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## **Monroe Plan for Medical Care IPA January 2026 Newsletter**

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### **January 2026: Cervical Health Awareness Month**

Over the past 50 years, there has been an approximately 75% reduction in the incidence and mortality of cervical cancer in high-resource countries. While these advancements are welcome, the United States still faces significant challenges, with around 13,000 new cases of invasive cervical cancer and 4,000 cancer-related deaths each year. Cervical cancer remains the 3rd most common gynecologic cancer diagnosis in the U.S.

Interestingly, the incidence and mortality of cervical cancer vary by race and ethnicity. According to the U.S. National Cancer Institute's Surveillance,

Epidemiology, and End Results (SEER) Program, the rate of new cancer cases and deaths per 100,000 population is as follows:

- American Indian/Alaska Native: 10.1 new cases, 2.9 deaths
- Hispanic American: 10 new cases, 2.5 deaths
- Non-Hispanic Black American: 9 new cases, 3.3 deaths
- Non-Hispanic White American: 7.1 new cases, 2 deaths
- Asian American/Pacific Islander: 6.3 new cases, 1.6 deaths

A major factor in cervical cancer development is the presence of persistent HPV infection, which is responsible for nearly 99.7% of cervical cancer cases. Other risk factors associated with HPV-related cancers include early sexual activity, multiple sexual partners, and a history of sexually transmitted infections (STIs).

Given the critical role of HPV in cervical cancer, the CDC strongly recommends HPV vaccination for both boys and girls at ages 11 or 12, although it can be given as early as age 9. Vaccination for males is particularly important because, in addition to preventing cervical cancer in females, it also helps protect against other HPV-related cancers such as anal cancer, penile cancer, and genital warts, while reducing the risk of HPV transmission to sexual partners.

Regarding screening, the U.S. Preventive Services Task Force (USPSTF) recommends that cervical cancer screening begin no earlier than age 21. The American Cancer Society suggests that screening is most appropriate to begin at age 25. Screening methods include:

- Cytology (Pap smear) alone every 3 years
- HPV testing alone, or HPV testing with cytology, every 5 years.

Cervical cancer is often asymptomatic in its early stages, which underscores the importance of regular screening. However, common symptoms of advanced disease may include irregular or heavy vaginal bleeding, as well as postcoital bleeding (bleeding after sexual intercourse).

A cervical biopsy is required to confirm the diagnosis of cervical cancer, and additional imaging studies are often used to determine the stage and extent of the disease.

As we recognize Cervical Cancer Awareness Month this January, it is a crucial time to reflect on the progress made in reducing cervical cancer rates and to highlight the importance of continued efforts in prevention, screening, and education. The significant reduction in cervical cancer incidence and mortality in recent decades is a testament to the effectiveness of vaccines and early detection. However, cervical cancer continues to impact thousands of lives each year, especially among certain racial and ethnic groups. By raising awareness, promoting HPV vaccination for both boys and girls, and encouraging regular screening, we can continue to make strides in preventing this preventable disease. Together, we can empower individuals with the knowledge and tools to protect their health and reduce the burden of cervical cancer in our communities.

If you have patients who need assistance, please reach out to  
[Quality@monroeplan.com](mailto:Quality@monroeplan.com)

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#### **Best Practice Ideas for Closing Gaps Early in 2025!**

Unable to get your patients scheduled before year-end? Start 2026 off with non-users in for care early in the new year to meet compliance.

Patients who ended 2025 with open care gaps will start 2026 with many of the same gaps such as well visits, cancer screenings, labs, and medication adherence. The Monroe Plan Quality Team will be outreaching healthy non-users in the early months of 2026 to re-engage patients into care and discuss gaps that were not closed in the prior year.

#### **Best Practice Ideas:**

- Evaluate the practice's no-show process & reschedule as soon as possible for best results
- Review open referrals/orders from 2025 for labs and screenings
- Utilize EMR reporting for a 9-12 month look back period to get patients back in the office on a yearly basis

For more information on strategies, ask the Monroe Plan Quality team  
[\(quality@monroeplan.com\)](mailto:quality@monroeplan.com) for additional assistance!



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## 2026 Patient Roster Management: Non-User Reminder

With patient removals, if the patient is not being seen anywhere, it is likely they will remain on your practice roster until the patient has a claim with a new Primary Care Provider (PCP). If you have any release information saying where a patient is going or plans to go, please include that on the Member Removal excel spreadsheet. Monroe Plan's Quality Team during outreach calls can assist patients in finding a new PCP and scheduling yearly well visits or preventative cancer screenings with a facility.

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### Molina Corner

#### **“Start Smart, Claim Right: Master Molina for a Year of Success!”**

- To review how to manage claims click here: [Managing claims](#)
- Availability Appeals and Reconsideration changes: [Availability Appeals and Reconsideration changes](#)
- Submit and track your appeals on Availability Essentials: [Submit and track your appeals on Availability Essentials](#)
- The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider

Manual at: [Molina Provider Manual](#)

- Molina Provider Newsletters: [Molina Provider Newsletters](#)



## ACCESS AND AVAILABILITY STANDARDS REMINDER

New York State routinely completes surveillance activities to evaluate compliance with the following appointment availability standards, (Medicaid Model Contract 15.2, Appointment Availability Standards): [Access-to-Care\\_82525.docx](#)



Unlock key insights in the Monroe Plan for Medical Care Provider Guide: Monroe Plan Provider Guide. Stay informed-Don't miss out: Click on this link to learn more: [Monroe-Plan-Provider-Orientation-Guide](#).

If you have any questions, please reach out to:

[pfmemails@monroeplan.com](mailto:pfmemails@monroeplan.com) or [providerrelations@monroeplan.com](mailto:providerrelations@monroeplan.com).



# Cultural Competency in Healthcare

**We invite you to join us in advancing health equity**

Training modules and resources are available to enhance cultural competency when serving diverse patient populations. These materials support staff in addressing disparities and improving health outcomes. Molina prioritizes provider support and is committed to health equity by adhering to the National CLAS Standards and meeting all regulatory and accreditation requirements related to equity.

Building culturally competent health care: Resources for providers and staff Cultural competency can positively impact a patient's health care experiences and outcomes. Cultural competency training modules and resources are available to providers and office staff. You can access the resources through Availity Essentials portal: [Molina Healthcare | Availity Portal](#).

Cultural competency educational resources include:

- Cultural competency, including culturally and linguistically appropriate services (CLAS)
- Language access services, including effective communication strategies
- Health equity and disparities
- Social determinants of health
- Federal requirements, including the Affordable Care Act and the Americans with Disabilities Act

These resources also provide helpful tips and recommendations for effectively supporting unique subpopulations and communities, including racially, ethnically, culturally and linguistically diverse communities, LGBTQIA+ individuals, older adults, people with disabilities and immigrants/refugees. The training modules last 5 to 10 minutes. Depending on the topic of interest, you may participate in all or just one module. Upon completing the training, please submit the provider attestation form

available through Availity Essentials portal. You must first log in and navigate to Molina Healthcare under Payer Spaces, then select the Resources tab, and then the Culturally and Linguistically Appropriate Services Provider Training Resources/Disability Resources and Links to view the available resources and training.

You can also access the New York State approved training, titled Think Cultural Health, offers several provider specific programs online, at no cost: <https://thinkculturalhealth.hhs.gov/education>.

Providers and appropriate staff should complete this training in the next 12 months and annually thereafter. Once finished, please share your certificate of completion with us at [providerrelations@monroeplan.com](mailto:providerrelations@monroeplan.com).

Be sure to review the bulletin and resource below to ensure cultural competency and compliance!

[Click here to download: NYSDOH Cultural Competency Notice](#)

[Click here to download: Are You Culturally Competent?](#)

Please forward the completed and signed attestation form to [providerrelations@monroeplan.com](mailto:providerrelations@monroeplan.com).



### Provider Data Validation

Kindly ensure your data is up to date by submitting the necessary documentation to update your practice's information to [pfmemails@monroeplan.com](mailto:pfmemails@monroeplan.com).

These changes include:

- Change in office location(s)/address, office hours, phone, fax or email.
- Addition or closure of office location(s).
- Addition of a provider (within an existing clinic/practice).

- Change in provider or practice name, Tax ID and/or NPI.
- Opening or closing your practice to new patients (PCPs only).
- Change in specialty.
- Change in billing address.
- Any other information that may impact member access to care.

Visit the Provider Resources & Forms – Monroe Plan for Medical Care section of our website. Click the link here: [Provider Resources & Forms – Monroe Plan for Medical Care](#). You will have the option to download a PDF version of the form and email the form to [pfmemails@monroeplan.com](mailto:pfmemails@monroeplan.com).

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### **Essential, Easy-to-Find Resources Available on Monroe Plan for Medical Care Website**

To save you time, we make it easy for you to obtain the support you need on the , [Monroe Plan for Medical Care](#) website.

- Use our page to find out more about our services here: [About Us – Monroe Plan for Medical Care](#).
- Find applications, forms, tip sheets, and more can be found here: [Provider Resources & Forms – Monroe Plan for Medical Care](#)
- Find our posted fee schedule effective 1/1/2024: [Provider Fee Schedules – Monroe Plan for Medical Care](#).
- Provider Guide Link: [Monroe-Plan-Provider-Orientation-Guide](#)
- Previous newsletters and bulletins can be found here: [Provider News & Events – Monroe Plan Communications](#)

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