Molina Healthcare of Michigan, Inc.
Provider Bulletin

April 2025

April 21-28 is National Infant Immunization Week

National Infant Immunization Week is an annual observance that highlights the importance of protecting infants from vaccine-preventable diseases and celebrates the achievements of immunization programs in promoting healthy communities. Since 1994, hundreds of communities across the United States have joined together to celebrate the critical role vaccination plays in protecting children, communities and public health.

To view our preventive health guidelines, please visit **MolinaHealthcare.com/providers/mi/medicaid/resource/guide_prevent.aspx**.

Provider Manual updates

Molina Healthcare of Michigan updates the Provider Manuals for all four lines of business/products at least annually. Our 2025 Medicaid, Medicare and Marketplace Provider Manuals are now available online at
MolinaHealthcare.com/providers/mi/medicaid/home.aspx
MolinaHealthcare.com/providers/common/medicare/medicare.aspx
MolinaMarketplace.com/marketplace/mi/en-us/Providers/Provider-Forms

Our 2025 Dual Options Provider Manuals will be available soon.

Provider network management tool is available

Molina has added features for new and current providers to our provider network management portal. All submissions to join the Molina network or to add, term and/or update requests should now be submitted through the portal. Providers and practice managers will have their own designated login and password. Updates, add-ons and all required credentialing documents can be made directly on the portal. Council for Affordable Quality Healthcare (CAQH) providers will have prepopulated information – minimizing the time it takes to fill out credentials. Delegated groups can upload rosters as needed, and non-delegated groups can add providers individually or via roster upload to make demographic updates such as:

- Change in office location, office hours, phone, fax or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in taxpayer identification number (TIN) and/or National Provider Identifier (NPI)
- Open or close practice to new patients

MOLINA HEALTHCARE

Provider orientations

To join any of the following orientations, please visit our "You Matter to Molina" website section for providers. Below are the dates/times for upcoming live orientation sessions:

- Thursday, April 24, 9 a.m.– 10:30 a.m.

- Thursday, May 22, 9 a.m.– 10:30 a.m.

Availity appeals and reconsideration changes

Based on feedback from the Molina provider community regarding the multiple options to select from when submitting a reconsideration or appeal, we have streamlined the options in Availity to simplify the selection process for you.

Health care providers may now only select from the following two options:

- Claim Payment Inquiry/Reconsideration
- Claim Payment Dispute/Appeal

For additional details, please see the two-page overview at the end of this bulletin.

2025 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 hematologists/oncologists, cardiologists and neurologists, to receive training about Molina'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 **MolinaHealthcare.com/ /media/Molina/PublicWebsite/2025ModelofCareProviderTraining.pdf**.

Molina is a proud partner in efforts to address pregnancy issues

Molina proudly works with community partners to address low birth weight and other pregnancy issues. The MIRACLE Center, serving 12 Michigan counties, is just one resource working to address those issues. For more information please visit:
Obgyn.msu.edu/about-the-center
Obgyn.msu.edu/images/ahrq/about-project-3.pdf
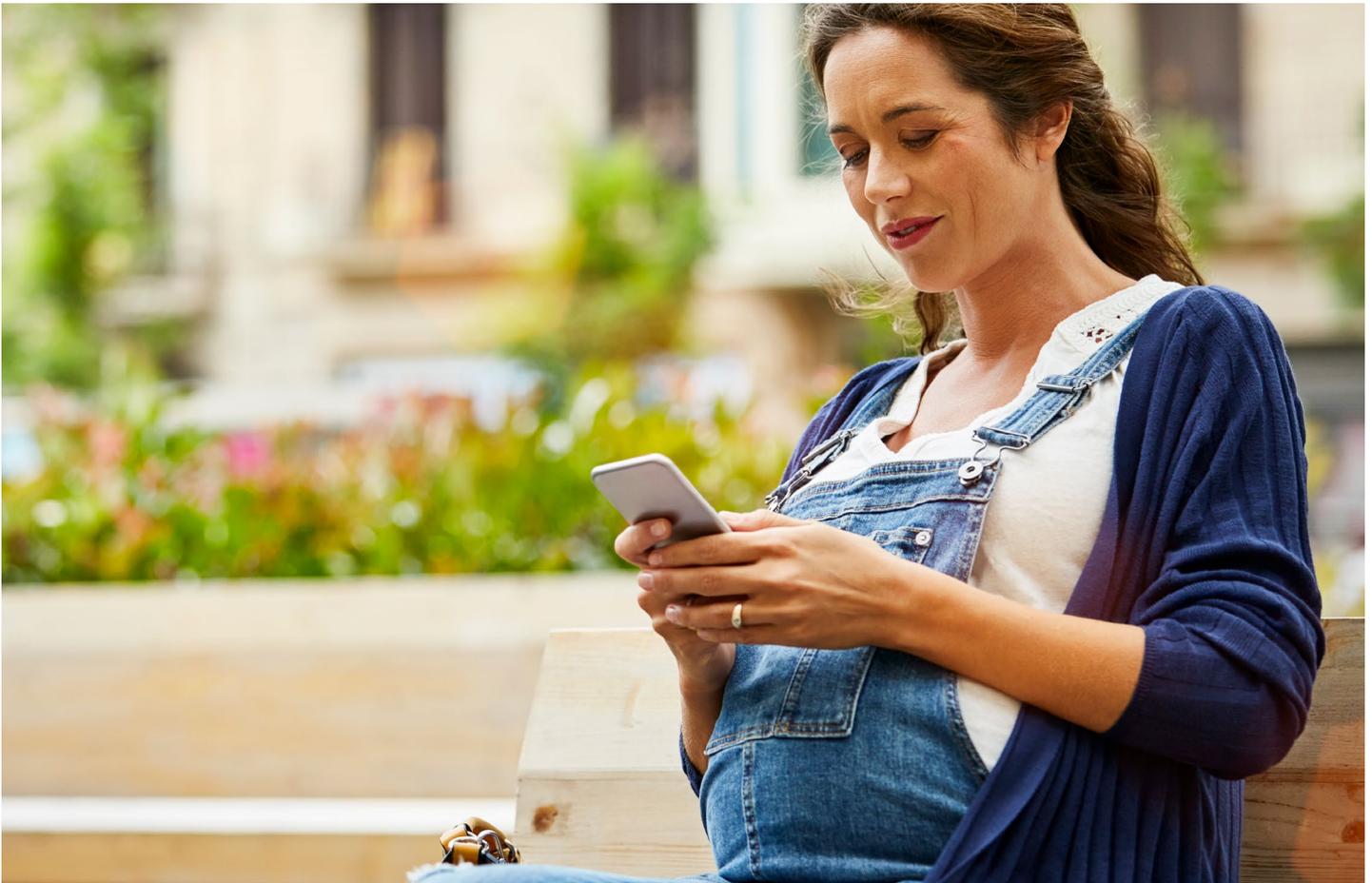
Molina will offer In Lieu of Services (ILOS) to address Medicaid members' health-related nutritional needs

Molina is working hard to launch ILOS nutrition benefits for our members and has put together a set of frequently asked questions for provider partners on our plans. We look forward to sharing additional information on our ILOS benefits in the coming months as we approach our anticipated launch in June.

Question	Answer
Is Molina offering ILOS?	Yes, in Summer 2025, Molina will begin offering ILOS nutrition benefits for eligible members in regions 2, 3, 4, 5, 6 and 10.
What ILOS benefits will Molina provide to members?	Molina will offer all four ILOS benefits - medically tailored home-delivered meals, healthy home-delivered meals, healthy food packs and produce prescriptions - to eligible members who meet the clinical risk, social risk and medical necessity criteria for ILOS benefits.
Who will be eligible for ILOS benefits?	Since ILOS benefits are intended to replace health care services like an emergency room and/or inpatient hospitalization, Molina will be applying medical necessity criteria, along with the ILOS policy guide service limitations, to authorize members meeting one of the MDHHS-required clinical risk factors for ILOS. This will ensure members most likely to clinically benefit from the service are receiving the benefit. The nine clinical risk factors for ILOS outlined in the MDHHS ILOS Policy Guide (located at **Michigan.gov/mdhhs/mihealthylife/michigan-in-lieu-of-services**) are: - Members with nutrition-sensitive conditions - Members recently discharged from hospital or skilled nursing facility - Members at risk of an avoidable emergency room visit or inpatient hospitalization - Members identified with a high-risk pregnancy - Former foster care youth - Children with elevated blood lead levels, experiencing adverse childhood experiences, or at risk of developing an acute or chronic condition - Children eligible for the Children's Special Health Care Services (CSHCS) program - Members eligible for the Persons with Special Health Care Needs (PSHCN) program - Members designated as disabled

Question	Answer
How will patients access Molina's ILOS benefits?	Molina's care managers will reach out to members who meet the clinical risk, social risk and medical necessity criteria for ILOS for benefit authorization. This process will include identifying the most appropriate ILOS benefit to meet the member's needs.
How will Molina determine medical necessity?	When assessing for ILOS benefits authorization, Molina's medical necessity criteria will capture our highest-risk members. Factors that calculate risk include chronic conditions, recent emergency room utilization and recent inpatient hospitalizations. Molina's medical necessity criteria will be outlined on the ILOS prior authorization form, which will be available to our provider network.
Will providers be required to participate in ILOS?	Molina providers can participate in our ILOS program by referring appropriate patients for the service, but your participation is optional. Molina's ILOS Assessment & Prior Authorization Request form will be available to Molina providers via the Molina provider portal in Summer 2025.
How will ILOS benefits be delivered?	Molina will contract with locally based organizations and national vendors for ILOS service delivery. After we launch our program, our ILOS Provider Directory will be available on Molina's Provider Online Directory.
How can I learn more about Molina's ILOS plan?	Molina will share additional information on our ILOS program, including our ILOS assessment and referral form, with our provider network at Joint Operating Committee (JOC) meetings and other network meeting venues by early Fall 2025. Additionally, we will include ILOS program information and updates in future Provider Bulletins, our "You Matter to Molina" provider webpage and the Molina Provider Manual. If you have additional questions, please reach out to Erin Conklin, community reinvestment manager at **Erin.Conklin@MolinaHealthcare.com**.

MOLINA HEALTHCARE

Treating Hepatitis C (HCV)

The Centers for Disease Control and Prevention (CDC) reports that one out of three people infected with Hepatitis C are unaware they are infected. In Michigan, it is estimated that at least 200,000 people are living with Hepatitis C. Between 75-85 percent of people infected have no symptoms associated with their Hepatitis C infection, putting them at risk for complications related to hepatitis C and unknowingly transmitting the virus to others. Unfortunately, there is no vaccine to prevent hepatitis C; however, it is important to know the screening recommendations and treatment guidelines to help prevent transmission.

Screening recommendations

Universal screening:
The CDC recommends one-time HCV screening for all adults 18 years and older.

Risk-based screening:
Individuals with certain risk factors for HCV infection should be screened periodically. This includes:

- People who inject drugs
- People with multiple sexual partners
- Health care workers exposed to HCV
- Infants born to HCV-positive mothers
- Individuals who received blood transfusions or organ transplants before 1992

Testing Procedures

Antibody test:
An initial antibody test detects antibodies to HCV. A positive antibody test indicates current or past HCV infection.

RNA test:
An RNA test is performed to confirm active HCV infection if the antibody test is positive.

Find out more in Molina's quarterly provider newsletter

In addition to our monthly Provider Bulletin, we publish quarterly newsletters for our health care provider partners. This newsletter includes medical management policies and procedures to support providers in delivering quality health care services to your patients and our Molina members. Below is a list of some articles in our first-quarter 2025 edition:

- Evaluating Molina's quality performance
- IMPORTANT: Changes to NCQA Credentialing requirements
- Update provider data accuracy and validation
- Clinical Policy

To view our quarterly newsletters, visit **MolinaHealthcare.com/providers/mi/medicaid/home.aspx** under the Communications tab.

MOLINA HEALTHCARE

Availity Appeals and Reconsideration changes

Summary of changes to drop-down menu options for Dispute this Claim

Overview of changes

Based on feedback we received from the Molina provider community regarding the multiple options to select from when submitting a reconsideration or appeal, we have streamlined the options in Availity to simplify the selection process for you. There are now only two options to select from:

- Claim Payment Inquiry/Reconsideration
- Claim Payment Dispute/Appeal

Details of the updated options

1. Claim Payment Inquiry/Reconsideration

   A Claim Payment Inquiry or Reconsideration is a review of a claim you believe was paid or denied incorrectly due to a minor error. These inquiries are typically straightforward and can be quickly resolved. This option consists of the following categories:

   1. Reconsideration – Authorization
   2. Reconsideration – Eligibility
   3. Reconsideration – Pricing Review
   4. Reconsideration – Other

Reconsiderations are NOT a formal appeal

   Examples to use this option include:

   - Retro-eligibility issues
   - Coordination of benefit updates
   - Claims denied as a duplicate in error
   - Claims denied for no authorization when authorization is not required or when an approved authorization is on file

   Please note that you cannot submit supporting documentation with a claim payment inquiry. The outcome of a payment inquiry may result in either a claims adjustment or a directive to submit a **Corrected Claim** or initiate the **Claim Payment Dispute/Appeal** process.

MOLINA HEALTHCARE

2. Claim Payment Dispute/Appeal

A Claim Payment Dispute or Appeal is a more formal review of a claim you believe was paid or denied incorrectly. This process typically requires you to submit supporting documentation to substantiate your dispute or appeal. This option consists of the following categories:

1. Appeal – Authorization
2. Appeal – Benefit
3. Appeal – Code Edit
4. Appeal – Contractual Payment Issue
5. Appeal – Enrollment/Eligibility/COB
6. Appeal – Untimely Filing

Examples to use this option include:

- Denials for code edits
- Untimely filing
- Non-covered benefits
- Absent or denied authorizations

MOLINA®
HEALTHCARE