



PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Providers

Third Quarter 2022

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NPPES Review for Data Accuracy



Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

Centers for Medicare & Medicaid Services (CMS) encourages Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to our members.

When reviewing your provider data in NPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and *actively* see patients and where a patient can call and make an appointment. Do not include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPES. Remember, NPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPES, you may reference NPES help at [NPES.cms.hhs.gov](https://www.npes.cms.hhs.gov).

Clinical Policy Update Highlights from Second Quarter 2022

Molina Clinical Policies (MCPs) are located at www.molinaclinicalpolicy.com. The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC). The second quarter 2022 updates are noted below.

The following new policies were approved:

- Carvykti (ciltacabtagene autoleucl)
- Gastric Electrical Stimulation
- Gender Affirmation Treatment and Procedures
- Occupational Therapy
- Prescription Digital Therapeutics
- Shoulder MRI

Please note the name change of the following existing policies:

- Steroid-Eluting Sinus Stents and Implants (PROPEL, SINUVA) [formerly SINUVA (mometasone furoate)]
- Minimally Invasive Sacroiliac Joint Fusion (formerly iFuse Implant for Sacroiliac Joint Fusion)

The following policy has been retired and is no longer available on the website:

- Computer Aided Evaluation Malignancy Breast with MRI and Lung Radiology

Payment Solutions

Molina Healthcare has partnered with our payment vendor, Change Healthcare to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is *free* to providers and we encourage you to register after receiving your first payment from Molina.

The ECHO payment platform offers enhanced functionality to better serve Molina providers such as e-check and virtual card (where available). Additionally, 835's will be generated and available to you for every transaction. You will also have access to yearly 1099's directly through your account.

ECHO support is available to answer questions regarding registration and 835's. They can be contacted at (888) 834-3511.

Login or register for the ECHO payment platform today: providerpayments.com/Login.aspx

Posttraumatic Stress Disorder (PTSD) Awareness

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder developed by some people who have been exposed to an event that threatened serious harm or death. It can present with sleep disturbance, irritability and angry outbursts, avoidance of places or events that are reminders, recurrent dreams about the event, intense reactions to reminders of the event and can lead to relationship issues and isolation. This was initially noticed primarily in veterans however can affect anyone at any age, generally affecting approximately 12.5% of the population in primary care. Younger children can present differently, exhibiting symptoms such as wetting the bed after toilet training, regressions in speech, reenacting the event during playtime and being atypically clingy to parents and other adults. Symptoms typically arise within 3 months of the event occurrence but can be delayed.

Medication and psychotherapies are the primary forms of treatment for PTSD and often the primary care provider (PCP) is the first professional that people talk to about these symptoms arising. If you have a patient who needs screening for PTSD, the National Center for PTSD offers this five question screening tool: [Primary Care PTSD Screen for DMS-5 \(PC-PTSD-5\)](#)

Additionally, the American Psychological Association provides information for patients and families that can help them understand what they are going through available [HERE](#)

References:

1. [VA PTSD Reference](#)
2. [Youth.gov PTSD Reference](#)
3. [Harvard Review of Psychiatry PTSD in Primary Care: Summary of Recommended Care](#)
4. [NIMH.nih.gov](#)

Helping Your Patients Shouldn't Stop When You Leave Your Office



Now it doesn't have to.

Molina Healthcare (Molina) is proud to introduce Molina Help Finder – a new, one-stop resource, powered by findhelp – that assists Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, providers can also refer patients in real time right from your [provider portal](#). Simply search by category for the types of services needed, like food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your local provider relations team. You can also visit [MolinaHelpFinder.com](#) to learn more.

Marketplace Benefit Interpretation Policy Guide

Molina Healthcare is committed to bringing transparency to providers around the benefits available to our Marketplace members. One way we do this is by making our Marketplace benefit interpretation policies available for reference and review on the [MolinaMarketplace.com](https://www.molinamarketplace.com) website. The Marketplace benefit interpretation policies provide:

- Description of the benefit(s) from the Marketplace evidence of coverage (EOC) filed for each state
- Overview of applicable federal and/or state regulations for each Marketplace state
- Enhancements to the Marketplace benefit by state, if any
- Applicable exclusions for each Marketplace state
- Clinical perspective, if any

How to Access:

- [MolinaMarketplace.com](https://www.molinamarketplace.com) Home Page → Provider → Policies → Benefit Interpretation Policies

Note: Please be sure you select the state you are referencing in the drop down on the Molina Marketplace website.

Site: <https://www.molinamarketplace.com/marketplace/mi/en-us/Providers/Policies/benefit-interpretation-policies>

Importance of Metabolic Monitoring of Antipsychotic Medications

The Molina Healthcare National Pharmacy and Therapeutics committee would like to remind providers about the importance of metabolic monitoring of antipsychotic medications.

Patients taking antipsychotic medications are a population at increased risk for metabolic problems such as diabetes, hyperlipidemia, hypertension or obesity. These metabolic effects may occur in any patient but are particularly concerning in children and adolescents, drug-naïve patients, or patients with first-episode schizophrenia. The first consensus guideline was released in 2004, by the American Diabetes Association and endorsed by the American Psychiatric Association (APA), and the American Association of Clinical Endocrinologists. It recommended metabolic screening for children and adolescents. Since that time, there have been several data reports to suggest metabolic monitoring of antipsychotic medications is only occurring in roughly 35% of patients.

Based on recommendations from the APA, patients should have the following assessments four months after initiating a new treatment, and annually thereafter: fasting blood glucose, or hemoglobin A1C and lipid panel. Some reasonable strategies to overcome the barriers associated with adherence to monitoring include engaging patients or caregivers in a self-management strategy to enhance their own monitoring. Ensuring patients have a scale and encourage healthy behaviors. Ordering laboratory tests in a timely manner and communicating these expectations with the patient and/or caregiver during the visit may help to increase patient adherence as well.

Within the past year you may have received educational notifications from Molina in order to support metabolic monitoring where Molina believes a member can benefit from an improved quality of care.

References:

1. American Psychiatric Association. (2020). The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. doi: 10.1176/appi.books.9780890424841

2. R.L. Finding et al. (2011) American Academy of Child and Adolescent Psychiatry: Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. [AACAP.org](https://www.aacap.org)
3. Agency for Healthcare Research and Quality: Metabolic Monitoring for Children and Adolescents on Antipsychotics. AHRQ Publication No. 14(18)-P011-2 (2/2018) [AHRQ.gov](https://www.ahrq.gov)

2022 Molina Healthcare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Molina Healthcare requires PCPs and key high-volume specialists including cardiologists, psychiatrists and neurologists to receive training about Molina Healthcare's Special Needs Plans (SNPs) Model of Care (MOC).

The SNPs 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 you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at Molinahealthcare.com/model-of-care-Provider-Training. The completion date for this year's training is October 31.

If you have additional questions, please contact your Provider Service Representative directly or you can contact the Provider Services Department by phone at (947) 622-1230 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Is Your Authorization Request Urgent?

Molina Healthcare renders decisions on prior authorization requests as quickly as a member's health requires. In accordance with CMS and state guidelines, providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a member's life or health.

When submitting prior authorization requests, keep the following items in mind:

- An urgent/expedited service request designation should be used only when "applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function." When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Molina Healthcare Prior Authorization Request Form if requesting via fax.
- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated timeframes. Because these timeframes are measured in hours rather than days, the provider or provider's office staff must be available to answer any potential questions about the request in a timely manner.
- Submit all necessary information with the request. Failure to do so will require Molina to ask for additional information, which could delay the decision. If Molina requests more information, we urge providers to respond immediately to allow Molina to render a decision within the mandated expedited timeframe.



- Molina will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

Cultural Competency Resources for Providers and Office Staff

Molina Healthcare is committed to improving health equity by being a culturally competent organization. We support and adhere to the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) as established by the Office of Minority Health. Additionally, we work to achieve NCQA's [Health Equity Accreditation](#) in the markets we serve. Cultural and linguistic competency is the ability to provide respectful and responsive care to members with diverse values, beliefs and behaviors, including tailoring health care delivery to meet members' social, cultural and linguistic needs.

Molina's Building Culturally Competent Healthcare: Training for Providers and Staff

Cultural competency can positively impact a patient's health care experience and outcomes. A series of five short cultural competency training videos are available to providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at Molinahealthcare.com.

Training topics:

- Module 1: Introduction to Cultural Competency
 - The need for cultural competency
 - How culture impacts health care
 - Implicit bias
 - Federal requirements related to cultural competency (Affordable Care Act, Americans with Disabilities Act)
- Module 2: Health Disparities
 - Examples of racial health disparities and health disparities among persons with disabilities
 - Health equity
 - Social determinants of health
- Module 3: Specific Population Focus – Seniors and Persons with Disabilities
 - Social model of disability and accepted protocol and language of the independent living/disability rights movement
- Module 4: Specific Population Focus – LGBTQ and Immigrants / Refugees
 - Health disparities among LGBTQ population
 - Clear communication guidelines for healthcare providers interacting with LGBTQ patients
 - Disparities among immigrant and refugee communities
 - Clear communication guidelines for healthcare providers interacting with immigrant and refugee patients
- Module 5: Becoming Culturally Competent
 - Perspective-taking
 - Clear communication guidelines
 - Tips for effective listening
 - Assisting patients whose preferred language is not English
 - Tips for working with an interpreter
 - Teach back method

- Molina Healthcare's language access services

Each training video ranges in length from five to ten minutes each. Viewers may participate in all five training modules, or just one, depending on topics of interest. If you have additional questions, please contact your Provider Service Representative directly or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Americans with Disabilities Act (ADA) Resources: Provider Education Series

A series of provider education materials related to disabilities is now available to providers and office staff on Molina's website. Please visit Molina's *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at Molinahealthcare.com to view the materials.

Resources consist of the following educational materials:

- American with Disabilities Act (ADA)
 - Introduction to the ADA, and questions and answers for health care providers (i.e. which healthcare providers are covered under the ADA; how does one remove communication barriers that are structural in nature; is there any money available to assist with ADA compliance costs?).
- Members who are Blind or have Low Vision
 - How to get information in alternate formats such as Braille, large font, audio, or other formats that members can use.
- Service Animals
 - Examples of tasks performed by a service animal; tasks that do not meet the definition of service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules.
- Tips for Communicating with People with Disabilities & Seniors
 - Communicating with individuals who are blind or visually impaired; deaf or hard of hearing; Communicating with individuals with mobility impairments; speech impairments; and communicating with seniors.

If you have additional questions, please contact your Provider Service Representative directly or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Molina's Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for limited English proficiency patients. Molina strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Molina provides the following services directly to members at no cost, when needed:

- Written material in other formats (i.e. large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and sign language interpreter services
- Relay service (711)

- 24-hour Nurse Advice line
- Bilingual/bicultural staff

In many cases, Molina will also cover the cost for a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider contact centers to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, visit Molinahealthcare.com, contact your Provider Service Representative directly contact the Provider Services Department by phone at (947) 622-1230 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through the Availity Essentials portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Molina faster with the elimination of mailing time

How to submit EDI claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, Change Healthcare, or use a clearinghouse of your choice. If you do not have a clearinghouse, Molina offers additional options for electronic claims submissions. Log onto the Availity Essentials portal at provider.Molinahealthcare.com for more information.

Frequently Asked Questions:

- Can I submit COB claims electronically?
 - Yes, Molina and our connected clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to send EDI?
 - No, any number of claims via EDI saves both time and money.
- Which clearinghouses are currently available to submit EDI claims to Molina?
 - Molina uses Change Healthcare as our channel partner for EDI claims. You may use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.
- Which claims EDI transactions Molina Utilize?
 - 837P (Professional claims) and 837I (Institutional claims)
 - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
 - 278 (Health Care Services Review - Request for Review and Response)
 - 276/277 (Health Care Claim Status Request and Response)
 - 835 (Health Care Claim Payment/Advice)
- What is Molina's Payer ID?
 - Molina Healthcare of Michigan's Payer ID is 38334

- What if I still have questions?

More information is available at Molinahealthcare.com under the EDI ERA/EFT tab.

Provider Dental Information

The Michigan Medicaid program provides good dental care through several established programs with many of the programs administered directly by Molina Healthcare of Michigan. Molina is working with members to educate and encourage members to utilize their benefits to improve their dental and related physical health, including programs to reduce emergency room usage for nontraumatic dental problems.

Please remind your Molina Medicaid, Medicare and MI Health Link (MMP) patients of their dental benefits.

For Molina programs, members use their Medicaid ID card to obtain benefits. Molina administers these dental benefits and programs:

- **Healthy MI and MI Health Link**
Members in the Healthy MI Plan and MI Health Link have comprehensive dental benefits through Molina Healthcare, including preventive cleanings and x-rays, fillings, extractions, and dentures.
- **Medicaid Pregnant Members**
Molina Healthcare provides dental services to pregnant women, ages 19 to 64. Pregnant Medicaid members will be able to use their Molina Healthcare Medicaid ID card to obtain dental services during pregnancy through 12 months after they deliver. Molina Dental Services under Medicaid are provided to members at no cost. Molina's dental benefit includes cleaning, fillings and other preventive services.
- **Prenatal Care Visits with a PCP or OB/GYN**
Early prenatal care is an important way to prevent complications in pregnancy that can affect the health of both mother and baby. Prenatal visits should begin as soon as the pregnancy is confirmed or immediately after the member is enrolled.
- **Medicaid Children Fluoride Treatments**
Molina PCPs may provide fluoride treatments to children 0-3 years and submit claims directly to Molina.

If you have additional questions, please contact your Provider Service Representative directly or you can contact the Provider Services Department by phone at (947) 622-1230 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Molina Healthcare Medicare Members have dental coverage through Delta Dental

- Molina Medicare Complete Care
 - \$0 co-pay to see a participating Delta Dental Dentist for covered preventive services

- \$4,000 annual maximum allowance for all covered comprehensive dental services, including dentures
- Molina Medicare Complete Care Select
 - \$0 co-pay to see a participating Delta Dental Dentist for covered preventive services
 - \$2,500 annual maximum allowance for all covered comprehensive dental services, including dentures
- Molina Medicare Choice Care (non-dual plan)
 - \$0 co-pay to see a participating Delta Dental Dentist for covered preventive services
 - \$2,000 annual maximum allowance for all covered comprehensive dental services, including dentures

To find a Delta Dental provider visit

<https://www.molinahealthcare.com/members/mi/en-us/Pages/home.aspx>, then find a Doctor or Pharmacy, and then select “Dental Care” in the Category menu to view the Delta Dental providers available.

If you have questions regarding Molina Healthcare Medicare dental services, please contact Member Services at (800) 665-3072.

Americans with Disabilities Act (ADA)

Americans with Disabilities Act (ADA) Resources: Provider Education Series:

A series of provider education materials related to disabilities is now available to providers and office staff on Molina’s website. Please visit Molina’s Culturally and Linguistically Appropriate Resources/Disability Resources link under the Health Resources tab at

<https://www.molinahealthcare.com/providers/mi/medicaid/home.aspx> to view the materials.

Molina Healthcare’s Provider Education Series – Disability Resources consists of the following educational materials:

- *Americans with Disabilities Act (ADA)*
 - Introduction to the ADA and questions and answers for healthcare providers (e.g., Which healthcare providers are covered under the ADA? How does one remove communication barriers that are structural in nature? Is there money available to assist with ADA compliance costs?).
- *Members who are Blind or have Low Vision*
 - How to get information in alternate formats such as Braille, large font, audio, or other formats.
- *Service Animals*
 - Examples of tasks performed by a service animal; tasks that do not meet the definition of service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules.
- *Tips for Communicating with People with Disabilities & Seniors*

- Communicating with Individuals who Are Blind or Visually Impaired; Deaf or Hard of Hearing; Communicating with Individuals with Mobility Impairments; Speech Impairments; and Communicating with Seniors.

Please contact your Provider Services Representative if you have any questions.

Molina's Language Access Services

Accurate communication strengthens mutual understanding of illness and treatment, increases patient satisfaction, and improves the quality of health care. Providing language access services is a legal requirement for health care systems that receive federal funds; a member cannot be refused services due to language barriers. When needed, Molina provides the following services directly to members at no cost:

- Written material in other formats (i.e. large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and Sign Language Interpreter Services
- Relay Service (711)
- 24-Hour Nurse Advice Line
- Bilingual/Bicultural Staff

In many cases, Molina will also cover the cost for a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call the Member and Provider Contact Center to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit www.MolinaHealthcare.com.

CHAMPS Enrollment/Requirement for Prescribers

In accordance with Michigan Department of Health and Human Services (MDHHS) Bulletin (MSA 17-48), any individual medical provider or entity that provides services, or orders and prescribes services for individuals with Michigan Medicaid coverage must enroll in the Community Health Automated Medicaid Processing System (CHAMPS).

Enrollment in CHAMPS is solely used for screening providers participating in Medicaid and does not enroll providers in Fee-For-Service Medicaid. Medicaid rules prohibit payment to providers not appropriately screened and enrolled.

Providers who prescribe drugs to Medicaid beneficiaries must also be actively enrolled in CHAMPS.

MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS this is in accordance with MDHHS Bulletin (MSA 19-20). Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied.

This applies to all providers who prescribe drugs, including medical residents. Prescriptions for MI Medicaid members will **reject at point-of-sale**.

The reject code/message displayed to the pharmacy will read: *“889: Prescriber Not Enrolled in State Medicaid Program.”*

To avoid interruptions in beneficiary drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit www.michigan.gov/medicaidproviders. This link provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider. It provides links to CHAMPS, billing and reimbursement resources, training, policy documents.

Providers who have questions about the enrollment process or require assistance may contact MDHHS Provider Support at (800) 292-2550.

Provider General Information: www.michigan.gov/medicaidproviders

CHAMPS Provider Enrollment: <https://milogintp.michigan.gov>

If you have questions regarding your Molina enrollment due to CHAMPS participation, please contact your Provider Service Representative directly or you can contact the Provider Services Department by phone at (947) 622-1230 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Reminder: Molina Provider Portal Now on Availity

Molina Healthcare has chosen Availity as its exclusive provider portal and will be available on Availity Portal as your one-stop shop for information and transactions from Molina and other participating payers. While we encourage you to get registered and take advantage of Availity training, you will continue to have access to the existing Molina Provider Portal throughout your transition to Availity.

On Availity, you'll have access to:

- Submit claims, send supporting claim documentation, and check claim status.
- Check member eligibility and benefits.
- View remittances and EOPs/EOBs.
- Submit and review Prior Authorizations
- Access Molina-specific resources through a dedicated payer space on Availity Portal:
 - View and navigate through your member roster.
 - Submit claim appeal/dispute/reconsideration.
 - Compare your HEDIS scores with national benchmarks.

If you are not currently registration with Availity, it is easy and free of charge. All you will need to do is [Click here to register](#) for the new Molina Portal with Availity. After you register, you will receive a prompt that will guide you through onboarding into the new portal.

If you have additional questions, please contact your Provider Service Representative directly or you can contact the Provider Services Department by phone at (947) 622-1230 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Fraud, Waste and Abuse – Definitions and How to Report

Definitions

Fraud: means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person. It includes any act that constitutes fraud under applicable Federal or State Law. (42 CFR § 455.2)

Waste: means health care spending that can be eliminated without reducing the quality of care. Quality waste includes overuse, underuse, and ineffective use. Inefficiency waste includes redundancy, delays, and unnecessary process complexity. An example would be the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome resulted in poor or inefficient billing methods (e.g. coding) causing unnecessary costs to State and Federal health care programs.

Abuse: means Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary costs to State and Federal health care programs, or in reimbursement for services that are not Medically Necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to State and Federal health care programs. (42 CFR § 455.2)

Reporting Fraud, Waste and Abuse

If you suspect cases of fraud, waste, or abuse, you must report it by contacting the Molina AlertLine. AlertLine is an external telephone and web-based reporting system hosted by NAVEX Global, a leading Provider of compliance and ethics hotline services. AlertLine telephone and web-based reporting is available 24 hours a day, seven days a week, 365 days a year. When you make a report, you can choose to remain confidential or anonymous. If you choose to call AlertLine, a trained professional at NAVEX Global will note your concerns and provide them to the Molina Compliance department for follow-up. If you elect to use the web-based reporting process, you will be asked a series of questions concluding with the submission of your report. Reports to AlertLine can be made from anywhere within the United States with telephone or internet access.

Molina AlertLine can be reached toll free at (866) 606-3889 or you may use the service's website to make a report at any time at MolinaHealthcare.alertline.com.

You may also report cases of fraud, waste or abuse to Molina's Compliance department. You have the right to have your concerns reported anonymously without fear of retaliation.

Molina Healthcare of Michigan, Inc.
Attn: Compliance
880 W. Long Lake Road
Troy, MI 48098
Email: mhmcompliance@molinahealthcare.com

Remember to include the following information when reporting:

- Nature of complaint.

- The names of individuals and/or entity involved in suspected fraud and/or abuse including address, phone number, Molina Member ID number and any other identifying information.

Suspected fraud and abuse may also be reported directly to the State at:

Department of Health and Human Services

Office of Inspector General

P.O. Box 30062

Lansing, MI 48909

Phone: 855-MI-FRAUD (643-7283)

Online: <http://www.michigan.gov/fraud>

Reminder: Paper Claims Must Be Sent to Appropriate Claims PO Box

New and/or corrected paper claims need to be sent to the appropriate Claims PO Box to ensure they are received in a controlled, secure environment and ultimately reduce delays in processing.

Paper claim submissions are not considered to be “accepted” until received at the appropriate Claims PO Box. Therefore, the paper claim(s) received will be returned to you for appropriate submission.

Please reference Molina’s Provider Manual or Member ID card for the appropriate claims address to send the attached claims to. Provider manuals are located via the following link:

www.molinahealthcare.com

Please note that submission of paper claims must follow these requirements:

- Molina will only accept the original Flint OCR red and white CMS 1500 (02/12) and CMS 1450 (UB-04) paper claim forms
 - Other claim form types will be upfront rejected and returned to the provider. This includes black and white forms, copied forms as well as forms with any altering to include claims with handwriting.
- Paper claims are typed with either 10 or 12 Times New Roman font.
- Providers will need to avoid the use of highlights, italics, bold text or staples on claims.

As always, your program participation is highly valued, and we are committed to providing you with excellent customer service. If you have additional questions, please contact your Provider Service Representative directly or you can contact the Provider Services Department by phone at (947) 622-1230 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Healthmap Solutions Partnership Improves Care for Chronic Kidney Disease Patients

Molina Healthcare has recently partnered with Healthmap Solutions (Healthmap), a kidney population health management company, to provide comprehensive care for our members with chronic kidney disease (CKD). If you have a patient with kidney disease, or chronic conditions that may lead to kidney

disease, Healthmap may contact you to partner with them. Healthmap provides collaborative recommendations through workflow-friendly clinical decision support.

Healthmap's Kidney Health Management (KHM) health solution integrates into your existing practice workflow to complement your patient's current plan of care. Healthmap can supply you with actionable information, based on industry proven, best practices that are powered by data analytics, to more effectively anticipate and deliver the right clinical care.

All patients identified as at risk for CKD Stage 3 and higher are included in the KHM program. A predictive algorithm is used to identify patients, detect opportunities for interventions, and surface disease-specific coding opportunities, offering you greater insight to individually tailored patient care. All patients are monitored for opportunities to address gaps in care related to medications, lab testing, specialty referrals and selective quality metrics.

Patients who may benefit from more interventional support are offered Healthmap's Care Navigation, a complex care coordination service to support members between office visits. Care Navigation supports the patient's overall care and focuses on identifying and removing barriers that prevent a patient from achieving the health goals you set with them.

Healthmap supplies providers with actionable information, aggregated patient treatment data, and predictive modeling to more effectively anticipate and deliver care. The KHM program offers the following benefits:

Practice benefits

- Utilize algorithms based on claims and electronic medical record (EMR) data to uncover and identify care gaps
- Recommend patients who may benefit from Care Navigation
- Deliver identified opportunities in an easy-to-read format

Provider benefits

- Facilitate increased information-sharing among the care team
- Promote communication of patient adherence to the plan of care
- Map individual health status to CKD guidelines
- Reduce provider fatigue by streamlining patient information

Patient benefits

- Improve outcomes including avoiding emergency department visits and hospital admissions
- Serve as a resource to overcome social determinant of health (SDOH) barriers
- Provide complex care management to patients at stage 3 CKD and beyond, including dialysis care
- Educate patients on alternatives to in-center dialysis

Learn more at www.healthmapsolutions.com.

MarketPlace Notification of Regulatory Updates

Effective July 1, 2022, for our MarketPlace product, a change in federal regulation requires that we update our agreements to incorporate certain regulatory language related to downstream and delegated entities who are performing obligations on behalf of Molina. These requirements can be found at 45 CFR 156.340(b) and are also copied below.

- b) Delegation agreement specifications. If any of the QHP issuer's activities or obligations, in accordance with paragraph (a) of this section, are delegated to other parties, the QHP issuer's agreement with any delegated or downstream entity must –
- (1) Specify the delegated activities and reporting responsibilities;
 - (2) Provide for revocation of the delegated activities and reporting standards or specify other remedies in instances where HHS or the QHP issuer determines that such parties have not performed satisfactorily;
 - (3) Specify that the delegated or downstream entity must comply with all applicable laws and regulations relating to the standards specified under paragraph (a) of this section;
 - (4) Specify that the delegated or downstream entity must permit access by the Secretary and the OIG or their designees in connection with their right to evaluate through an audit, inspection, or other means, to the delegated or downstream entity's books, contracts, computers, or other electronic systems, including medical records and documentation, relating to the QHP issuer's obligations in accordance with Federal standards under paragraph (a) of this section until 10 years from the final date of the agreement period;
 - (5) All agreements between issuers offering QHPs through an Exchange and delegated or downstream entities the issuers engage to support the issuer's activities on an Exchange must include language stating that the relevant Exchange authority may demand and receive the delegated or downstream entity's books, contracts, computers, or other electronic systems, including medical records and documentation, relating to the QHP issuer's obligations in accordance with Federal standards under paragraph (a) of this section until 10 years from the final date of the agreement period.

To the extent that your agreement does not already contain each of these terms, Molina will soon be sending provider contract notice amendments to update the MarketPlace regulatory attachment effective July 1, 2022, which may also include some additional regulatory requirements. In the interim, Molina is sending this communication to make you aware of these requirements as soon as possible.

Provider concerns or inquiries regarding this communication should be directed to the Health Plan's Provider Contracting Representative.

PrEP Recommendations for Providers: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2021 Update – A Clinical Practice Guideline

The Centers for Disease Control and Prevention (CDC) released the *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update—A Clinical Practice Guideline* to provide health care providers the latest guidance on prescribing pre-exposure prophylaxis (PrEP) for HIV

prevention to their patients and increasing PrEP use by those individuals who could benefit from it. This update includes guidance based on current evidence, recent approvals of PrEP medications by the Food and Drug Administration (FDA), clarifies some aspects of clinical care, and simplifies the guidelines to give providers more clarity on when to recommend and prescribe PrEP therapy.

Who Should Receive PrEP?

The CDC recommends informing all sexually active adults and adolescents that PrEP can protect them from getting HIV. Providers are encouraged to offer PrEP to any patient who asks for it, including sexually active adults who do not report high-risk sexual behavior. Informing all sexually active patients increases public awareness and promotes patient transparency in sharing information with providers about high-risk sexual behavior.

What medications and dosing are recommended for PrEP?

PrEP medications are available in daily oral regimens, as well as an injectable form, taken once every 2 months. See the table below for dosing guidelines:

Generic Name	Trade Name	Dose	Frequency	Route
F/TDF	Truvada®	200 mg/300 mg	Once daily	Oral
F/TAF	Descovy®	200 mg/25 mg	Once daily	Oral
Cabotegravir ER	Apretude®	600 mg	Every 2 months*	IM

*The initial, loading dose of Apretude® is 600 mg IM once per month x 2 months

Clinical Considerations

- **Daily oral PrEP with F/TDF** is recommended to prevent HIV infection among all people at risk through sex or injection drug use.
- **Daily oral PrEP with F/TAF** is recommended to prevent HIV infection among people at risk through sex, excluding people at risk through receptive vaginal sex. F/TAF has not yet been studied for HIV prevention for people assigned female at birth who could get HIV through receptive vaginal sex.
- **Injectable PrEP with CAB** is recommended to prevent HIV infection among all people at risk through sex. It may be especially useful for people who have problems taking oral PrEP as prescribed, who prefer getting a shot every 2 months instead of taking oral PrEP, or who have serious kidney disease that prevents use of oral PrEP medications.

Monitoring Ongoing PrEP

For oral PrEP (F/TDF or F/TAF):

- Assess creatinine clearance once every 12 months for patients under age 50 or patients whose estimated creatinine clearance was greater than 90 mL/min when they started oral PrEP
- For all other patients, assess creatinine clearance every 6 months

For patients taking F/TAF:

- Measure patients' triglyceride and cholesterol levels and their weight each year
- Review the list of medications that may interact with F/TAF or F/TDF

For injectable PrEP (cabotegravir, or CAB):

- Regular kidney, triglyceride, or cholesterol assessments are not needed for patients taking CAB, as they are for patients taking oral PrEP

- HIV testing every 2 months (at each injection visit)
- Sexually transmitted infection (STI) testing every 4 months (at every other injection visit)

For more information on PrEP guidelines and drug information, visit:

<https://www.cdc.gov/hiv/clinicians/prevention/prep.html>

Molina in the Community

Molina Healthcare of Michigan supported Great Lakes Bay Health Centers' NHCW Children's Health Day in Saginaw County on Aug. 9.



Molina Healthcare of Michigan supported the Great Lakes Bay Health Centers Health Fair at Saginaw High School on Aug. 15.



Molina Healthcare of Michigan supported **the** Saginaw DHHS Foster Families Backpack Giveaway on Aug. 10.



Molina Healthcare of Michigan supported the Saginaw Gospel Fest on Ojibway Island on Aug. 6.



Molina Healthcare of Michigan supported the Sterling Area Health Centers National Health Center Week Health and Wellness Fair in August.



Molina Healthcare of Michigan supported Bay County Health Department Kindergarten Round Up in Bay City on Aug. 6 and Aug. 9.



Molina Healthcare of Michigan supported Boys & Girls Club Pinconning Be Fit Festival on Aug. 5.



Molina Healthcare of Michigan supported **the** Midland Breastfeeding Walk on Aug. 6 in support of World Breastfeeding Week.



Molina Healthcare of Michigan supported the Bay Arenac ISD Family Fun Fest at Bay City State Park on Aug. 13.



Molina Healthcare of Michigan supported the Peer 360 Summer Beach Day Event in Saginaw on July 9. Peer 360 services individuals in substance abuse recovery and their families. Molina staff distributed materials and Molina donated gas gift cards for the prize drawing.



Molina Healthcare of Michigan supported the Midland County Health Department Kids COVID-19 Vaccine Event on July 13.



Molina Healthcare of Michigan is the team sponsor for a Hoyt Park Little League 10U team. The league allows children in Saginaw City to play organized baseball at low to no cost.



Molina Healthcare of Michigan partnered with St. Joseph Ascension and the National Coast Guard to host the Sun & Water Safety Day in East Tawas on July 12. Children received free life jackets donated by MHM and learned how to stay safe outside during the summer.



Molina Healthcare of Michigan supported and attended the grand opening of the new location of Catherine’s Health Center.



Molina Healthcare of Michigan supported Hackley Community Care’s “Meet the Pharmacy Staff” event in Muskegon on August 10 to celebrate National Health Center Week. The event featured prizes, ice cream, food and other giveaways for attendees.



Molina Healthcare of Michigan supported the “Inspiring Hope at Hasselbring” event at Hasselbring Park in Flint on July 9. MHM sponsored 100 fresh fruit and veggie boxes – each contained collared greens, potatoes, an onion, bananas, apples and oranges. MHM members were invited to the event via email.



MHM supported the Sanilac County Community Baby Shower in Sandusky. The event featured brunch, prizes, safety presentations and resources to help parents get babies off to a good and healthy start.



MHM supported the Kalamazoo Youth Development Network National Day of Summer Learning event on July 14.



MHM hosted “Molina Day” at Sarvesararao Talla, MD’s office in Southfield on July 13. Dr. Talla’s child and adolescent patients who were due for a yearly well child exam were invited to get their exam and receive Molina prizes and, upon scheduling the exam, the children’s parents or guardians were entered to win a \$50 gas card.



MHM sponsored the Midland County Health Department’s Pediatric COVID-19 Vaccination Clinic in Midland on July 11. Children ages 6 months to 17 years received their first or second dose of the vaccine, and children ages 5 years-plus could receive their booster shot. 53 vaccinations were given at

the event. MHM sponsored the Snowball Shaved Ice truck for all participants and their families and hosted an information table at the event.

