pregnancy incentive notification
- 3** Utilization Management (UM) turnaround time for prior authorization
- 4** Utilization Management letters available digitally
- 5** Care Connections
- 7** 2025-2026 flu season
- 8** Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program
- 9** Molina's Special Investigation Unit partnering with you to prevent fraud, waste and abuse
- 10** Clinical Policy



## Best practices for successful approval and billing of psychosocial rehabilitation and mental health targeted case management (PSR & TCM) services

### Reminder for Providers regarding PSR and TCM services.

- 1.** Retro service request dates
  - All services must be pre-approved prior to the member starting services.
  - Molina requires at least four (4) business days from submission date to date of service (DOS) start.
  - Submitting retro requests increases the risk of denials.
- 2.** Approved timeframe, amount and frequency
  - Units are authorized for a specific timeframe aligned to member needs.
  - Avoid requesting additional units early unless supported by clear clinical documentation demonstrating justification for additional units.
  - Avoid “cookie-cutter” resubmissions across all members—this can trigger a fraud, waste or abuse investigation and service denials.
- 3.** Initial requests: Required documentation
  - Current medications (with dosages and prescriber details)
  - Recent psychiatric evaluation (date, provider, key findings)
  - History of diagnosis/functional impairment (confirm SMI, hospitalizations, functional challenges)
  - Current needs (functioning, natural supports, risk factors, resource needs)
  - Individualized goals and objectives (measurable, tied to diagnosis and symptoms)
  - Previous treatment history (outpatient, inpatient and why prior interventions were insufficient)
- 4.** Provider tips for success
  - Submitting complete, member-specific documentation the first time reduces back and forth, improves approval speed and ensures your billing flows smoothly.
  - Remember: Successful discharges reflect your effectiveness, demonstrate quality care and empower members to thrive in the least restrictive environment.

Questions? Call Molina Healthcare of Florida Provider Services at **(855) 322-4076**.

# Enhanced coverage for SBIRT services for Molina Medicaid members in ER settings

In our continuing effort to partner with our providers on delivering quality care, Molina Healthcare of Florida, Inc. will reimburse screening, referral, intervention, referral and treatment (SBIRT) services in emergency departments (Place Service 23) at enhanced rates for Medicaid members, effective July 1, 2025. This initiative supports early identification and intervention for substance use disorders. The following provider types and codes can now be delivered and reimbursed for SBIRT services at enhanced rates:

## Provider types

25- M.D.; 26- D.O.; 29- PA; 30- APRN

## SBIRT codes/rates

H0049: Alcohol and/or drug screening: \$50 H0050: Alcohol and/or drug screening, brief intervention, 15 minutes: \$50

## Resources

AHCA: [Guide to Utilizing the Screening, Brief Intervention and Referral to Treatment Model for Medicaid Practitioners | Florida Agency for Health Care Administration](#)

SAMHSA: [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) | SAMHSA](#)

Molina also offers providers free training via PsychHub; look for the series on Substance Use Treatment. See our “Learning More About Mental Health” banner on the Molina provider homepage at Florida Providers Home.

# Increased pregnancy notification incentive

Molina values the time and effort providers put into completing pregnancy notification forms. As such, Molina has increased the provider incentive for pregnancy notification via the **Pregnancy Notification Form Incentive Program** to **\$50.00** for every form received.

Early identification of a pregnant member is key in engaging members for appropriate prenatal care, healthy birth outcomes and mitigating the risk of pregnancy complications.

The criteria for participation in this program are as follows:

- Eligible Providers - PCPs and OBGYNs
- Submit the form within **five (5) days** of the member’s first office visit
- Complete the form with the member’s current contact information
- The member’s expected baby due date must be clearly stated on the form
- Use the most current Pregnancy Notification Form: [MolinaHealthcare.com/providers/fl/medicaid/forms/fuf.aspx](https://MolinaHealthcare.com/providers/fl/medicaid/forms/fuf.aspx)

Please complete and return the form to Molina Healthcare at

Fax: **(239) 236-8409**

Email: [MFLBaby@MolinaHealthcare.com](mailto:MFLBaby@MolinaHealthcare.com)



## Utilization Management (UM) turnaround time for prior authorization

As part of the CMS-0057 Final Rule on Interoperability and Prior Authorization, new federal requirements for standard requests will take effect on **January 1, 2026**. This will impact how quickly Molina Healthcare, Inc. must respond to prior authorization requests. Specifically, **standard requests must be processed within seven (7) calendar days**. These changes are designed to improve transparency, reduce administrative burden and ensure timely patient care access. To support timely and compliant processing, **providers are strongly encouraged to review their processes and ensure all required clinical documentation is submitted at the time of request**. Submitting complete information helps avoid delays and ensures patients receive timely access to care. In addition, CMS-0057 introduces new application programming interfaces (APIs) to enhance access to prior authorization details. We encourage providers to stay informed and participate in upcoming education sessions to support a smooth transition and avoid delays.



## Utilization Management letters available digitally

Utilization Management (UM) letters are now available on Availity Essentials! This initiative supports an environmentally friendly approach by reducing paper usage and aligning with modern digital standards. Providers will not have to do anything, but you will now have quicker access to decisions. This will improve your experience and transparency across the board. Please note that this is only available for Availity authorizations.

## Exciting enhancements to Availity Essentials

Molina is making it easier for providers to do business with us by streamlining processes and improving communication through Availity. Recent updates include larger file upload limits with faster transmission times, real-time digital notifications, a simplified authorization interface and expanded auto-authorization with more CPT codes. We are also sunsetting the legacy authorization portal to create a more seamless, integrated experience. Together, these enhancements not only reduce administrative burden and improve response time but also set the stage for upcoming Utilization Management changes. By aligning technology upgrades with federal requirements, Molina is supporting providers with the tools needed to deliver more efficient care while focusing on what matters most—caring for patients.

# Care Connections

## What is Care Connections?

Care Connections, a subsidiary of Molina, extends care beyond clinics by offering in-home and telehealth visits through a dedicated team of Molina-employed nurse practitioners and social workers. Our services complement your care by supporting preventive screenings, chronic disease management, medication reviews and behavioral health assessments. For 2025, we have completed more than 250,000 visits across 22 states.

Care Connections partners with you to keep your patients engaged, supported and empowered—without adding to your workload. We have strengthened the member-primary care provider (PCP) relationship and facilitated continuity of care. **Visits are provided at no cost to the member and do not impact your services or billing.**

## How we support your practice

We support all lines of business by engaging members and reinforcing their connection to their care providers. Our clinical professionals:

- Conduct a variety of visits, such as annual preventive and post-discharge visits
- Provide preventive education and health screenings for both in-home and telehealth visits
- Assess social determinants of health (SDOH) and connect members to resources
- Help members maintain or establish a relationship with their PCP
- Identify and close gaps in care
- Encourage timely PCP follow-up

## What takes place during a visit?

For adults (18+):

- Vital signs, diabetic testing, colorectal and bone density screenings (if appropriate)
- Medication review and reconciliation
- Case management referrals and escalations

For pediatrics (<18):

- Vital signs, age-appropriate screenings, fluoride varnish and preventive education
- Case management referrals and escalations

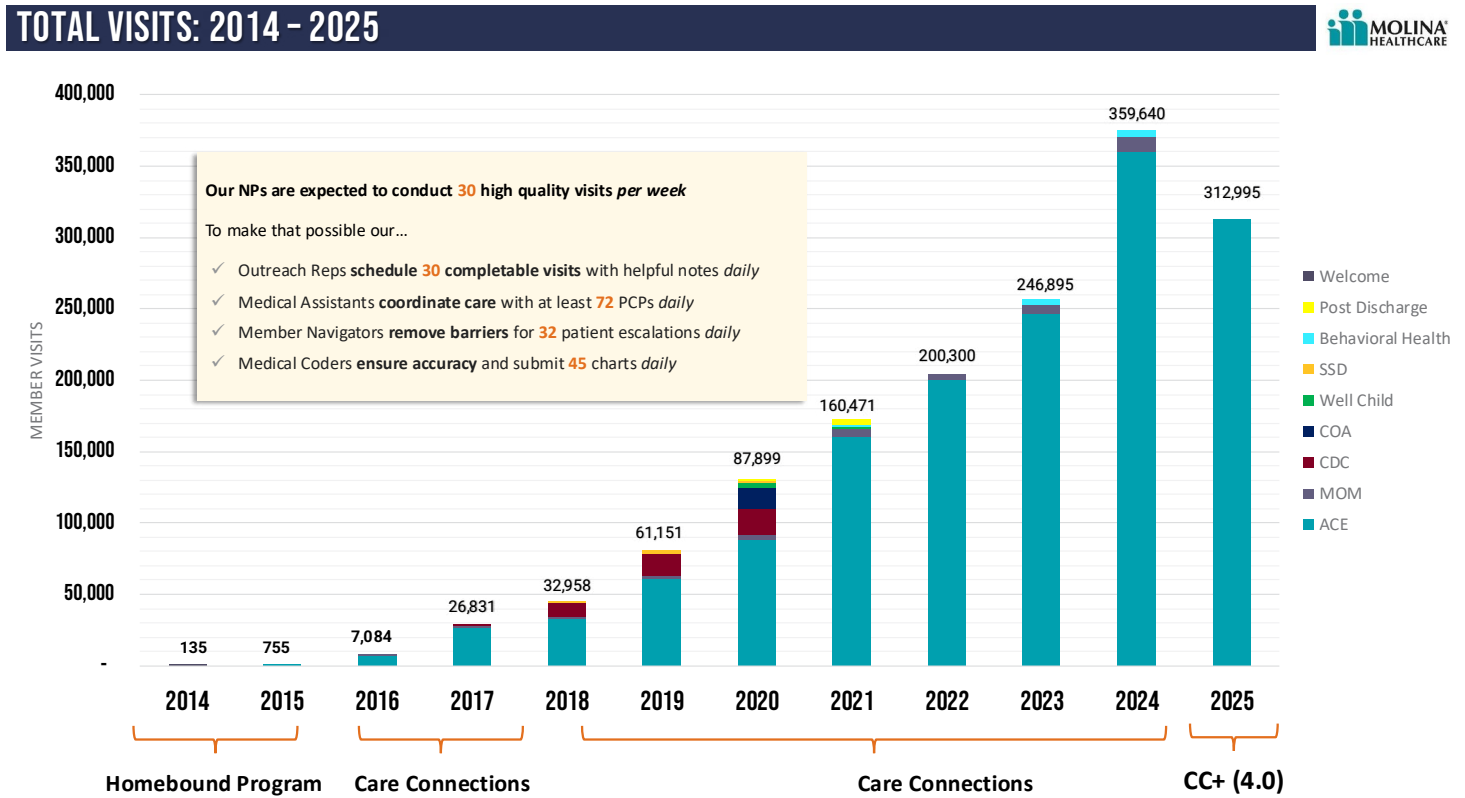


# Care Connections (continued)

## How can I access electronic records?

Care Connections visit records are available through EpicCare Link—a HIPAA-secure web portal provided by Molina at [CCLink.MolinaHealthcare.com](https://CCLink.MolinaHealthcare.com).

For support with EpicCare Link, call **(844) 847-9954** and follow the prompts or email [ClinicalSupport@MolinaHealthcare.com](mailto:ClinicalSupport@MolinaHealthcare.com).



## 2025–2026 flu season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend routine annual influenza vaccination for all individuals aged six months and older without contraindications. Immunization remains the primary preventive measure against influenza and its complications.

This season, ACIP emphasizes using single-dose influenza vaccines free of thimerosal preservative for all children 18 years and younger, pregnant women and adults. Multi-dose thimerosal vials are no longer recommended, aligning with updated safety practices.

Vaccine formulations for 2025–2026 will primarily be trivalent, including updated strains for better protection, notably a new A(H3N2) virus component. Both egg-based and cell- or recombinant-based vaccines are available to accommodate different patient needs.

High-dose, adjuvanted or recombinant influenza vaccines are preferentially recommended for adults aged 65 years and older, reflecting evidence of improved immune response in this population. For individuals younger than 65 without specific risk factors, any age-appropriate vaccine may be used. The live attenuated influenza vaccine (LAIV) remains an option for healthy non-pregnant persons aged two through 49 years, but is contraindicated in pregnancy and some medical conditions.

Timing of vaccination is ideally in September or October to maximize protection before the influenza season peaks; however, vaccinations may be administered throughout the season while the virus circulates. Exceptions include avoiding vaccination in July or August for older adults and pregnant women in early trimesters unless there is concern about access later in the season.

Key administration updates include expanded permissions for FluMist<sup>®</sup>, which allow self-administration for adults and administration by caregivers to children aged 2–17, facilitating easier vaccine access.

Prescribers should remain vigilant to contraindications, ensure appropriate dosing by age and educate patients on the importance of influenza vaccination even when circulating virus levels appear low. Vaccination in pregnant persons is strongly recommended at any trimester with inactivated vaccines, supporting maternal and infant health.

Molina will cover all FDA-approved administered flu vaccines during the 2025–2026 flu season.

- 1. 2025–2026 flu season. (2025, August 6). Influenza (Flu)**
- 2. ACIP Recommendations Summary. (2025, August 28). Influenza (Flu)**
3. FluMist (influenza virus vaccine [live/attenuated]) [prescribing information]. Gaithersburg, MD: MedImmune LLC; August 2025.
4. American Academy of Pediatrics, Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2025–2026: policy statement. Pediatrics. Published online July 28, 2025. doi:10.1542/peds.2025-073620
- 5. Miller, A. (n.d.). CDC publishes 2025–2026 US flu vaccination recommendations**





## Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children and youth under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services to optimize their health and development throughout childhood.

Molina must provide comprehensive services and furnish all appropriate and medically necessary services needed to correct or ameliorate health conditions, based on certain federal guidelines. Each state may adopt additional guidance for EPSDT and determine what services fall under EPSDT special services. EPSDT is made up of screening, diagnostic and treatment services. All providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and that age-appropriate immunizations are needed.
- Provide or arrange for screening and other required preventive services for all children.
- Arrange (directly or through referral) for additional treatment as determined by child health screenings.

As a provider, you must adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Additional information and training regarding Molina's EPSDT program is available in our Provider Manual at [MolinaHealthcare.com/providers/fl/medicaid/manual/medical.aspx](https://MolinaHealthcare.com/providers/fl/medicaid/manual/medical.aspx).

# Molina's Special Investigation Unit partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates that at least three percent of the nation's health care costs, amounting to tens of billions of dollars, are lost to fraud, waste and abuse. That money would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Like others in our industry, Molina must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid and Marketplace funds.

## You and the SIU

The SIU utilizes leading data analytics software to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 2,200 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases to identify and track fraud, waste and abuse. Our system allows us to track provider compliance with correct coding, billing and the provider contractual agreement.

As a result, providers may receive a notice from SIU by random selection if they have been identified as having outliers that require additional review. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other support documentation. Should you have questions, please contact your Provider Relations representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina vice president who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work. We hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste and abuse, contact the Molina AlertLine toll-free at **(866) 606-3889**, 24 hours a day, 7 days a week. You can also use the website to make a report at any time at [MolinaHealthcare.Alertline.com](https://MolinaHealthcare.Alertline.com).

## Clinical Policy

Molina Clinical Policies (MCPs) can be found at [MolinaClinicalPolicy.com](https://www.molinaclinicalpolicy.com). The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. The Molina Clinical Policy Committee reviews MCPs annually and approves them bimonthly.

## Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com/providers/fl/medicaid/manual/medical.aspx](https://www.molinahealthcare.com/providers/fl/medicaid/manual/medical.aspx).