Molina Healthcare of Michigan, Inc.

Provider Bulletin

June 2025

June is Men's Health Awareness Month

Men 15-65 years of age are significantly less likely than women to seek preventive care services, and they are more likely to report not having a primary care provider (PCP). A good first step toward improved health is to select and visit a PCP. At every stage of life, men are encouraged to consider three equally important aspects of their health—physical and mental health and social connection. During June, men are encouraged to set goals for their health and wellness to begin to create a healthy roadmap.

Provider Manual updates

Molina Healthcare of Michigan, Inc. updates the Provider Manuals for all four lines of business/ products at least annually. Our 2025 Medicaid, Medicare, Marketplace and Dual Options 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**
- **MolinaHealthcare.com/providers/mi/duals/home**

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

Provider orientations

Molina hosts monthly provider orientation sessions. To join an upcoming orientation session, please visit our You Matter to Molina website section for providers. Below are the dates/times for upcoming live orientation sessions:

- Thursday, June 26, 9–10:30 a.m.
- Thursday, July 24, 9–10:30 a.m.

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.

Prior authorization update

Molina is updating its Prior Authorization (PA) Code Lookup Tool on July 1, 2025. This is a notification only and does not determine if the members' plan covers the benefit. The process for obtaining prior authorization has not changed. Please complete the Prior Authorization/ Service Request Form with all the pertinent information and medical notes as applicable on our website at:

MolinaHealthcare.com/providers/mi/medicaid/PriorAuthorization/PA.aspx

Services requiring PA are easily searchable within our online PA Code Lookup Tool.

Availity appeals and reconsideration changes

Based on feedback from the Molina provider community, we have simplified the multiple options in Availity for submitting a reconsideration or appeal.. Health care providers may now only select from the following two options:

- Claim payment inquiry/reconsideration
- Claim payment dispute/appeal

For additional details, please visit our "You Matter to Molina" website section for providers.

Place of service (POS) denial code update

Molina is aware of some recent place of service (POS) denial code issues, and we are working diligently to correct them. Please contact your Molina Provider Relations manager if you have questions or received a denial.

Treating Hepatitis C (HCV)

According to the Centers for Disease Control and Prevention (CDC), one-third of individuals infected with the Hepatitis C virus (HCV) are unaware of their infection. In Michigan, it is estimated that at least 200,000 individuals have HCV. Between 75-85 percent of people infected have no symptoms, putting them at risk for complications related to HCV and unknowingly transmitting the virus to others. Unfortunately, there is no vaccine to prevent HCV; 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: If the antibody test is positive, an RNA test is performed to confirm active HCV infection.

MOLINA HEALTHCARE

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, our 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

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 website section at: **Molinahealthcare.com/providers/mi/medicaid/resource/cme.aspx**.

Molina Healthcare's Provider Education Series – Disability resources consist of the following educational materials:

- Americans with Disabilities Act (ADA)
  - Introduction to the ADA and questions and answers for health care providers (e.g., Which health care providers are covered under the ADA? How does one remove communication barriers that are structural? 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 a service animal; inquiries you can make regarding service animals, and exclusions, charges or other specific rules.
- Tips for communicating with people with disabilities and seniors
  - Communicating with Individuals who are blind or visually impaired, deaf or hard of hearing, communicating with individuals with mobility challenges, speech impairments and communicating with seniors.

Please contact your Provider Relations manager if you have any questions.

Molina's language access services

Providing language access services is a legal requirement for health care systems that receive federal funds. Accurate communication strengthens mutual understanding of illness and treatment, increases patient satisfaction and improves health care quality. 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 of 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 the required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit **MolinaHealthcare.com**.

MOLINA HEALTHCARE

Reminder regarding billing for Community Health Representative (CHR) services

As outlined in a recent Michigan Department of Health and Human Services (MDHHS) bulletin – MMP 23-74, MDHHS has determined that the following claim notes are not permissible to use when billing for Community Health Worker (CHW)/ Community Health Representative (CHR) services. The claim notes listed below are not included in the service components of the policy as approved by CMS:

- C400 Chronic health condition - other
- S400 Social need - other
- P400 Pregnancy and up to 12 months postpartum - other
- T400 Other eligibility - other

All other claim notes listed under MMP 23-74 remain applicable to the policy.

Providers must include a primary diagnosis on each claim submitted and insert claim notes as listed in MMP 23-74 to provide additional information about the services being performed.

For questions, please contact providersupport@michigan.gov.

An electronic copy of this information is available at **Michigan.gov/mdhhs/assistance-programs/ medicaid/portalhome/medicaid-providers** >> Policy, Letters & Forms.

Appointment access requirements

As a reminder, Molina has certain appointment access requirements for each of its products. A detailed overview of these requirements is available in our You Matter to Molina website section for our provider partners. To view this overview, please visit **MolinaHealthcare.com/providers/mi/ medicaid/comm/YouMattertoMolina.aspx** and select "Tools and Resources.".

Molina annual CG-CAHPS results

Molina wants to ensure that our members receive quality service and care. Every year, we send out a survey called the Consumer Assessment of Healthcare and Provider Services (CAHPS). This survey tells us about our members' experiences with Molina and their providers. Below are Molina's scores for the past two years. You can see how Molina performed compared to our target goal.

Measure	2023 rate	2023 goal	2024 rate	2024 goal
Getting care quickly	79.9%	83.8%	82.9%	82.98%
Getting needed care	82.1%	83.1%	80.5%	83.73%
Coordination of care	87.2%	86.7%	86.5%	86.73%
Rating of all health care	62.5%	58.3%	59.7%	59.47%
Rating of personal doctor	65.7%	70.6%	68.0%	71.05%
Rating of specialist seen most often	68.0%	68.3%	77.9%	69.78%
Rating of health plan	65.7%	64.0%	64.3%	64.05%
Medical assistance with smoking and tobacco use cessation - advising smokers and tobacco users to quit rate	82.5%	75.0%	74.8%	75.97%