

# PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

**THANK YOU FOR YOUR PARTNERSHIP WITH MOLINA  
AND BEST WISHES FOR A WONDERFUL NEW YEAR!**

## Fourth Quarter 2022

### “My Health Perks” Program is Live!

Molina Marketplace subscribers and dependents 18 years and older are eligible for Molina’s health and wellness program: “My Health Perks.” Besides providing access to a suite of interactive disease management programs and healthy lifestyle information, all eligible members will 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 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 Member Services for additional information.

### Molina Recognizes Outstanding Physicians

Molina is pleased to recognize more than 80 primary care physicians (PCP) groups based on their outstanding performance in Molina’s PCP Pay for Performance program. Molina thanks all our valued providers for the high-quality care to Molina members. Molina awarded the providers and their office staffs a certificate and a complimentary cookie tray to thank them for their contribution to high-quality care. Please see the next two pages of this newsletter for names and photos of recognized PCPs.

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### Primary Care Physicians Groups Recognized by Molina Healthcare of Michigan for Outstanding Quality Performance

ADEELA BEG MD PC	GRAND TRAVERSE CHILDRENS CLINIC
ADVANCED MEDICAL CENTER PLLC PC	GREENFIELD MEDICAL CENTER OF DEARBORN PC
ALLEN PARK FAMILY PHYSICIANS PLC	HEALTHY KIDS PLC
ALLENWOOD FAMILY HEALTH CARE	HENRY FORD WYANDOTTE HOSPITAL PC
ANNETTE BARNES GRAIN MD	IHA LAKE ORION PRIMARY CARE PC
ASCENSION MEDICAL GROUP GENESYS	IHA-TRINITY HEALTH ACADEMIC FAMILY MEDICINE - NORTHWEST LIVONIA
ASCENSION MEDICAL GROUP PRIMARY CARE TOWNE CENTRE	ISABELLA CITIZENS FOR HEALTH INC PC
ASCENSION MICHIGAN CMG	J & I PEDIATRIC CARE CTR PLLC PC
BADER F KHAN MD	KAVITHA PONDURI MD PC
BASEL KHATIB MD PC	LAPEER MEDICAL ASSOCIATES PC
BRENTWOOD PEDIATRICS PC	LAPEER PEDIATRICS PC
CARING PEDIATRIC PARTNERS PC	M AL-JABBAN MD PLC
CHARLES R BARKER JR DO FAMILY PRACTICE PC	MACOMB MEDICAL PEDIATRICS
CHARLOTTE YANG MD PC	MAHA DABBAGH MD PC
CHERRY STREET HEALTH SERVICES PC	MEDICAL CENTER PEDIATRICS PLLC
CHILD AND ADULT MEDICINE	MERCY CHRISTIAN HEALTH
CHILDRENS MED GROUP OF SAGINAW BAY PLLC PC	MICHAEL J KIRBY MD PLC
FLINT CHILDRENS CENTER PC	MICHIGAN HEALTH CLINICS PC
CHILD AND ADULT MEDICINE	MIKE ELDIRANI MD PLC PC
DEARBORN PEDIATRICS & ADOLESCENT MEDICAL CENTER PC	MUNSON HEALTHCARE CADILLAC
DETROIT WAYNE COUNTY HEALTH AUTHORITY	MUNSON HEALTHCARE MANISTEE HOSPITAL PC
DOWNRIVER FAMILY PHYSICIANS PC	PEDIATRICS PLUS PLC
DOWNRIVER PEDIATRIC ASSOCIATION PC	PRIME CARE MEDICAL CLINIC PLLC
DR MICHAEL T OWCZARZAK PC	PROFESSIONAL MEDICAL GROUP MD PC
EASTBORN MEDICAL GROUP PC	ROYAL OAK PEDIATRICS PC
ENVISION MEDICAL GROUP PLLC	S M KAURA MD PLLC
FAMILY CARE PHYSICIANS PC	S RAO TALLA MD PC
FENTON FAMILY MEDICINE PC	SAMIRA ZEBARI MD
FENTON MEDICAL CENTER PC	SCHAEFER MEDICAL CENTER DEARBORN PLC
FLINT CHILDRENS CENTER PC	SPECTRUM HEALTH HOSPITALS PC
FOX PEDIATRICS PLC	SUNSHINE PEDIATRIC PARTNERS PLLC
GENESEE PEDIATRICS PC	TLC PEDIATRICS PC
GHASSAN A ATTO MD PLLC	TONI BALLITCH TRATE DO PC
GOGUE PEDIATRICS PC	TWELVE OAKS PEDIATRICS PLLC
GRACE FAMILY CARE PC	UNIVERSAL CLINIC AND URGENT CARE PC
GRAND TRAVERSE CHILDRENS CLINIC	WARREN MEDICAL CENTER
GREAT LAKES MEDICAL ASSOCIATES PC	WESTERN WAYNE FAMILY PHYSICIANS
GRACE FAMILY CARE PC	UNIVERSITY OF MICHIGAN HEALTH WEST – CALEDONIA, CEDAR SPRINGS, COMMUNITY CLINIC, COMSTOCK PARK, JENISON, LOWELL, WAYLAND, SOUTHWEST
GREAT LAKES MEDICAL ASSOCIATES PC	

Congratulations to all Molina Healthcare of Michigan provider partners who have been recognized for **Outstanding Quality Performance!**



## Get Automatic Approval for Advanced Imaging Prior Authorization Requests

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://MolinaHealthcare.com).

### How to Access and Learning More

Cite AutoAuth is available in the Prior Authorization Application in the [Availity Essentials portal](#). It is available 24 hours per day/7 days per week.

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

## New PsychHub Course Available, Offers CEUs

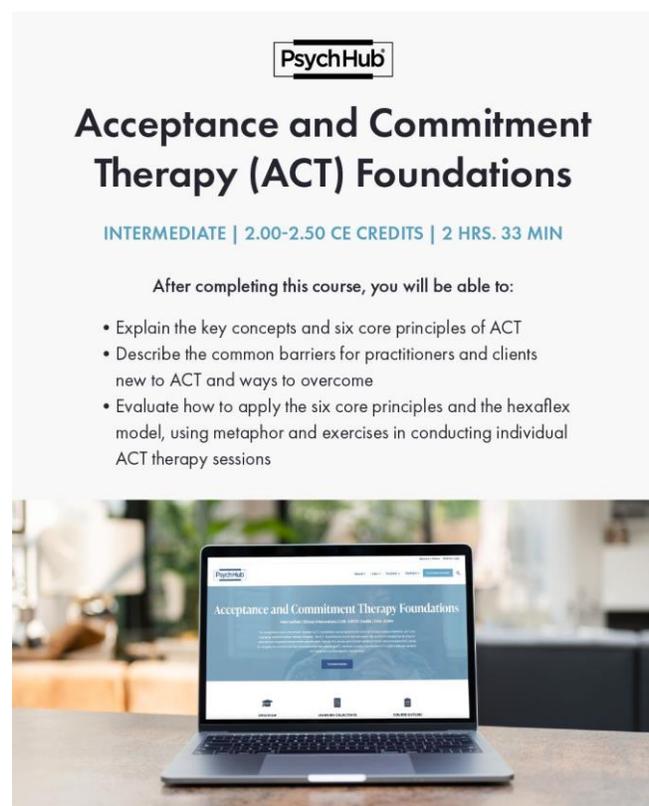
Our PsychHub partners have recently launched their newest online course, Acceptance and Commitment Therapy (ACT) Foundations.

The ACT Foundation's course explores the construct of psychological flexibility.

Learn the action-oriented, empirically based approach to therapy that invites clients to process their feelings while empowering and educating [#mentalhealth](#) practitioners.

**Ready to get started?** Molina Healthcare network providers can access this and other courses that offer CEUs on the PsychHub platform by clicking this link:

<https://app.psychhub.com/signup/molina-mhp/>



The image shows a laptop displaying the PsychHub course page. The page features the PsychHub logo at the top, followed by the course title 'Acceptance and Commitment Therapy (ACT) Foundations'. Below the title, it indicates the course level as 'INTERMEDIATE', the credit value as '2.00-2.50 CE CREDITS', and the duration as '2 HRS. 33 MIN'. A section titled 'After completing this course, you will be able to:' lists three bullet points: 'Explain the key concepts and six core principles of ACT', 'Describe the common barriers for practitioners and clients new to ACT and ways to overcome', and 'Evaluate how to apply the six core principles and the hexaflex model, using metaphor and exercises in conducting individual ACT therapy sessions'. The background of the page is a blurred office setting.

## Model of Care Training is Underway

Molina Healthcare is actively reaching out to providers who are required to complete the 2022 Model of Care training. In accordance with Centers for Medicaid and Medicare Services (CMS) requirements, Molina PCPs and key high-volume specialists including cardiologists, psychiatrists and neurologists must complete Molina's Model of Care training each year. This quick training will describe how Molina and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid.

If not already completed, please take this training now, and return the Attestation Form to Molina no later than December 31, 2022. The training is available at: <https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training.PDF>.

If you have additional questions, please contact your local Molina Provider Services Representative at (947) 622-1230 or by email at [MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com).

## Molina Healthcare's Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse

The National Healthcare Anti-Fraud Association estimates that least three percent of the nation's health care costs, amounting to tens of billions of dollars, is lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.

### You and the SIU

The SIU utilizes state-of-the-art data analytics to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 1,300 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases that are known to identify and track fraud, waste, and abuse. Our system allows us the ability to track provider compliance within correct coding, billing, and their provider contractual agreement.

As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. Should you have questions, please contact your Provider Services Representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina Associate Vice President who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a

responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity.”

Molina appreciates your support and understanding of the SIU’s important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, contact the Molina AlertLine toll-free at (866) 606-3889 24 hours per day, 7 days per week. In addition, use the website to make a report at any time at:

<https://MolinaHealthcare.Alertline.com>.

## Biosimilars- What To Watch

Biological products are the fastest-growing class of therapeutic products in the United States. Similar to when a generic becomes available, biosimilar and interchangeable products can offer additional options with a potentially lower healthcare cost.

A biosimilar is a highly similar version of a brand name biological drug that meets strict controls for structural, pharmaceutical, and clinical consistency. A biosimilar manufacturer must demonstrate that there are no meaningful clinical differences (i.e., safety and efficacy) between the biosimilar and the reference product. Clinical performance is demonstrated through human pharmacokinetic (exposure) and pharmacodynamic (response) studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies. Biosimilars are not considered true generics because unlike traditional drugs, biologics are not synthetically derived but are derived from organic sources, so there are differences between the reference brand biologic and its biosimilars.

Several bodies of experts have published statements in support for the use of biosimilars and integration into clinical practice guidelines, such as the Crohn’s and Colitis Foundation, American College of Rheumatology, and the American Society of Clinical Oncology.

As costs for biological specialty drugs continue to rise, the growing biosimilar market will benefit providers and patients by broadening biological treatment options and expanding access to these medications at lower costs.

An anticipated launch of the first biosimilars for popular drugs such as Humira and Stelara are just around the corner in the first half of 2023. However, it is important to note that while the competition generated by these new launches can help lower healthcare costs—depending on pricing—biosimilars may not necessarily be the lowest cost option in all therapeutic categories. Other considerations that may affect the savings potential from a biosimilar launch include the reliability of supply, experience of the manufacturer, and patient or prescriber adoption.

Molina continues to be committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective, and quality healthcare.

This commitment includes potentially creating a preference for biosimilars when value can be added without compromising member satisfaction and safety.

Food and Drug Administration. Biosimilar and Interchangeable Products. Retrieved from:

<https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>

<https://www.nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf>

<https://www.rheumatology.org/portals/0/files/biosimilars-position-statement.pdf>

[https://www.crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs\\_0.pdf](https://www.crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs_0.pdf)

## Balance Billing



Balance billing Molina Healthcare members for covered services is prohibited other than the member's applicable copayment, coinsurance, and deductible amounts. The provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization. Providers agree that under no circumstance shall a Molina member be liable to the provider for any sums owed that are the legal obligation of Molina to the provider. Examples of

balance billing include:

1. Holding members who are dually eligible for Medicaid and Medicare liable for Medicare Part A and B cost sharing.
2. Requiring Molina members to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees.
3. Charging Molina members fees for covered services beyond copayments, deductibles, or coinsurance.

## Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

Molina Healthcare is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of screening, diagnostic, and treatment services; and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations.
- Provide or arrange for the provision of screening services for all children.
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

## 2022-2023 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least six months of age and older and who does not have contraindications. It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. Additionally, flu vaccinations can reduce the prevalence of flu symptoms that might be similar to and confused with COVID-19.

A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are expected to be available for the 2022–23 season.

### Important 2022-2023 Updates from the Advisory Committee on Immunization Practices:

1. The composition of the 2022–23 U.S. seasonal influenza vaccines includes updates to the influenza A(H3N2) and influenza B/Victoria components. For the 2022–23 season, U.S.-licensed influenza vaccines will contain hemagglutinin (HA) derived from an influenza A/Victoria/2570/2019 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/588/2019 (H1N1)pdm09-like virus (for cell culture–based and recombinant vaccines); an influenza A/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture–based or recombinant vaccines); an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
2. The composition of the 2022–23 U.S. seasonal influenza vaccines includes updates to the influenza A(H3N2) and influenza B/Victoria components. For the 2022–23 season, U.S.-licensed influenza vaccines will contain hemagglutinin (HA) derived from an influenza A/Victoria/2570/2019 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/588/2019 (H1N1)pdm09-like virus (for cell culture–based and recombinant vaccines); an influenza A/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture–based or recombinant vaccines); an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
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For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2022-2023 flu season, please visit the Centers for Disease Control and Prevention at <https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>.

### Molina Healthcare will cover the following flu vaccines during the 2022 – 2023 flu season:

- Injectable Seasonal Influenza Vaccine (Quadrivalent) - Available from August-April or per state requirements

- Intranasal Seasonal Influenza Vaccine (FluMist) - Available from August-April or per state requirements
- Intradermal Influenza Vaccine Quadrivalent (Short Needle) and Flublok - Available from August-April or per state requirements
- Injectable Seasonal Influenza - Vaccine High-Dose - Available from August-April or per state requirements.

## Clinical Policy Updates Highlights from Third Quarter 2022

Molina Clinical Policies (MCPs) are located at [www.molinaclinicalpolicy.com](http://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 third quarter 2022 updates are noted below.

The following policies were revised:

- Epidural Steroid Injections for Back and Neck Pain (previously *Epidural Steroid Injections for Chronic Back Pain*)
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Spinraza (nusinersen)

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

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel)
- Intensity Modulated Radiation Therapy (IMRT)
- Kymriah (tisagenlecleucel)
- Lutathera (lutetium Lu 177 dotatate)
- Proton Beam Radiation Therapy
- Proton Beam Therapy for Prostate Cancer
- Provenge (sipuleucel-T)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)

## 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](mailto: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](http://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](http://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](http://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](mailto: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](http://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](mailto: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 donated \$10,000 to the Albion Healthcare Alliance for the purchase of a generator for the Calhoun County Health Department. The recent relocation of the health department to the CRAM building resulted in the need for a generator to ensure that vaccines/immunizations remain refrigerated in the event of a power outage. A check presentation was done at the health department's open house, with attendance including Albion Healthcare Alliance, Calhoun County Health Department, and various city leaders.

The MolinaCares Accord, in conjunction with Molina Healthcare of Michigan, partnered with community organizations to provide coats to the Flint and Muskegon communities in November in preparation for the upcoming winter season. In Flint, 1,000 coats were distributed in collaboration with Carriage Town Ministries and Operation Warm. In Muskegon, 600 coats were distributed in collaboration with Catholic Charities West Michigan and Operation Warm. Over the past six years, Molina has distributed over 25,000 coats statewide. This giveaway was made possible thanks to the Molina Healthcare Charitable Foundation's \$40,000 donation.



The MolinaCares Accord, in collaboration with Molina Healthcare of Michigan, presented \$100,000 to the Arab Community Center for Economic and Social Services (ACCESS) in support of a pilot program addressing social determinants of health (SDOH) for Arab Americans and community residents.

