

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

In this Issue

Terrisca Des Jardins Named Plan President for Molina Healthcare of Michigan1

Claim Submission2

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/ Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey2

Molina Healthcare’s 2022 Quality Improvement Results.....3

Requirements for Submitting Prior Authorization5

Council for Affordable Quality Healthcare (CAQH).....6

Molina Healthcare’s Portal Access.....7

Our Gift to Network Providers: PsychHub Subscription7

Encourage your Patients to use My Health Perks!.....8

Molina’s 2023 Medicare Advantage Products Designed to Meet Member Needs.....9

Clinical Policy Updates Highlights from Fourth Quarter 2022.....9

EXCITING NEWS! Dental Benefits Extended to All Adult Medicaid, Healthy Michigan and MI Health Link (MMP) Members9

Americans with Disabilities Act (ADA)10

CHAMPS Enrollment/Requirement for Prescribers11

Fraud, Waste and Abuse – Definitions and How to Report.....12

Molina in the Community14

First Quarter 2023

Terrisca Des Jardins Named Plan President for Molina Healthcare of Michigan

Molina Healthcare is pleased to announce Terrisca Des Jardins as plan president for Molina Healthcare of Michigan. Terrisca is a health care industry veteran and comes to Molina from the Center for Health and Research Transformation (CHRT), a nonprofit at the University of Michigan focused on advancing policies and practices that improve the health of individuals, communities, and populations where she served as executive director.



Terrisca has deep experience working with providers, including working with many Michigan physicians to establish one of the most successful ACO models in the nation (performance years 2017-2019) across all measures, financial, quality and otherwise. Terrisca worked with health systems across the country as one of two core national faculty on an Institute for Healthcare Improvement (IHI) learning network addressing social needs in chronic and preventive disease. She has also served in leadership capacities at and collaborated with many large provider organizations over the course of her career.

“By joining Molina equipped with a wide array of professional experiences serving underserved populations, I hope to put my experience to good use for the Michigan Molina team, our members, providers, the State of Michigan, community partners, shareholders, and other important stakeholders. I am excited to earnestly partner with providers and your teams across Michigan to make Molina your plan of choice in the market,” Terrisca noted.

- continued on page 2 -

Molina Healthcare of Michigan appreciates all of our health care provider partners and celebrates you on National Doctors Day – March 30!

Terrisca completed her BA at Michigan State University and a master's degree in health services administration from the University of Michigan School of Public Health. She also completed the executive program in managed care at the University of Missouri in Kansas City. Her contributions have been recognized by the United States Surgeon General, the National Kidney Foundation, the National Partnership for Immunization, the Michigan Health Information Technology Commission, and Crain's Detroit Business (40 under 40 in 2013 and Notable Women in Health Care 2020).

Claim Submission

Molina strongly encourages providers to submit claims electronically, including secondary Claims. Electronic claims submission provides significant benefits to the provider including:

- Helps to reduce operation costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina faster

Molina offers the following electronic Claims submission options:

- Submit claims directly to Molina via the Availity Essentials portal
- Submit claims to Molina via your regular EDI clearinghouse

If electronic Claim submission is not possible, please submit paper claims to the following address:

Molina Healthcare of Michigan, Inc. PO Box 22668 Long Beach, CA 90801 **When submitting paper Claims:**

- Paper claim submissions are not considered to be "accepted" until received at the appropriate Claims PO Box.
- Claims received outside of the designated PO Box will be returned for appropriate submission.
- Paper claims are required to be submitted on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Paper claims not submitted on the required forms will be rejected and returned. This includes black and white forms, copied forms, and any altering including handwritten claims.
- Claims must be typed with either 10 or 12-point Times New Roman font, using black ink.

For more information, please see CMS claims submission guidance:

<https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500>

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice including:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina Healthcare members can call the 24-Hour Nurse Advice Line at:
 - English Telephone: (888) 275-8750
 - Spanish Telephone: (866) 648-3537
 - Hearing Impaired (TTY/TDD): 711
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Availity Essentials at provider.molinahealthcare.com to:
 - o Search for patients and check member eligibility
 - o Submit service request authorizations and/or claims and check status
 - o Review Patient Care Plan
 - o Obtain CAHPS® Tip Sheets
 - o Participate in online Cultural Competency trainings (also available at MolinaHealthcare.com)

Please encourage your patients who have received the CAHPS®/QHP survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests, and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

Molina Healthcare's 2022 Quality Improvement Results



Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®/QHP Enrollee Experience Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey assesses Molina members' satisfaction with their health care. It allows us to better

serve our members.

Molina has received the CAHPS®/QHP results of how our members rated our providers and our services.

Medicaid: In 2022, Molina improved in Getting Needed Care, Getting Care Quickly, Customer Service, Rating of Health Plan, Annual Flu Vaccine, Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications and Discussing Cessation Strategies.

We need to make improvements in Coordination of Care, How Well Doctors Communicate, Rating of Health Care, Rating of Specialist Seen Most Often and Ease of Filling Out Forms.

Marketplace: In 2022, Molina improved in Rating of Health Plan, Rating of Personal Doctor, Access to Information, Cultural Competence, Care Coordination, Plan Administration, How Well Doctors Communicate, Getting Care Quickly and Enrollee Experience with Cost.

We need to make improvements in Rating of Health Care, Rating of Specialist, Access to Care, Annual Flu Vaccinations, Medical Assistance w/ Smoking / Tobacco Use Cessation and Getting Needed Care.

Medicare: In 2022, Molina improved in Care Coordination, Doctors Who Communicate Well, Rating of Health Care Quality, Rating of Personal Doctor, Rating of Specialist Seen Most Often and Getting Needed Prescription Drugs.

We need to make improvements in Getting Needed Care, Getting Care Quickly, Rating of Health Plan, Annual Flu Vaccine and Overall Rating of Drug Plan.

MMP: In 2022, Molina improved in Doctors Who Communicate Well, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Annual Flu Vaccine.

We need to make improvements in Getting Needed Care, Getting Care Quickly, Customer Service, Rating of Health Plan, Overall Rating of Drug Plan and Getting Needed Prescription Drugs.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medicaid: In 2022, Molina improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Chlamydia Screening in Women (CHL) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg) and Appropriate Treatment for Upper Respiratory Infection (URI) – Total.

We need to make improvements in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination #2, Lead Screening in Children (LSC), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Appropriate Testing for Pharyngitis (CWP) - Total, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

Marketplace: In 2022, Molina improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Chlamydia Screening in Women (CHL) - Total, Appropriate Testing for Pharyngitis (CWP), Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Appropriate Treatment for Upper Respiratory Infection (URI) - Total, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

We need to make improvements in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity.

Medicare: In 2022, Molina improved in Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed.

We need to make improvements in Breast Cancer Screening (BCS), Statin Therapy for Patients With Cardiovascular Disease (SPC) - Total Statin Adherence 80%, Statin Therapy for Patients With Cardiovascular Disease (SPC) - Total Received Statin Therapy and Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy.

MMP: In 2022, Molina improved in Care for Older Adults (COA) - Medication Review, Care for Older Adults (COA) - Functional Status Assessment, Care for Older Adults (COA) - Pain Assessment, Controlling High Blood Pressure (CBP), Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment and Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment.

We need to make improvements in Colorectal Cancer Screening (COL).

For More information:

The progress related to the goals that Molina has set for the annual CAHPS®/QHP survey results and the annual HEDIS measures can be viewed in more detail on the Molina website. You can also view information about the Quality Improvement Program there and print a copy if you would like one.

- **Medicaid and MMP:** Please visit Molina's website at MolinaHealthcare.com, select Health Care Professionals, line of business, and *Health Resources* to access this information.
- **Marketplace:** Please visit Molina's website at MolinaMarketplace.com, select Providers, and *Health Resources* to access this information.

Culturally and Linguistically Appropriate Services/Disability Resources

Molina also assesses the cultural, ethnic, racial, and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

Medicaid: The majority of Medicaid members specified English as their preferred language (98%).

Spanish as a preferred language was identified by 1% of Medicaid members. Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Arabic and Bengali.

Marketplace: According to internal databases, 100% of Marketplace members do not indicate a preferred language. Among Marketplace members, Spanish was the most requested language through Molina's interpreter services, followed by Arabic and Mandarin.

Medicare: A majority of Medicare members speak English as their preferred language (97%). About 1% of Medicare members identified themselves as Spanish speakers. Spanish was the most requested language among Medicare members through Molina's interpreter services, followed by Arabic and Mandarin.

MMP: A majority of MMP members speak English as their preferred language (99%). Among MMP members, 1% identified Spanish as their preferred language. Among MMP members, Arabic was the most requested language through Molina's interpreter services, followed by Spanish and Albanian.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of short Culturally Competency training videos (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the provider.molinahealthcare.com and at MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. Disability resources are also available at this location under Molina Provider Education Series: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals and Tips for Communicating with People with Disabilities & Seniors.

Requirements for Submitting Prior Authorization

Molina Healthcare has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

What is Cite AutoAuth and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, healthcare providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth

compares Molina's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, refer to the PA Code LookUp Tool at [MolinaHealthcare.com](https://www.molinahealthcare.com).

How to Access and Learning More

Cite AutoAuth is available in the Prior Authorizations Application on Availity Essentials.

This method of submission is strongly encouraged as your primary submission route, existing fax/phone/email processes are also available.

Availity Essentials offers a recorded training that includes information on the AutoAuth process. The training can be accessed by clicking [here](#).

Council for Affordable Quality Healthcare (CAQH)

What is CAQH?

CAQH technology-enabled solutions eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits and other essential business functions. CAQH offers options to reduce the provider administrative burden.

How Does Molina Use CAQH?

Molina is currently using the CAQH DirectAssure application to provide an opportunity for the enrolled providers to attest to their data, update their data in a single place that will be shared by all companies that they are contracted with and utilize CAQH. Molina registers all of our non-delegated credentialed providers for CAQH DirectAssure, and currently pays the monthly fees related to the attestation tools for the providers.

Benefits of Using CAQH?

- Decreased administrative burden: CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with Molina every 90 days.
- Increased Molina support: As providers update their information in CAQH, Molina can systemically update our system, freeing up Molina associates to assist providers with other needs.
- More accurate records: Molina will obtain more frequent provider updates for our records and have more accurate provider information.

How Does CAQH Work for Providers?

Providers enter updated information one time in CAQH and it is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers' administration work and reduces the need to be tracking who was informed of the changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days, CAQH provides an effective and efficient way to meet that requirement.

What's Next?

Molina is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state's regulatory agencies and think of CAQH as a credentialing only application—but it offers many other features and benefits beyond credentialing attestations.

Molina is excited to continue our automation and improvement to provider information processes to reduce the administrative burden on providers and make it quicker and easier to update data.

Molina Healthcare’s Portal Access

Availity Essentials is now the official, secure provider portal for Molina providers. The Molina Legacy Provider Portal will sunset soon. We encourage all providers to begin using Availity and help limit the risk of issues when direct login access to the Molina Legacy Provider Portal is removed.

Within Availity Essentials, you have access to these helpful tools and time-savers:

Claim status	Expanded search options include member name, service dates, claim history or the 276 HIPAA standard. Adjustment and remittance codes, along with their descriptions, at the claim and line level.
Smart claims	A simplified claim entry tool with only the essential fields you need. Use data from prior eligibility and benefits submissions to autofill your claim.
Eligibility and benefits	Use data from prior eligibility and benefits submissions to search for your patients and autofill your claim.
Attachments	Upload supporting documentation with your claims using the Send Attachments feature. You can transmit up to 10 attachments (128 MB total file size) with your claim submission.
Features coming soon	
Accumulators	Each member/plan submitted returns the Molina plan/dollar and benefit/ count accumulated toward the limit.
Prior authorizations	Manage your Molina prior authorizations on Availity and use the Auth/ Referral Dashboard to follow-up on the status of your prior authorizations.

If your organization is not yet registered for Availity Essentials and you’re responsible for the registration, please visit Availity.com/Molinahealthcare and click the Register button. For registration issues, call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday – Friday 8 a.m. – 8 p.m. ET.

For a comprehensive list of tools and features available on Availity Essentials, log in and click on the Help and Training dropdown. As a registered Availity Essentials provider, you can also take advantage of our live webinar, “Availity Essentials Provider Portal Overview for Molina Providers.” Check with your Provider Service representative for upcoming dates and times.

Once you have your Availity Essentials account, you can learn more about the features and functionality offered for Molina providers. Simply log in go to Help & Training > Get Trained to register for a webinar.

Keep an eye out for information and updates about the Molina provider portal sunset within the provider.molinahealthcare.com and at MolinaHealthcare.com.

Our Gift to Network Providers: PsychHub Subscription

To provide our valued network providers with the most up-to-date behavioral health resources and education, Molina has partnered with PsychHub to offer a subscription to the PsychHub platform at no cost.

PsychHub is an online platform for digital behavioral health education. Molina Providers can access PsychHub’s online learning courses. Some of these courses offer continuing education opportunities for select licensures. There are various learning courses, including the Mental Health Ally Certification Program, which may be

beneficial for office staff or providers who are interested in learning more about working with the behavioral health population.

Ready to get started? Molina network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account: <https://app.psychhub.com/signup/molina-mhp/>

To setup an overview of the PsychHub platform and the resources they offer, contact your Provider Services representative.





Let's Get Started

Already have an account? [Log in](#)

Email address

First name

Last name

Password

I agree to and accept the [terms and conditions](#) for use of this site.

SIGN UP

Encourage your Patients to use My Health Perks!

My Health Perks is the Molina Member Wellness platform providing free educational content on topics like:

- Smoking cessation
- Diabetes management
- High blood pressure
- Managing depression
- Asthma management
- Healthy eating, nutrition, and exercise library

Gift card incentive program:

Eligible subscribers and dependents 18 years and older have the opportunity to earn a \$50 gift card by completing both of the following activities:

- Complete a preventive wellness examination with their Primary Care Provider; and,



- Complete the designated Health Risk Assessment via the My Wellness tab on the My Molina member portal.

Members who complete both incentivized activities will be eligible for either a physical or digital gift card of their choosing. Members are permitted to use the gift cards at retailers who accept them.

Please encourage members to learn more about the “My Health Perks” program online via the My Wellness tab on the My Molina portal. Members can also contact Customer Support for additional information.

<https://www.molinamarketplace.com/marketplace/ca/en-us/Members/Members-Resources/My-Health-Perks.aspx>

Molina’s 2023 Medicare Advantage Products Designed to Meet Member Needs

Molina is always working to meet the needs of our members through our diverse Medicare Advantage products offered each year. To help our providers learn more about the specific products being offered in Michigan in 2023, we have created a handy summary showing our service areas and highlighting the supplemental benefits for each product offered. Check it out here: [2023 Medicare Fact Sheet Michigan](#)

Clinical Policy Updates Highlights from Fourth Quarter 2022

Molina Clinical Policies (MCPs) are located at 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 fourth quarter 2022 updates are noted below.

The following new policies were approved:

- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-421: Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Parenteral Nutrition (IPN)
- MCP-419: Remote Patient Monitoring
- MCP-424: Skysona (elivaldogene autotemcel)

The following policies were revised:

- MCP-347: Autologous Chondrocyte Implantation Knee
 - o Clarified Coverage Policy section regarding inadequate response to a prior arthroscopic or other surgical repair procedure; added statement regarding cooperation of member with post-operative weight bearing restrictions and completion of post-operative rehabilitation.
 - o Contraindications were added to the Limitations and Exclusions (per MACI labeling).
 - o Osteochondritis dissecans (OCD) was added as Experimental, Investigational, and Unproven.
- MCP-363: Hypoglossal Nerve Stimulation for OSA
 - o Addition to Coverage Policy section noting FDA approval and requirements for provider performing the procedure.
 - o DISE and SDM criteria were moved from the Exclusions and Limitations to Additional Required Documentation.
- MCP-301: Iluvien (fluocinolone acetonide) intravitreal implant
 - o Revised Criteria #3a to note “Triamcinolone acetonide, intravitreal injection OR a previous course of corticosteroid.” (Previously read as “Triamcinolone acetonide, intravitreal injection”).
- MCP-343: Intervertebral Stabilization Devices
 - o Updated Summary of Medical Evidence section with current studies and guidelines.

- o Added Related Policies section and two additional intervertebral body fusion devices that received FDA 510(k) clearance in 2021 (IO™ Expandable Lumbar Interbody Fusion System and aprevo™ Transforaminal IBF).
- MCP-235: Measurement of Carotid Artery Intima Thickness
 - o Updated Overview and References sections; included current studies and guidelines to the Summary of Medical Evidence section.
- MCP-244: Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities (ReWalk)
 - o Previously named *Lower-Limb Robotic Exoskeleton (ReWalk-P [Personal]) for Paraplegia in Spinal Cord Injury*
 - o Included FDA-approved powered exoskeletons, in addition to ReWalk.
 - o Expanded from paraplegia in spinal cord injury to include patients with lower-limb disabilities.
 - o Included current clinical studies and guidelines in the Summary of Medical Evidence section.

The following policies have been retired and are no longer available on the website:

- MCP-346: Bioness Foot Drop System (defer to MCG Criteria)
- MCP-259: Xiaflex_Dupuytren's Contracture (defer to Pharmacy PA Criteria)
- MCP-279: Xiaflex_Peyronie Disease (defer to Pharmacy PA Criteria)
- MCP-349: Zilretta (triamcinolone acetonide ER injection) (defer to Pharmacy PA Criteria)

EXCITING NEWS! Dental Benefits Extended to All Adult Medicaid, Healthy Michigan and MI Health Link (MMP) Members

Effective April 1, 2023, Molina will cover dental benefits for all adult Medicaid and Healthy Michigan members. Expanded benefits include preventive and restorative services, including x-rays, oral exams, root canals, crowns, dentures, and periodontal services such as deep cleaning & scaling.

Oral health is critical to physical health and the expansion of this benefit will promote important dental services for the overall health of your patients.

Molina is now utilizing DentaQuest as its dental network effective immediately. Please encourage your Molina Medicaid members to seek dental services by contacting DentaQuest Member Services at 844.583.6157 or 844-583-6156 (MI Health Link) Monday Friday, 8 a.m. to 5 p.m. CST. To find a dentist, members may also visit <https://dentaquest.com/members/> and select "Find a Dentist." If you are a dental provider and wish to join the DentaQuest network, you may apply contacting DentaQuest at <https://dentaquest.com/provider-enrollment/> or call DentaQuest Michigan Provider Services: 844-870-3977.

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)*
 - o 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

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>

Molina in the Community

Molina Healthcare of Michigan is partnering with the Perfect Beat Healthcare Center to sponsor a series of CPR classes to the Genesee County community.



Molina Healthcare of Michigan supported Detroit Recovery Project Inc.'s **National Black HIV/AIDS Awareness Day** on February 7. The event included food, HIV testing, Hep-C testing, medical resources and housing support.



Molina Healthcare of Michigan provided food and snacks for a Wayne County lead testing event hosted by Get the Lead Out. Wayne Health was onsite conducting lead testing and other health screenings.

