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## **Monroe Plan for Medical Care IPA**

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## November is American Diabetes Month

The numbers are staggering. As of 2021, approximately **38 million Americans**—or **11.6% of the U.S. population**—were living with **diabetes**. Among them, **2 million had type 1 diabetes**, including **304,000 children and adolescents**. Of all individuals with diabetes, **29.7 million were diagnosed**, while **8.7 million remained undiagnosed**. Each year, an estimated **1.2 million Americans are newly diagnosed**.

In 2021, diabetes was the **8th leading cause of death** in the United States. By 2022, the **economic burden** of diabetes reached approximately **\$412.9 billion**.

### Understanding the Types of Diabetes

The terms **prediabetes**, **type 1 diabetes**, and **type 2 diabetes mellitus** are often used interchangeably, but the distinctions are critical:

- **Prediabetes** is a condition where blood sugar levels are elevated but not high enough to qualify as type 2 diabetes. Without lifestyle changes, **15–30%** of people with prediabetes will progress to type 2 diabetes within five years.
- **Type 1 diabetes** is an autoimmune condition in which the pancreas **produces little or no insulin**, preventing glucose from entering cells to be used for energy.
- **Type 2 diabetes** occurs when the body **does not produce enough insulin** or **cannot use it effectively**. This form is often associated with lifestyle factors and can frequently be managed—or even prevented—with early intervention.

### The Health Impact of Diabetes

Beyond financial costs, the **health impact** of diabetes is profound:

- Individuals with diabetes face a **significantly increased risk of cardiovascular disease**, which is the **leading cause of death** in this population.
- Diabetes is also the **leading cause of chronic kidney disease** and contributes to complications affecting the eyes, nerves, and limbs.

Preventing type 2 diabetes is possible through **lifestyle modifications**, including:

- **Maintaining a healthy weight**
- Following a **low-glycemic, balanced diet**
- Engaging in **regular physical activity**

Ongoing medical supervision is crucial. Your **primary care provider** may use tests such as the **Hemoglobin A1c** to diagnose diabetes or monitor how well it's being managed. This test offers an average of your blood glucose levels over the previous **2 to 3 months**.

### **Monitoring and Treatment**

Technology has revolutionized diabetes care:

- **Blood glucose meters** and **continuous glucose monitors (CGMs)** allow real-time tracking of blood sugar levels.
- This enables timely adjustments in **medication**, whether it be:
  - **Insulin** (via injection or pump) for type 1 diabetes
  - **Oral medications** for type 2 diabetes, such as:
    - **Metformin** (first-line treatment)
    - **SGLT-2 inhibitors**
    - **GLP-1 receptor agonists**
    - **DPP-4 inhibitors**

**Diabetes is a complex disease** that affects multiple organ systems. **Preventing its onset** and, when present, **managing it effectively** through lifestyle and medical intervention is vital to preserving long-term health and quality of life. This American Diabetes Month, we are reminded of the importance of awareness, early detection, and proactive care.

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**Housing/Rental Assistance Grant Program**  
**Molina Healthcare of NY Patients**

This Social Determinants of Health Grant provides short term financial assistance to Molina patients experiencing financial hardship but can sustain their housing, moving forward, with the assistance of the money awarded from this grant. This grant assists individuals or families who are living with chronic health conditions, are low income or homeless, or are being evicted from current housing.

The goal is to ensure those in need are engaged with long term community housing support while using these dollars to maintain housing stability.

Grant subsidies can only be used toward:

- Security deposit
- First month's rent
- Back rent owed

Other:

- The maximum assistance that can be received is \$1,200 per applicant. Patients may only receive assistance once in a lifetime.
- Recipients do not have to be a participant or patient of any programs at Evergreen Health Inc.
- Care Coordinator will be assigned to assist the client with application process and linkage to long term supports

Healthcare providers can contact [kkawa@evergreenhs.org](mailto:kkawa@evergreenhs.org) for grant application and guidance.

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### Molina Corner

- Stay updated on Molina Healthcare's Provider Communications by visiting their website: [Updates and Bulletins](#)
- Molina's Q3 2025: [Provider Newsletter](#)
- Find important information on events and training on the Events and Training tab of Molina Healthcare of New York's website: [Events & Training](#).

- The Provider Manual is usually updated annually but may be revised more frequently. Access the latest version at: [Molina Provider Manual Link](#).
- Changes to prior authorizations effective 7/1/2025, click on link below to obtain detailed guidance: [Changes to Prior Authorization Requirements](#)
- Availability Appeals and Reconsideration changes: [Availability Appeals and Reconsideration changes](#)

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### **2025 Molina Model of Care Provider Training**

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including cardiology, neurology and hematology/oncology to receive training about Molina Healthcare's Special Needs Plans (SNP) Model of Care (MOC). The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training. MOC training materials and attestation forms are available at [Molina Medicare Model of Care](#). The completion date for this year's training is December 31, 2025.

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### **Case Management Program**

Do you have a patient insured with Molina Healthcare who is struggling to improve their health, maintain sobriety or has SDOH needs? Consider referring them to our voluntary Case Management program. Our highly skilled LMSWs and RNs assess

and create patient centric care plans for both adult and pediatric members, addressing barriers to care and providing one on one education.

If you would like to refer your patient for outreach, please contact Member Services: [\(800\) 223-7242](tel:(800)223-7242) or [Contact Us | Molina Healthcare | New York](#)

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**Training Available: Submit and track appeals on Availity**

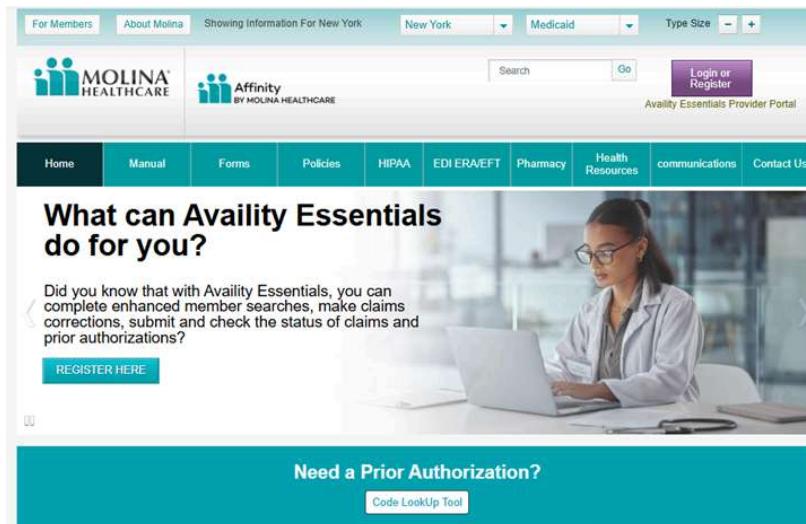
Submit and track your appeals on Availity Essentials: [Submit and track your appeals on Availity Essentials](#)

We invite you to join Availity and Molina representatives for a live webinar to learn how to get the most out of this time-saving feature. We know you're busy, so we have two sessions available for you to choose from – **November 15, 2023, 11 a.m. – 12:15 p.m. ET and November 20, 2023, 1 p.m. – 2:15 p.m. ET** . Space is limited, so register today. We'll show you how to get the most out of the appeals tools in Availity Essentials and will provide time for you to ask questions at the end of the presentation. [Click onto this link and log into Availity using your credentials and save yourself a seat.](#)



## **Do You Need A Prior Authorization?**

Providers can check a need for prior authorizations by visiting Molina's Code Look Up Tool on their New York Home Page: [New York Providers Home](#)



## **Molina's 2025 Pay-for-Performance (P4P) Program Enhancement**

Primary Care Providers can earn a Q4 Award Boost for targeted metrics!

Providers who are already submitting a Supplemental Data File to Molina to qualify for the 2025 P4P incentive are now eligible for Bonus Dollars when closing specific measures.

- Current P4P requirements remain the same
- Award enhancement applies to the above measures and is specific to services completed/reported between 10/1/2025 – 12/31/2025

For more questions, please reach out to [kbrusehaber@monroeplan.com](mailto:kbrusehaber@monroeplan.com)

November is a good time to get patients in before the holiday season for a final diabetes primary care visit with their Primary Care Provider.

Please ensure your patients have:

- Kidney and Blood Pressure monitoring
- Yearly Digital Retinal Eye Exams
- At least yearly HbA1c and Lipid testing

Blood Pressure Control for Patients with Diabetes (BPD)	18-75 years (diabetics)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	<b>Systolic Blood Pressure</b> CPT II: 3074F (if Systolic <130 mm Hg) = COMPLIANT CPT II: 3075F (if Systolic 130-139 mm Hg) = COMPLIANT CPT II: 3077F (if Systolic ≥ 140 mm Hg) = NOT COMPLIANT <b>Diastolic Blood Pressure</b> CPT II: 3078F (if Diastolic <80 mm Hg) = COMPLIANT CPT II: 3079F (if Diastolic 80-89 mm Hg) = COMPLIANT CPT II: 3080F (if Diastolic ≥ 90 mm Hg) = NOT COMPLIANT
Eye Exam for Patients with Diabetes (EED)	18-75 years (diabetics)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) who had an eye exam (retinal) performed during the measurement year.	<b>Retinal Eye Exam</b> CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000 <b>Retinal Imaging</b> CPT: 93227, 93228 <b>Codes to Identify Eye Exam (with an Eye Care Professional billed by any Provider)</b> CPT: 92229 CPT II: 2022F-2026F, 2033F
Glycemic Status Assessment for Patients with Diabetes (GSD)	18-75 years (diabetics)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: <ul style="list-style-type: none"><li>• Glycemic Status &lt;8.0%.</li><li>• Glycemic Status &gt;9.0%.</li></ul>	<b>HbA1c Lab Test</b> CPT: 83036, 83037 LOINC: 97505-0 <b>HbA1c Test Result or Findings</b> CPT II: 3044F – Results HbA1c < 7.0 CPT II: 3045F – Results HbA1c ≥ 7.0% to < 8.0% CPT II: 3051F – Results HbA1c ≥ 7.0% to < 8.0% CPT II: 3052F – Results HbA1c > 8.0% to ≤ 9.0%
Kidney Health Evaluation for Patients with Diabetes (KED)	18-85 years	The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	<b>Estimated Glomerular Filtration Rate Lab Test; CPT:</b> 80047, 80048, 80050, 80053, 80069, 82565 <b>Quantitative Urine Albumin Lab Test; CPT:</b> 82043 <b>Urine Creatinine Lab Test; CPT:</b> 82570

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