HHS Annual Provider Training

Elizabeth Erickson

Provider Relations Representative
Elizabeth.Erickson@MolinaHealthcare.com
Molina Healthcare of Iowa, Inc.

Virtual 10/14/2025

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Topics of Discussion

- Contracting & Credentialing
- Medicare Advantage D-SNP
- Operations Updates
- Utilization Management Updates
- Pharmacy Updates
- Value Based Programming
- Quality
- Community Engagement
- Molina Partners
- Access to Health & Wellness
- New Provider Support
- Provider Escalation
- Provider Relations Rep Map

Credentialing/Recredentialing Updates & Reminders

Migration to V12

- Integrated platform to increase accuracy and efficiency
- Automated interface to import data previously populated manually
- Uses Provider Trust for sanctions/exclusions checks and credentials

Recredentialing

- Beginning our first recredentialing cycle
- Required every 3 years
- Molina Credentialing will reach out approximately 6 months in advance

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Credentialing/Recredentialing Updates & Reminders

CAQH Reminders

Reminders and Contacts

Prior to enrolling with Molina Healthcare, providers and facilities must be enrolled and active with Iowa Medicaid. To enroll, visit:

[HHS Provider Enrollment Application](#)

Once enrolled with Iowa Medicaid, you must enroll with each MCO. To initiate the contracting process with Molina Healthcare of Iowa, send a W9, along with the [contract request form](#), to: IAProviderContracts@MolinaHealthcare.com

For provider demographic changes, including address changes and roster updates:

ProviderRostersIA@MolinaHealthcare.com

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Medicare Advantage D-SNP

Molina Healthcare of Iowa has announced an exciting expansion of its services. Beginning **January 1, 2026**, we will offer **Medicare Advantage Dual Special Needs Population (D-SNP)** products in 86 counties!

Key dates to remember:

- **Open enrollment:** The open enrollment period for this new Medicare Advantage D-SNP offering will commence in October 2025. During this period, eligible residents can sign up for the new plans and ensure they have coverage starting in 2026.

- **Provider training:** To ensure that health care providers are prepared for this transition, Molina Iowa will initiate training programs in the Fall of 2025. These sessions will equip providers with the necessary knowledge and tools to manage and support the new Medicare plans effectively.

Stay tuned for more updates and information as the launch date draws nearer and take advantage of the opportunities that this new Medicare Advantage D-SNP offering will bring.
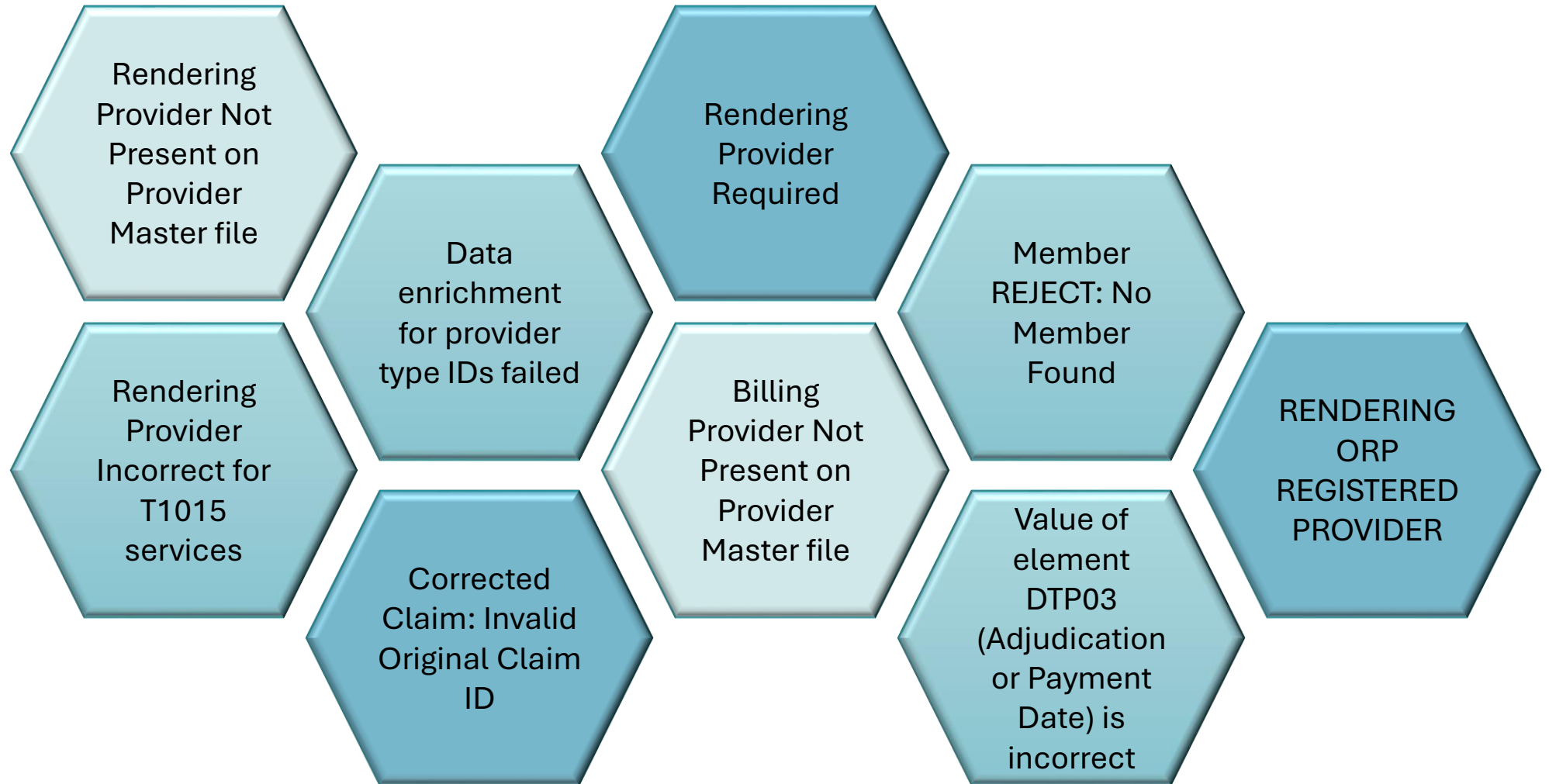
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Claims Updates & Reminders

➢ Providers should promptly submit to Molina Claims for Covered Services rendered to Members.
➢ All Claims shall be submitted in a form acceptable to & approved by Molina
➢ This should include all medical records pertaining to the Claim if requested by Molina or otherwise required by Molina's policies and procedures
➢ Claims that are not submitted to Molina within these timelines shall not be eligible for payment & Provider hereby waives any right to payment
➢ Need for providers to submit primary EOBs
➢ Duplicate claim denials – corrected claims must be billed with frequency code 7 to avoid duplicate denials

Top Denial Edits:

Claim Edit Message	Claim Count
Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).	45,052
Duplicate Mem/DOS/Srvc Code/Mod/Rendering Phys	26,892
Precertification/authorization/notification/pre-treatment absent.	25,416
This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.	21,810
Claim Line Submission Window Exceeded	16,919
Pend claim if COB is 0 on secondary enrollment claim	7,162
Invalid Medicare Action Code	5,658
Missing/incomplete/invalid diagnosis or condition.	4,365
This provider was not certified/eligible to be paid for this procedure/service on this date of service.	4,322
	223,520

Claims Rejections

The TOP claim rejections our team sees:

Rendering Provider Not Present on Provider Master file

Data enrichment for provider type IDs failed

Rendering Provider Required

Member REJECT: No Member Found

Rendering Provider Incorrect for T1015 services

Corrected Claim: Invalid Original Claim ID

Billing Provider Not Present on Provider Master file

Value of element DTP03 (Adjudication or Payment Date) is incorrect

RENDERING ORP REGISTERED PROVIDER

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Appeals Process & Timeline

Appeals may be submitted orally or in writing by a Member, a Provider acting on behalf of the Member, or a Member's Authorized Representative.

> **Member Appeals may be submitted via the following methods:**
>
> **Email:** IowaMemberAppealsGrievances@MolinaHealthcare.com
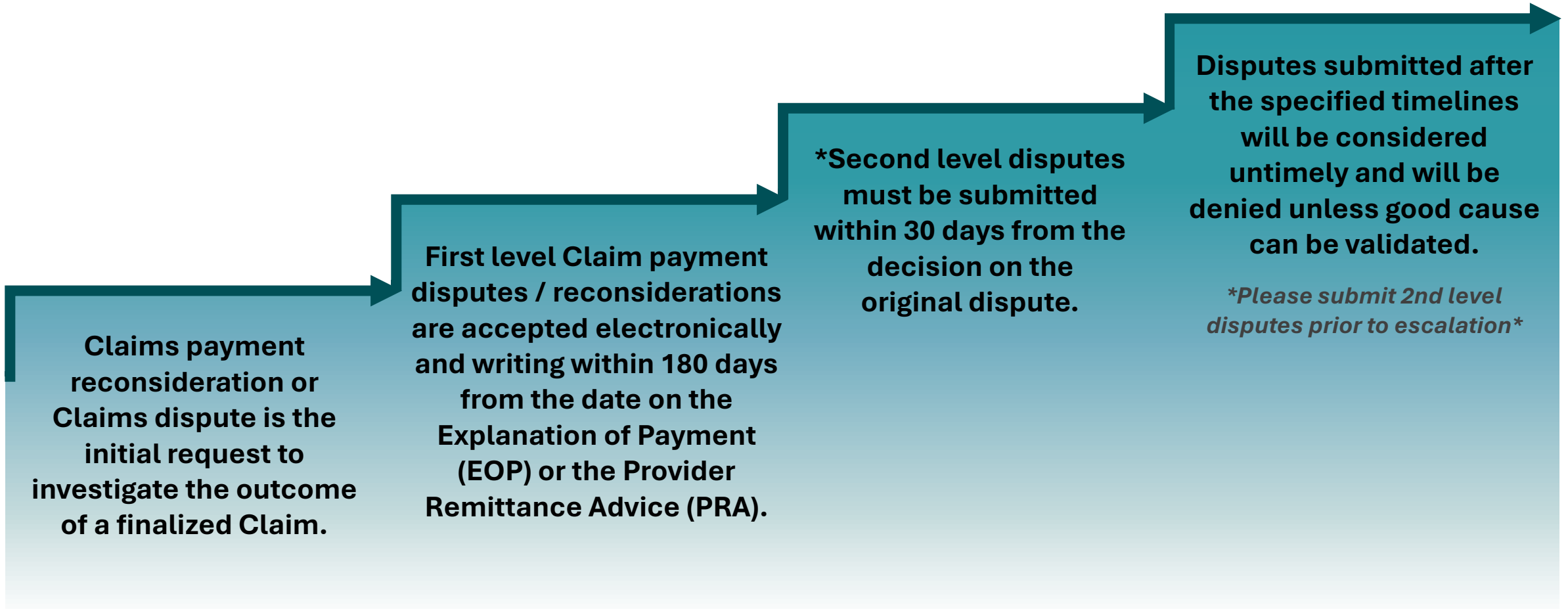> **Fax:** (833) 832-1922
> **Phone:** (844) 236-0894
> **Mail:** *Appeals & Grievances*
> *Molina Healthcare of Iowa, Inc.*
> *PO Box 93010*
> *Des Moines, IA 50393*

Member Appeal Form with Authorized Representative Form
Please include all clinical documentation to support the appeal.

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Provider Claim Disputes

Claims payment reconsideration or Claims dispute is the initial request to investigate the outcome of a finalized Claim.

First level Claim payment disputes / reconsiderations are accepted electronically and writing within 180 days from the date on the Explanation of Payment (EOP) or the Provider Remittance Advice (PRA).

*Second level disputes must be submitted within 30 days from the decision on the original dispute.

Disputes submitted after the specified timelines will be considered untimely and will be denied unless good cause can be validated.

Please submit 2nd level disputes prior to escalation

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Optum Letters

When **Optum** sends providers a request for documentation, it can be sent directly back to **Optum**.

Common error is providers sending it to the **Molina Appeals & Grievances** team, delaying the **Optum** review.

Dear Provider,

This letter is to notify you as of today **Optum**, on behalf of **Molina Healthcare**, has not received the medical records originally requested 05-15-2025.

Optum is performing a review of claim(s) for services provided by the above referenced provider number on behalf of **Molina**. This review is being conducted to verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly for the services provided. This review does not include a determination of medical necessity.

For each claim listed on the enclosed spreadsheet, please submit all of the documents listed below:
➢ The enclosed cover sheet with the specific claim number and barcode
➢ A copy of the claim form or paper substitute of an electronic claim
➢ Complete medical records to include history and physical, office/treatment records, consultation reports, operative reports, anesthesia and recovery room records and discharge summaries, if applicable
➢ Infusion flow sheets or medication administration logs, if applicable
➢ Orders and results of diagnostic tests, including pathology, radiology and laboratory, if applicable
➢ For DME, include a signed receipt from the member verifying receipt of any device/equipment/supplies, if applicable
➢ For all drug codes, as applicable, include the NDC information, drug name, units, provider HRSA grant number and information, along with invoice with the acquisition cost for the individual drugs
➢ Itemization of services billed for the above dates, if applicable

Please provide a legible interpretation of these records in English.

We must receive this information within **30** calendar days from the date you receive this notice. Once we have received all the requested information, we will make a determination on your claim(s). In the event that we do not receive the requested information, a determination will be made based on available information.

Should you have any questions or concerns, please feel free to contact us at **1-877-244-0403**.

Sincerely,

Optum, on behalf of Molina Healthcare

Optum Letter Instructions

Secure Internet Upload	Hard Copy	Fax
[Record Upload Service - Site](#)	**US Postal Service:** **Optum on behalf of Molina Healthcare** **P.O. Box 51456** **Philadelphia, PA 19115** **FedEx/UPS:** **Optum on behalf of Molina Healthcare** **458 Pike Road** **Huntingdon Valley, PA 19006**	**(267) 687-0994**

Instructions on how to dispute is also attached to the letter Optum sends.

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Cost Recovery/Overpayments

In the event of an overpayment, Providers must notify Molina by contacting the **Claims Recovery** department and return the overpayment to Molina **within 60 calendar days** after the identification of overpayment.

Providers should notify Molina of the reason for overpayment at

Phone: (866) 642-8999
Fax: (712) 560-3821
Mail: Molina Healthcare of Iowa, Inc.
            Claims Recovery Department
            PO Box 2470
            Spokane, WA 99210-2470

Common error is provider sending recoupment request through the dispute process.

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Cost Recovery Dispute

If you disagree with any of these overpayment determinations, please dispute via the Availity Provider Portal, with supporting documentation, within 45 days of this overpayment notification.

You may also submit your dispute, including any supporting documentation, along with a copy of this notification, via fax or mail to the following address.

Molina Healthcare of Iowa, Inc.
Attn: Corporate Claims Recovery - Disputes
PO Box 2470 Spokane, WA 99210-2470
Fax: (712) 560-3821

Common error is provider sending recoupment request through the dispute process.

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Cost Recovery Dispute Using Availity

If you disagree with any overpayment determinations made by Molina Healthcare, please dispute via the Availity Provider Portal, with supporting documentation, within 45 days of this overpayment notification.

You may also submit your dispute, including any supporting documentation, along with a copy of this notification, via fax or mail to the following address.

Molina Healthcare of Iowa, Inc.
Attn: Corporate Claims Recovery - Disputes
PO Box 2470 Spokane, WA 99210-2470
Fax: (712) 560-3821

Claims Submission: Avoiding Member Abrasion

Billing is our top reason for member grievances

➢ Balance billing a Member for Covered Services is **prohibited**, except for the Member's applicable copayment, or other cost sharing, such as client participation.

➢ The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

➢ Medicaid is always the payer of last resort and Providers shall make reasonable efforts to determine the legal liability of third parties to pay for services furnished to Molina Members.

➢ If third party liability can be established, Providers must bill the primary payer and submit a primary explanation of benefits (EOB) to Molina for secondary Claim processing.

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Utilization Management (UM)

Avoiding UM Denials:

➢ Providers to send in any and all documents when request is submitted so UM can review timely.
➢ This will avoid any unnecessary delays in completing the authorization for medical necessity.
➢ Inpatient:
   o Send discharge dates/plans as soon as possible when known.
   o This leads to auth closure and quicker payments.

Visit the **Molina Iowa Provider Website:** for quarterly changes on PA Codes **added** to the Prior Authorization code list:

Communications > News & Updates > 2025 Provider Materials

MHIA Provider Notice_PA Code Updated List_July 2025
MHIA Provider Notice_PA Code Updated List_April 2025
MHIA Provider Notice_PA Code Updated List_January 2025

Molina Healthcare of Iowa Utilization Management:
MolinaIAUM@MolinaHealthcare.com

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Pharmacy – General Information

	Pharmacy Benefit	Medical Benefit
PA submissions	CoverMyMeds-we have worked with the vendor and made significant improvements in the process for submission and 2-way communication to remain in the portal	Availity-we have worked with the vendor and made significant improvements in the process to continue to work towards eliminating faxing.
Administration	Patient/Member self-administers	Requires office or healthcare worker administration.
Vaccinations	Not covered on pharmacy benefit	Must be billed through the medical benefit. Can be at pharmacies that contract with Molina and bill medical claims. NPI to submit if at pharmacy in render provider section=pharmacists NPI.
Preferred Drug List	State PDL Preferred Drug Lists	Molina Formulary Home	Medicaid Providers + State Fee Schedule
Reimbursement	Myers and Stauffer AAC file + Dispensing Fee. Iowa Department of Health and Human Services Provider Portal	Myers & Stauffer	State Fee Schedule. Claims must have appropriate J-code and NDC match combination and rendering provider must match the states fee schedule and contracting. For example: Pharmacists-->82 fee schedule vs Pharmacy-->08. secureapp.dhs.state.ia.us/medicaidfeesched/. NPI to use in rendering provider section: vaccinations + test and treat=pharmacists NPI, DME supplies=pharmacy
Medicare COB	Medicaid only covers OTC medications, barbiturates, and vitamins/minerals not covered through Part D	Part B medications not covered include oral immunosuppressant drugs, inhalation drugs when used with a nebulizer, oral chemotherapy drugs, oral anti-emetic drugs, blood clotting factors or Epoetin.

GLP-1 Landscape – (as of 8/5/25)

Drug Class	Preferred	Non-Preferred	PA Form Required	Criteria
GLP-1 Recepetor Agonists	Trulicity* Victoza* Ozempic* *Preferred but PA required	Mounjaro Byetta Bydureon Rybelsus Liraglutide	Antidiabetic-Noninsulin PA Request for Prior Authorization ANTI-DIABETIC NON-INSULIN AGENTS	T/F Preferred + T/F 3 other drug classes
GLP-1 (non-Diabetic) *listed on PDL under Endocrine Metabolic Agents	Zepbound	Wegovy	Incretin-Mimetics Non-Diabetes PA Request for Prior Authorization Incretin Mimetics for Non-Diabetes Indications	Zepbound: 1. Does not have Type 1 or Type 2 Diabetes 2. Diagnosis of moderate to severe OSA 3. BMI ≥30kg/m2 4. AHI ≥15 events/hr (within 3 years) 5. Initial dose max 20 weeks Wegovy: 1. Does not have Type1 or Type 2 Diabetes 2. Prior MI or 3. Prior Stroke or 4. Symptomatic ABI <0.85 at rest, revascularization procedure or amputation and 5. BMI≥27kg/m2 within 6 months 6. Evaluated for cardiovascular standard of care treatment. 7. Age ≥45 y/o 8. Initial dose max 8 weeks

Biosimilar Landscape – (as of 8/5/25)

HUMIRA Biosimilars	Preferred, PA required	Non-Preferred, PA required	Not covered
	Humira Adalimumab-ryvk (Simlandi) Adalimumab-fkjp (unbranded) Adalimumab-aqvh (Yusimry) Adalimumab aacf (unbranded) Adalumumab adbm (unbranded) Amjevita 40mg/0.4ml Amjevita 80mg/0.8ml	Adalimumab-atto (Amjevita/other doses) Adalimumab-aacf (Idacio) Adalimumab-aaty (Yuflyma) Adalimumab-adaz (Hyrimoz) Adalimumab-adaz (unbranded) Adalimumab-adbm (Cyltezo) Adalimumab-bwwd (Hadlima) Adalimumab-fkjp (Hulio) Adalimumab-aaty (unbranded) Adalimumab-afzb (Abrilada)	

STELARA Biosimilars	Preferred, PA required	Non-Preferred	Not covered
	Ustekinumab (Pyzchiva)	ustekinumab (Stelara) ustekinumab-aekn (Selarsdi) Ustekinumab-aauz (Otulfi)	Ustekinumab-auub (Wezlana) ustekinumab-hmny (Starjemza)

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Value Based Programming

Molina continues to develop a robust VBP strategy and offerings

VBP Offerings

- Pay for Quality Programs
- Shared Savings / Shared Risk arrangements

Benefits for participating in VBP

- Robust Data Sharing
- Increased quality performance
- Incentive funds to develop quality and strategy initiatives

VBP Structure

- Quality measures
- Measurable Targets & Thresholds
- Cost targets
- Must be signed prior to start of performance period

Current strategy targets primary care and health system providers

- Exploring additional servicing provider types for 2026

Providers interested in value-based programming not already participating should reach out to your provider relations representative, or directly to Erin Volz: Erin.Volz@MolinaHealthcare.com

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Quality: Let's Close the Gaps in Care Together!

Molina meets with many Providers on a regular basis to work together on quality performance

Collaborative Discussions focused on:

- Quality Performance Data and Trends
- HEDIS Tips
- Care Gap Sharing
- Intervention Collaboration and Resources
- Supplemental Data
- EHR access and Epic Payor Platform
- And More!

Want more information about Quality Performance and Molina's Programming?
Interested in optimized data sharing to better capture your Quality Performance and close care gaps?
Please reach out to your provider relations representative, or directly to Theresa Jennings:
Theresa.Jennings@MolinaHealthcare.com

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Preventive Health & Clinical Practice Guidelines

Molina adopts Preventive Health and Clinical Practice Guidelines based on published evidence-based practices and published consensus guidelines

- Anxiety/panic disorder
- Asthma
- Attention Deficit Hyperactivity Disorder
- Autism
- Bipolar Disorder
- Cancer Clinical Care

- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hypertension

- Perinatal Care
- Postpartum Care
- Adult Preventive Screening
- Adult Immunization Schedule
- Pediatric Preventive Services
- Child & Adolescent Immunizations

You can view all guidelines at the MHIA | Provider Website the **Health Resources** tab

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Quality: What's New In Member Experience

Virtual diabetes care series

If you are living with diabetes, join Molina Healthcare of Iowa's **virtual diabetes care series** to learn ways to better manage the disease, how to lower your A1C and much more.

What we'll discuss:

- How to eat and live healthier
- How to manage your medicines
- How to lessen your risks
- New ways to treat your diabetes

You should attend if you are an adult with:

- **Diabetes or pre-diabetes** (or have had a history of these conditions)
- **Or are a caregiver of someone with diabetes**

See the upcoming series and **register here** and/or scan the QR Code

Date and time:

~~Wednesday, July 16, 2025 - 6 to 7 p.m., CST~~
~~Wednesday, September 17, 2025 - 10 to 11 a.m., CST~~
Wednesday, November 5, 2025 - 6 to 7 p.m., CST
Wednesday, December 3, 2025 - 10 to 11 a.m., CST

To learn more and register now, please go to our landing page for this series: Diabetes Care Series

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Community Engagement

From January to June 2025:

Molina actively engaged in 276 community events, reaching out to members to share valuable information about Molina benefits, Medicaid renewals, various products, and essential social support services.
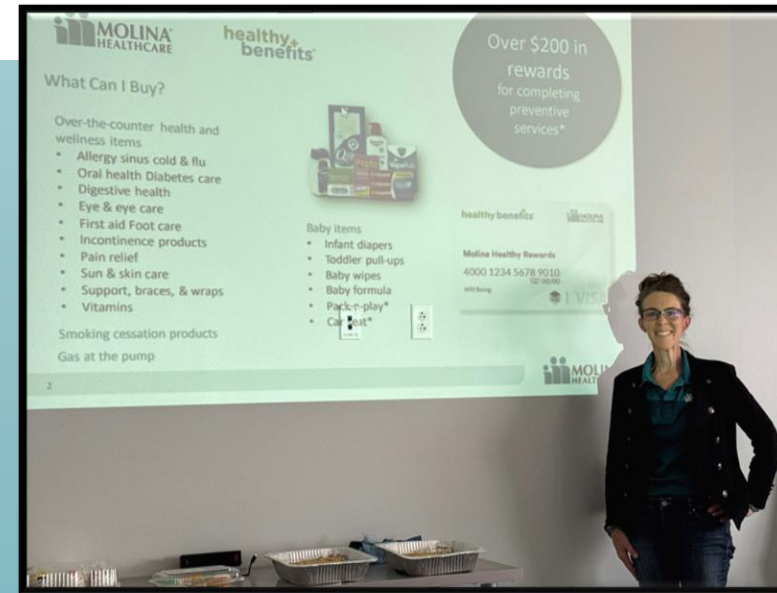

Through these efforts, Molina aimed to empower members with the resources they need to enhance their well-being and navigate healthcare options effectively.

Lunch and Learns

Quarterly Lunch & Learns with Providers

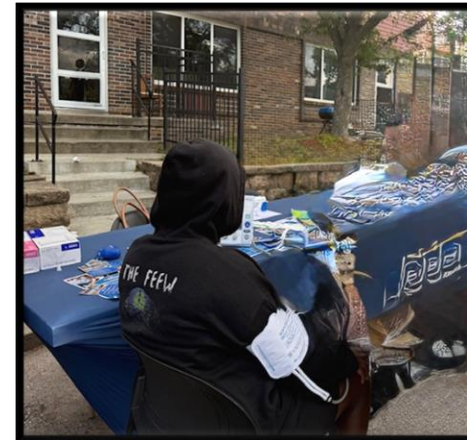**Swag and presentations tailored to meet the needs of the provider**

Are you interested in a partnership?
Please email us at MHI_IA_Events@MolinaHealthcare.com

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Molina distributed over 17,000 pounds of food to Oakridge residents & families

# Molina partnership with Rock Valley Therapy Group-08/14/2025

Rock Valley Physical Therapy group partners with Molina Healthcare for a fun evening celebrating the new school year.

Families learned about the different therapy services that Rock Valley can provide and the health plan benefits Molina can offer to you and the community.

Molina provided 7 bikes and 90 backpacks with school supplies. Over 150 families were in attendance.

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Member Portal & Preferred Communication
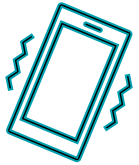
Get Connected with the MyMolina portal or App! Members earn $25 for signing up.
NEW! Members can now select their preferred channel for communication.

Plan Notifications

Service Authorizations

A service authorization is when someone checks if a service is needed and approves it. This means they make sure the service is okay to use before you get it.

☐ **Mail** ⓘ   ☐ **Digital(text)** ⓘ   ☐ **Digital(email)** ⓘ

Edit

Note: There are some letters we are legally required to send through mail.

To see more about Community Engagement & Member benefits, please visit
Molina Healthcare | Member Website

Follow us on Facebook!
Like our **Molina Healthcare of Iowa** Facebook page to see all community events!

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Maternal Health Community Engagement

Our baby showers provide **education and support** to our members on the topics of:

- o Labor and Delivery,
- o Newborn Care,
- o Perinatal Mood and Anxiety Disorders,
- o Urgent Maternal Warning Signs
- o Local Resources.

- By attending, members are eligible for **$100 in healthy rewards**.

- In-person baby showers offer additional benefits and **giveaways,** like pack 'n plays and car seats!

- We have had ~**100 Molina parents** attend a baby shower so far this year.

Upcoming **Baby Shower**: Baby In Bloom Landing Page
Count the Kicks partner shower: Des Moines, October 17th

"Before this baby shower, I thought that everyone who has a baby ends up depressed. After, I learned there are multiple factors that play a part in these changes as long as you notice signs and seek help you are able to manage this condition."
- Molina Baby Shower Attendee

Molina Partners

Mae combines digital pregnancy and postpartum support with local community-based doulas

➢ Influenceable births attended by Molina Healthcare of Iowa's doulas in the first year had a low c-section rate of only 13%, and a 0% preterm birth rate.
➢ Flyers & more education about this partnership can be found on our Molina provider website. To learn more, please visit MeetMae.com.

Mission-driven women's digital health platform

➢ Access to reproductive health online consultations, free resources prescribed virtually, and delivery to their home by Twentyeight Health's telehealth services.
➢ To learn more, please visit TwentyeightHealth.com.

Specializes in Neonatal Care Management Services based on the Plan's Program

➢ Flyers & more education about this partnership can be found on our Molina provider website.
➢ To learn more, please visit ProgenyHealth.com.

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Molina Partners

evolent

➤ Our new administrator for Oncology/Radiation Oncology Quality Management program, as well as the Cardiology Quality Management program
➤ Resources on our Molina Provider Website:
- Evolent MHIA Cardiology FAQ - Go Live 9.1.2025
- Evolent MHIA Oncology/Radiation Oncology FAQ - Go Live 9.1.2025
- Evolent MHIA PA SCOPE LIST
➤ Please visit Evolent.com for more information.

healthmap™

➤ Kidney Population Health Management company serving health plans and provider groups seeking value-based solutions that improve the clinical care and financial performance of high-risk, high-cost kidney patient populations
- Healthmap Provider Brochure
- Healthmap Provider Webinar Presentation
➤ Please visit HealthmapSolutions.com to learn more

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Access to Health & Wellness

24 Hour Nurse Advice Line

➢ Members can **call anytime** they are experiencing symptoms or need health care information.

➢ Registered nurses are available **24 hours** a day, **7 days** a week, to assess symptoms and help make good health care decisions.

➢ Molina Healthcare is committed to **helping** our members:
  • Prudently use the services of your office
  • Understand how to handle routine health problems at home
  • Avoid making non-emergent visits to the emergency room (ER)

➢ To speak to a nurse **24/7**, members can call **(844) 236-2096** (TTY/TDD: 711)

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New Support: Tools and Resources

➢ Providers can find Demonstrations and Training videos on Availity Under **Help&Training > Get Trained**

➢ Providers disputing claims with Attachments must select Appeal from the drop down menu. Do not select reconsideration if you have attachments as it will be closed.

➢ Overpayment Tool in Availity for Overpayments, Providers can agree to the recoupment or file a dispute with documentation within this Tool.

➢ Providers are encouraged to use Availity to request their prior authorizations, providers can attach documents to their PA request and track the progress of the authorization.

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New Support: Tools and Resources

CCP Portal for HCBS Providers Troubleshooting:

- If incorrect data or data that the user does not have access to is entered 5 times, the account will be locked. Please reach out to your provider relations rep if you need your account unlocked.

- Providers will only be able to view open LTC authorizations
  - Provider must be the refer-to or servicing provider
  - Authorization must have a current date span

- If those criteria are not met, provider will not be able to pull up the member in the CCP.

- Verify your Payer Assigned Provider ID (PAPI) instead of entering individual member information to pull a full roster of members

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New Support: Tools and Resources

Our provider website is an excellent resource for many provider materials, including:

[Molina Healthcare of Iowa, Inc. Medicaid Provider Manual](#)

[2025 MHIA Claims & Billing Guide](#)

[2025 MHIA Provider Quick Reference Guide](#)

Please visit the following sites to see important provider education and regular updates:

[Provider News & Updates: Important Materials](#)

[Molina Iowa Medicaid Quarterly Provider Newsletters](#)

[Provider Education Series and Partner Education](#)

COMING SOON

Molina Healthcare Website Redesign: Target go-live is Q2 2026

Provider Escalation Steps

1 Call Molina Iowa Provider Services Contact Center:
(844) 236-1464, 7:30am – 6:00pm, Monday through Friday

2 Contact Availity Essentials:
[Availity Essentials (Molina Provider Portal)](#)

3 Reach out to your Provider Relations Representative:
Email the PR box [IAProviderRelations@MolinaHealthcare.com](#) or
contact your PR Rep for your county using our [map](#).

4 Contact Health Plan Leadership:
Manager, Provider Relations: [Angela.Schmidt@MolinaHealthcare.com](#)
Director, Provider Relations: [Rondine.Anderson@MolinaHealthcare.com](#)

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Provider Relations Rep Map by County

Health Systems Contacts

Theresa Ellis – Unity Point, CHI, Methodist
Adrian Cain – MercyOne, Genesis
Veronica Billingsley – University of Iowa

Border States

Illinois – Sara Tubbs
Minnesota – Jordan Kohlmeyer
Missouri – Erica Baker
Nebraska – Theresa Ellis
South Dakota – Theresa Ellis
Wisconsin – Marcia Petsche

Polk County (cities are divided)

Veronica Billingsley – Altoona, Beaverdale, Bondurant, Des Moines, Elkhart, Mitchellville, Pleasant Hill, Runnells

Elizabeth Erickson – Ankeny, Clive, Grimes, Huxley, Johnston, Polk City, Urbandale, West Des Moines, Windsor Heights

All ICDAC & CDAC:
IA_CM@MolinaHealthcare.com

All Chiropractic Providers:
ChiropracticInfo@MolinaHealthcare.com

Provider Services: (844) 236-1464
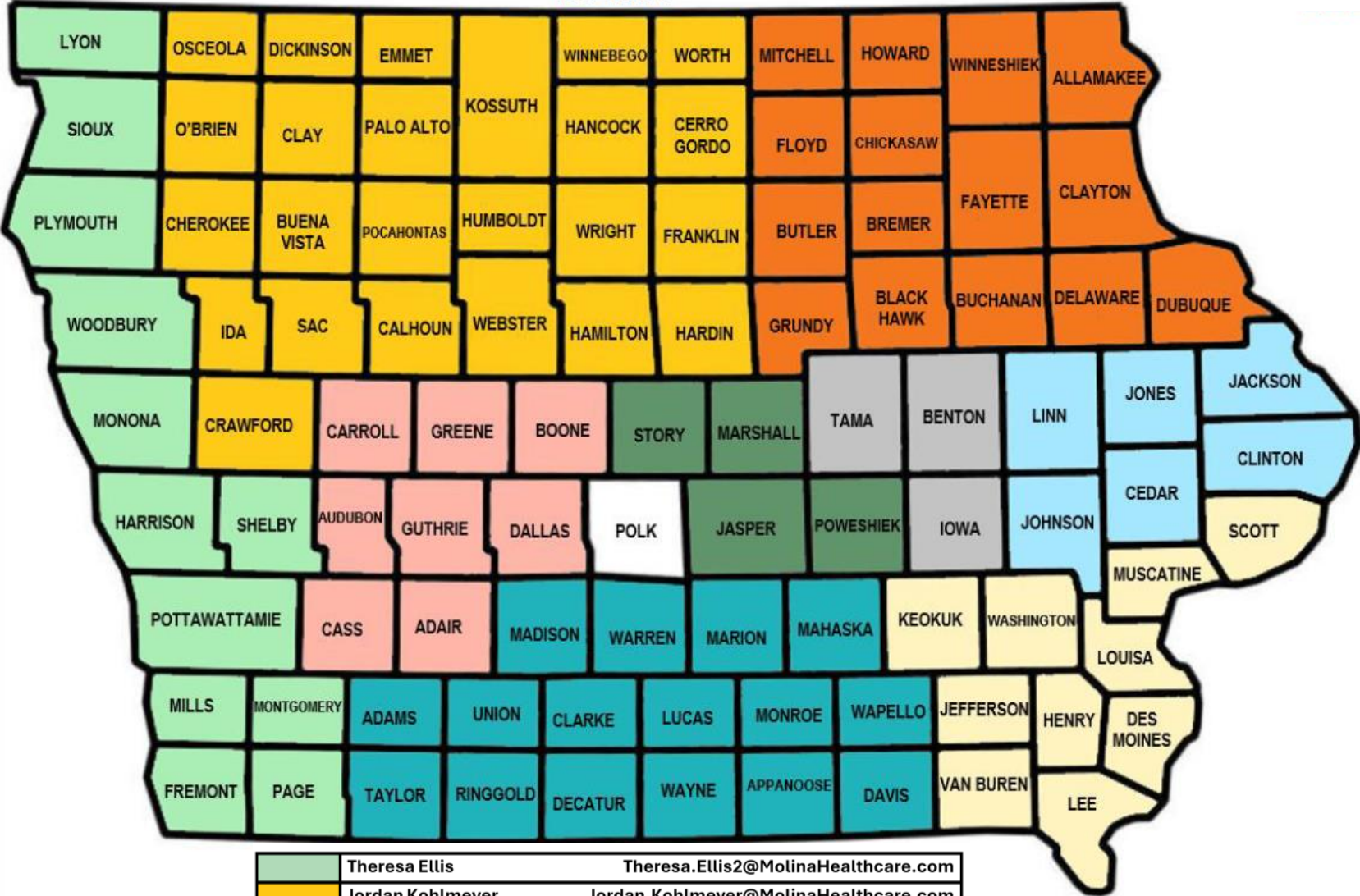
	Name	Email
	Theresa Ellis	Theresa.Ellis2@MolinaHealthcare.com
	Jordan Kohlmeyer	Jordan.Kohlmeyer@MolinaHealthcare.com
	Adrian Cain	Adrian.Cain@MolinaHealthcare.com
	Marcia Petsche	Marcia.Petsche@MolinaHealthcare.com
	Veronica Billingsley	Veronica.Billingsley@MolinaHealthcare.com
	Elizabeth Erickson	Elizabeth.Erickson@MolinaHealthcare.com
	Amber Meador	Amber.Meador@MolinaHealthcare.com
	Erica Baker	Erica.Baker@MolinaHealthcare.com
	Sara Tubbs	Sara.Tubbs@MolinaHealthcare.com

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