MOLINA HEALTHCARE

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Second Quarter 2022

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New Clinical Policy Website Available to Molina Providers

In February 2022, Molina launched a new provider tool via our website – it is available at MolinaClinicalPolicy.com. The site includes Molina Clinical Policies (MCPs) and Molina Clinical Reviews (MCRs). The policies are used by providers as well as Medical Directors and internal reviewers to make medical necessity

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determinations. The website will ensure providers have access to the most current MCPs and MCRs. Routine updates will be made following approval by the Molina Clinical Policy Committee. We are excited to share this new tool with our providers. Check it out today!

AccordantCare ™ Supporting Patients with Complex, Rare Conditions

Molina works closely with Accordant® to provide a high-quality health benefit plan to/for Molina members. That's why we offer AccordantCare,™ a comprehensive program that provides one-on-one nurse support for 20 rare and complex conditions.

This NCQA®-accredited program helps drive better health outcomes, improve quality of life, and reduce the cost of care. The program:

- Reinforces members' understanding and adherence to their care plan outlined by health care providers.

- Identifies gaps in care and coordinate with health care providers as needed.

- Engages and empowers members with proactive support and education.

- Promotes improving total health and help manage multiple, complex needs.

- Provides rare disease expertise, including medication side effect management, with more than 300 nurse clinicians in 50 states.

- Helps ensure the highest quality care with oversight provided by a medical advisory board of more than 30 nationally recognized physicians.

Making a difference

An Accordant primary nurse provides a single point of contact for total support, coordinating care, and aligning resources. Below is an example of how one nurse helped one member on their path to better health.

Challenge: A gap in therapy
A member with multiple sclerosis (MS) recently had two flares. An Accordant nurse talked with the member and learned he was unaware of the status of his next Ocrevus® infusion.

Action: Quick intervention, whole-person support
The nurse worked with Molina to get Ocrevus approved and helped schedule the next infusion at an MS clinic. The nurse educated the member on MS flares when to contact the doctor and the importance of following a prescribed plan of care including medical adherence. The nurse was also able to help with the patient's other health issues, including administering a depression screening and helping the member and their caregiver become fully vaccinated.

Outcome: Back on track
The member was in good spirits and grateful for immediate assistance. He has been in touch with his health care providers and resumed his Ocrevus therapy. The Accordant nurse will continue to follow up with the member to ensure they stay on track.

Provide a higher level of care for members with rare and complex conditions with Accordant**.** To refer a member, contact Accordant at intake@cvshealth.com or (844) 905-0852.

Important Message – Updating Provider Information

It is important for Molina to keep our provider network information current. Up to date provider information allows Molina to accurately generate provider directories, process claims, and communicate with our network of providers. Providers must notify Molina in writing at least 30 days in advance when possible of changes, such as:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers (PCP) Only: If your practice opens or closes to new patients
- When a provider joins or leaves the practice

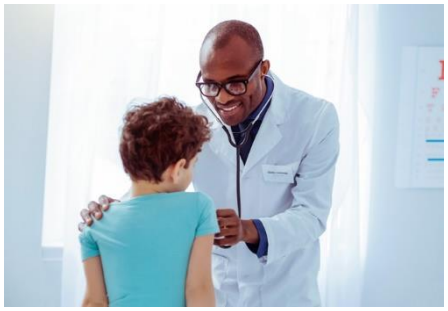
Changes should be submitted on the Provider Change Form located on the Molina website at MolinaHealthcare.com located in the Provider Forms area.

Send changes to:

Email: MHMContractConfigDept@MolinaHealthCare.com
Fax: (248) 925-1757

If you have questions please contact your Provider Service Representative directly or you can contact the Provider Services Department by phone at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Practitioner Credentialing Rights: What You Need to Know



Molina must protect its members by assuring the care they receive is of the highest quality. One protection is assurance that our providers have been credentialed according to the strict standards established by the state regulators and accrediting organizations. Your responsibility, as a Molina provider, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Molina also has a responsibility to its providers to assure the credentialing information it reviews is complete and accurate. As a Molina provider, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process
- Nondiscrimination during the credentialing process
- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, except for references, recommendations or other peer-review protected information
- Correct erroneous information
- Be informed of the status of your application upon request by calling the Credentialing Department
- Receive notification of the credentialing decision within <<60>>days of the committee decision or shorter timeframes as contractually required
- Receive notification of your rights as a provider to appeal an adverse decision made by the committee
- Be informed of the above rights

For further details on all your rights as a Molina provider, please review your provider manual. You may review the provider manual on our website at MolinaHealthcare.com, contact your Provider Services Representative directly or contact the Provider Services Department by phone at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Molina's Utilization Management

One of the goals of Molina's Utilization Management (UM) department is to render appropriate UM decisions consistent with objective clinical evidence. To achieve this goal, Molina maintains the following guidelines:

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances (at minimum age, comorbidities, complications, progress of treatment, psychosocial situation, and home environment, when applicable) and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Molina's clinical criteria include MCG criteria that are utilized to conduct inpatient review (except when Change Healthcare InterQual® is contractually required); American Society of

Addiction Medicine (ASAM) Criteria; National Comprehensive Cancer Network (NCCN); Hayes Directory; applicable Medicaid Guidelines; Molina Clinical Policy (MCP) and Molina Clinical Review (MCR) (developed by designated Corporate Medical Affairs staff in conjunction with Molina physicians serving on the Medical Coverage Guidance Committee); UpToDate; and other nationally recognized criteria including technology assessments and well controlled studies that meet industry standards and Molina policy; and when appropriate, third party (outside) board-certified physician reviewers.

- Molina ensures all criteria used for UM decision-making are available to practitioners upon request. The clinical policy website, MolinaClinicalPolicy.com provides access to MCP and MCR criteria. Providers also have access to the MCG Cite for Care Guideline Transparency tool through our Portal. To obtain a copy of the UM criteria used in the decision-making process, call our UM Department at (855) 322-4077.
- As the requesting practitioner, you will receive written notification of all UM denial decisions. If you need assistance contacting a medical reviewer about a case, please call the UM Department at (855) 322-4077.

It is important to remember:

- UM decision-making is based only on the appropriateness of care and service and the existence of coverage.
- Molina does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- UM decision-makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization.
- Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage.
- Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network Molina will arrange for a member to obtain a second opinion out of network at no additional cost to the member than if the services were obtained in-network. Molina provides for a second opinion from a qualified in-network practitioner. Members from all Molina lines of business and programs should refer to their benefit documents (such as Schedule of Benefits and/or Evidence of Coverage) for second opinion coverage benefit details, limitations, and cost-share information. If an appropriate practitioner is not available in-network, prior authorization is required to obtain the second opinion of an out of network provider. Claims for out of network providers that do not have a prior authorization will be denied, unless regulation dictates otherwise. All diagnostic testing, consultations, treatment, and/or surgical procedures must be a benefit under the plan and meet all applicable medical necessity criteria to be covered.
- Some of the most common reasons for a delay or denial of a request include:
  - Insufficient or missing clinical information to provide the basis for making the decision
  - Lack of or missing progress notes or illegible documentation

Molina's UM Department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call (855) 322-4077. You may also fax a question about an UM issue to Molina The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials.

Molina offers the ability to quickly and conveniently submit and status check prior authorization (PA) through our provider portal, available at https://provider.molinahealthcare.com/

Molina PA fax numbers include:

- Advanced Imaging: (877) 731-7218
- Medicaid: (800) 564-7404
- Marketplace: (833) 322-1061; Advanced Imaging (877) 731-7218; Transplant (877) 813-1206
- MMP Physical & Behavioral Health Fax: (844) 251-1541
- Medicare Physical & Behavioral Health Fax: (844) 251-1540
- Medicare and MMP Inpatient Fax: (844) 834-2152
- Medicare Part D Pharmacy Fax: (866) 290-1309

For information about Molina's formulary PA and the exception process, please refer to the *Drug Formulary and Pharmaceutical Procedures* article.

Molina's regular business hours are Monday – Friday (excluding holidays) 8:30 a.m. – 5:00 p.m. Voicemail messages and faxes received after regular business hours will be returned the following business day. Molina has language assistance and TDD/TTY services for members with language barriers, members who are deaf or hard of hearing, and members with speech disabilities.

Drug Formulary and Pharmaceutical Procedures

At Molina, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the National Pharmacy and Therapeutics (P&T) Committee. This committee meets on a quarterly basis, or more frequently, if needed. The committee's goal is to provide a safe, effective and comprehensive Drug Formulary/PDL. The P&T Committee is responsible for developing and updating drug formularies that promote safety, effectiveness, and affordability which includes, but is not limited to, therapeutic class reviews, classes preferred or covered at any level, lists of preferred pharmaceuticals or formularies, considerations for limiting access to drugs in certain classes, prior authorization (PA) criteria, generic substitution, therapeutic interchange, step therapy or other management methods. Drug formularies include but are not limited to, pharmacy benefit as well as prescriber administered specialty medications. In addition, the committee reviews clinical appropriateness, and approves drug utilization management activities which include, pharmaceuticals preferred or covered at any level are identified, that an exception process is made available to members, substitutions can be made with permission of the prescribing practitioner, evidence that preferred status pharmaceuticals can produce similar or better results for a majority of the population than other pharmaceuticals in the same class, and other requirements, such as restrictions, limitations or incentives that apply to the use of certain pharmaceuticals. The P&T Committee objectively reviews new Food and Drug Administration (FDA) approved drugs, drug classes, new clinical indications for existing drugs, new line extensions and generics, new safety information and also new clinical guidelines and practice trends that may impact previous formulary placement decisions.

The Drug Formulary/PDL also includes an explanation of quantity limits, age restrictions therapeutic class preferences, and step-therapy protocols.

Providers may request a formulary exception to prescribe drugs not listed in the Drug Formulary/PDL. A formulary exception should be requested to obtain a drug that is not included on a member's drug formulary, or to request to have a utilization management requirement waived (e.g., step therapy, PA, quantity limit) for a formulary drug. Select medications on the drug formulary or drugs not listed on the formulary may require PA. PA is a requirement that a

prescriber obtains advance approval from Molina before a specific drug is delivered to the member to qualify for payment coverage, sometimes called precertification or prior approval.

The Michigan Drug Formulary/PDL is available online at MolinaHealthcare.com.

The Michigan Drug Formulary/PDL, processes for requesting an exception request and generic substitutions, therapeutic interchanges, and step-therapy protocols are reviewed and updated at least annually, more frequently if appropriate. These changes and all current documents are posted on the Molina website at MolinaHealthcare.com.

When there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by Molina within 30 calendar days of the FDA notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail, and/or telephone.

Case Management

Molina offers you and your patients the opportunity to participate in our Complex Case Management Program. Patients appropriate for this voluntary program are those who have the most complex service needs. This may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties, and/or have additional social, psychosocial, psychological, and emotional issues that exacerbate the condition, treatment regime, and/or discharge plan.

The purpose of the Molina Complex Case Management Program is to:

- Conduct a needs assessment of the patient, patient's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our patients to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and ongoing care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family

If you would like to learn more about this program, speak with a Complex Case Manager, and/or refer a patient for an evaluation for this program, please call toll-free 855.322.4077.

Resources Available on Molina's Provider Website

Featured at MolinaHealthcare.com:

- Clinical Practice and Preventive Health Guidelines
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Provider Manual
- Current Formulary
- Cultural Competency Provider Trainings

If you would like to receive any of the information posted on our website in hard copy, please contact your Provider Service Representative directly or you can contact the Provider Services

Department by phone at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Translation Services

We can provide information in our members' primary language. We can arrange for an interpreter to help you speak with our members in almost any language. We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Molina's Member Services Department at (855) 322-4077. You can also call TTD/TTY:711 if a member has a hearing or speech disability.

Patient Safety

Patient Safety activities encompass appropriate safety projects and error avoidance for Molina members in collaboration with their primary care providers.

Safe Clinical Practice

The Molina Patient Safety activities address the following:

- Continued information about safe office practices
- Member education; providing support for members to take an active role to reduce the risk of errors in their care
- Member education about safe medication practices
- Cultural competency training
- Improvement in the continuity and coordination of care between providers to avoid miscommunication
- Improvement in the continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribution of research on proven safe clinical practices

Molina also monitors nationally recognized quality index ratings for facilities from:

- Leapfrog Quality Index Ratings (leapfroggroup.org)
- The Joint Commission Quality Check® (qualitycheck.org)

Providers can also access the following links for additional information on patient safety:

- The Leapfrog Group (leapfroggroup.org)
- The Joint Commission (jointcommission.org)

Hours of Operation

Molina requires that providers offer Molina members hours of operation no less than hours offered to commercial members.

Care for Older Adults

Many adults over the age of 65 have co-morbidities that often affect their quality of life. As this population ages, it's not uncommon to see decreased physical function and cognitive ability and an increase in pain. Regular assessment of these additional health aspects can help to ensure this population's needs are appropriately met.

- Advance care planning – Discussion regarding treatment preferences, such as advance directives, should start early before the patient is seriously ill.
- Medication review – All medications the patient is taking should be reviewed, including prescription and over-the-counter medications or herbal therapies.
- Functional status assessment – This can include assessments, such as functional independence or loss of independent performance.
- Pain screening - A screening may comprise of notation of the presence or absence of pain.

Including these components in your standard well care practice for older adults can help to identify ailments that can often go unrecognized and increase their quality of life.

Non-Discrimination

All providers who join the Molina provider network must comply with the provisions and guidance set forth by the Department of Health and Human Services (HHS), the Office for Civil Rights (OCR), State law, and Federal program rules which prohibit discrimination. For additional information please refer to:

Medicaid: Member Handbook and COC located at https://www.molinahealthcare.com/members/mi/en-us/mem/medicaid/overvw/handbook.aspx

Healthy Michigan Plan: Healthy Michigan Plan Member Handbook & COC located at https://www.molinahealthcare.com/members/mi/en-us/mem/medicaid/healthymi/handbook.aspx

Medicare: Medicare EOC located at https://www.molinahealthcare.com/members/mi/en-us/mem/medicare/plan-materials.aspx

MMP: MMP Member Handbook & COC located at https://www.molinahealthcare.com/members/mi/en-us/mem/duals/temp.aspx

Marketplace: Marketplace COC located at https://www.molinamarketplace.com/marketplace/mi/en-us/MemberForms.aspx

Additionally, participating providers or contracted medical groups/IPAs may not limit their practices because of a member's medical (physical or mental) condition or the expectation for the need of frequent or high-cost care.

Member Rights and Responsibilities

Molina wants to inform its providers about some of the rights and responsibilities of Molina members.

Molina members have the right to:

- Receive information about Molina, its services, its practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of their dignity and their right to privacy
- Help make decisions about their health care
- Participate with practitioners in making decisions about their health care
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Molina or the care it provides
- Make recommendations regarding Molina member rights and responsibilities policy

Molina Healthcare members have the responsibility to:

- Supply information (to the extent possible) that Molina and its practitioners and providers need to provide care
- Follow plans and instructions for care that they have agreed to with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- Keep appointments and be on time (If members are going to be late or cannot keep an appointment, they are instructed to call their practitioner.)

You can find the complete Molina Member Rights and Responsibilities Statement for your state on our website, MolinaHealthcare.com. Written copies and more information can be obtained by contacting the Provider Services Department at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Population Health (Health Education, Disease Management, Care Management, and Complex Case Management)

The tools and services described here are educational support for our members. We may change them at any time as necessary to meet the needs of our members.

Molina offers programs to help our members and their families manage a diagnosed health condition. You as a provider also help us identify members who may benefit from these programs. Members can request to be enrolled or dis-enrolled in these programs. Our programs include:

- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management/Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD) management
- Depression management
- High-Risk Obstetrician-Gynecologists (OB-GYN) Case management
- Transition of Care (ToC)

You can find more information about many of our programs on the Molina website at MolinaHealthcare.com.

If you have additional question about our programs, please contact the Provider Services Department at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Quality Improvement Program

Molina's Quality Improvement Program provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in members' health care and service. The Quality Improvement Committee assists the organization to achieve these goals. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies.

The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for provided care and service
- Evaluation of the effectiveness of programs, interventions, and process improvements and determination of further actions
- Design of effective and value-added interventions
- Continuous monitoring of performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, accrediting organizations, and internal Molina threshold
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services
- Oversight and improvement of functions that may be delegated: Claims, UM, and/or Credentialing
- Confirmation of the quality and adequacy of the provider and Health Delivery Organization network through appropriate contracting and credentialing processes

The Quality Improvement Program promotes and fosters accountability of employees, network, and affiliated health personnel for the quality and safety of care and services provided to Molina members.

The effectiveness of Quality Improvement Program activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results
- Tracking the progress of quality activities and goals through appropriate quality committee minutes and reviewing/updating the Quality work plan quarterly
- Revising interventions based on analysis, when indicated

- Evaluating member satisfaction with their experience of care through the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey
- Reviewing member satisfaction with their experience with behavioral health services through survey questions and/or evaluation of behavioral health-specific complaints and appeals
- Conducting provider satisfaction surveys with specific questions about the UM process, such as determining the level of satisfaction with getting a service approved, obtaining a referral, and case management

Molina would like to help you to promote the important care activities you have undertaken in your practices. If you would like to have your projects and programs highlighted on the Molina website, please contact the Quality Improvement Department at (855) 322-4047.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals you can visit our website at MolinaHealthcare.com and access the Health Resources area located on our provider website pages to obtain more information. If you would like to request a paper copy of our documents, please call the Quality Department at (855) 322-4047.

Standards for Medical Record Documentation

Providing quality care to our members is important; therefore, Molina has established standards for medical record documentation to help assure the highest quality of care. Medical record standards promote quality care through communication, coordination and continuity of care and efficient and effective treatment.

Molina's medical record documentation standards include:

- Medical record content
- Medical record organization
- Information filed in medical records
- Ease of retrieving medical records
- Confidential patient information
- Standards and performance goals for participating providers

Below are commonly accepted standards for documentation in medical records and must be included in each medical record:

- History and physicals
- Allergies and adverse reactions
- Problem list
- Medications
- Documentation of clinical findings and evaluation for each visit
- Preventive services/risk screening

For more information, please call the Quality Department at (855) 322-4047.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to providers and their patients. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.

These guidelines are meant to recommend a standard level of care and do not preclude the delivery of additional preventive services depending on the individual needs of the patient.

. You can also view all guidelines at MolinaHealthcare.com by accessing the Health Resources section within our provider webpages. To request printed copies of Preventive Health Guidelines, please contact the Provider Services Department by phone at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Clinical Practice Guidelines

Clinical practice guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations. The care recommendations are suggested as guides for making clinical decisions. Clinicians and their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

Molina has adopted the following Clinical Practice and Behavioral Health Guidelines, which include but are not limited to:

- Acute Stress and Post-Traumatic Stress Disorder (PTSD)
- Anxiety/Panic Disorder
- Asthma
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Children with Special Health Care Needs
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure in Adults
- Homelessness - Special Health Care Needs
- Hypertension
- Obesity
- Opioid Management
- Perinatal Care
- Pregnancy Management
- Schizophrenia
- Sickle Cell Disease

- Substance Abuse Treatment
- Suicide Risk
- Trauma-Informed Primary Care

You can also view all guidelines at MolinaHealthcare.com, in the Health Resources section of the provider webpages. To request a copy of any guideline, please contact Molina's Provider Services Department by (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Advance Directives

Helping your patients prepare for Advance Directives may not be as hard as you think. Any person 18 years or older can create an Advance Directive. Advance Directives include a living will document and a durable power of attorney document.

A living will is written instruction that explains your patient's wishes regarding health care in the case of a terminal illness or any medical procedures that prolong life. A durable power of attorney names a person to make decisions for your patient if he or she becomes unable to do so.

The following links provide you and your patients with free forms and information to help create an Advance Directive:

caringinfo.org
nlm.nih.gov/medlineplus/advancedirectives.html

For the living will document, your patient will need two witnesses. For a durable power of attorney document, your patient will need valid notarization.

A patient's Advance Directive must be honored to the fullest extent permitted under law. Providers should discuss Advance Directives and provide appropriate medical advice if the patient desires guidance or assistance, including any objections they may have to a patient directive prior to service whenever possible. In no event may any provider refuse to treat a patient or otherwise discriminate against a patient because the patient has completed an Advance Directive. Patients have the right to file a complaint if they are dissatisfied with the handling of an Advance Directive and/or if there is a failure to comply with Advance Directive instructions.

It is helpful to have materials available for patients to take and review at their convenience. Be sure to put a copy of the completed form in a prominent section of the medical record. The medical record should also document if a patient chooses not to execute an Advance Directive. Let your patients know advance care planning is a part of good health care.

Behavioral Health

Primary care providers (PCPs) provide outpatient behavioral health services within the scope of their practice and are responsible for coordinating members' physical and behavioral health care, including making referrals to behavioral health providers when necessary. If you or the member need assistance with obtaining behavioral health services, please contact Member Services Department at (855) 322-4047.

Care Coordination & Transitions

Coordination of Care during Planned and Unplanned Transitions for Molina Members

Molina is dedicated to providing quality care for our members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Molina member is discharged from a hospital. By working together with providers, Molina makes a special effort to coordinate care during transitions. This coordination of specific aspects of the member's transition is performed to avoid potential adverse outcomes.

To ease the challenge of coordinating patient care, Molina has resources to assist you. Our staff, including nurses, are available to work with all parties to ensure appropriate care.

To appropriately coordinate care, Molina will need the following information in writing from the facility *within one business day* of the transition from one setting to another:

- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

This information should be faxed to Molina at:

- UM Department: (855) 322-4047
- Member Services: (800) 594-7404

Health Risk Assessment and Self-Management Tools

Molina provides a Health Risk Assessment (Health Appraisal) for members on the My Molina member portal. Our members are asked questions about their health and health behaviors and receive a report about possible health risks. A Self-Management Tool is also available to offer guidance for weight management, depression, financial wellness, and various other topics. Molina members can access these tools on MyMolina.com.

Notification of Rapid Rise in Congenital Syphilis

In recent years, rates of primary and secondary (PS) syphilis in women have increased substantially across the United States; 21% from 2019-2020 and 147% between 2016-2020. The data suggest a shift from largely affecting men who have sex with men, to a heterosexual syphilis epidemic. **Michigan is following these trends with 21% of PS syphilis cases reported in 2021 occurring among women of childbearing age.**

As rates of syphilis in women continue to increase, so do reported cases of congenital syphilis (CS). Rates of CS in the US have increased every year since 2013. **Michigan has seen a 320% increase since 2017. In 2021, 42 cases of congenital syphilis were reported in Michigan reaching the highest numbers since the early 1990's.** A pregnant woman can transmit syphilis to her child during any stage of syphilis and any trimester of pregnancy. However, the risk of transmission is highest if the mother has been recently infected.

Syphilis symptoms can present in several stages. The primary syphilis chancre is painless and may not be noted by infected persons, as it resolves even without treatment. Most patients who seek care do so with secondary syphilis symptoms that include a rash, often on the palms and

soles, condyloma lata, and lymphadenopathy. Left untreated, syphilis can cause cardiac system abnormalities and neurological symptoms in later stages.

To identify cases early in infection and prevent further transmission, clinicians are requested to follow these recommendations:

- Test **all women** who present with other Sexually Transmitted Infections (STIs) or have risk factors for STIs.
- **All pregnant women** residing in Michigan should be screened for syphilis at their first prenatal appointment and again in the third trimester between 28-32 weeks, as required by State Law.
- **Infants** should not be discharged from the hospital, unless the mother has been tested for syphilis at least once during pregnancy and preferably again at delivery.

Treatment for syphilis should be appropriate for the diagnosed stage with one to three shots of benzathine penicillin G, 2.4 million units IM (see https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm). For treatment guidelines for infants born to untreated mothers, or mothers with inadequate treatment (including those treated) see https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm).

Health care providers may contact MDHHS for additional information. For more information on congenital syphilis please contact Aleigha Phillips, Congenital Syphilis Coordinator, at **phillipsa3@michigan.gov**. For other syphilis questions, contact Karen Lightheart, Statewide Provider Liaison, at **lightheartk@michigan.gov**.

Update on TRUE METRIX Meter Coverage for Molina Medicaid Members

Molina Medicaid members with diabetes are eligible for one TRUE METRIX® AIR or TRUE METRIX® Meter every 12 months. Molina's pharmacist partners have received instruction to dispense either meter at no cost or co-pay to Molina Medicaid patients.

If a meter is broken, please contact the Customer Care team at (800) 803-6025 M-F 8 a.m. – 8 p.m. EST for assistance troubleshooting the issue. If a meter is lost, a replacement can be ordered at www.tdhealthstore.com/managedcare.

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 call Provider Services at (947) 622-1230 or (947) 218-0897 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 at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

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 any questions regarding dental services, oral health or care management, please contact your Provider Services Representative or Provider Services at (947) 622-1230 or (947) 218-0897 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.

Molina Resumes Sequestration Reduction for Medicare Payments

Molina's suspension of the 2% sequestration reduction for Medicare payments has been in effect in alignment with Centers for Medicare and Medicaid Services (CMS) guidance. The suspension, which was scheduled to end effective Jan. 1, 2022, was extended through March 31, 2022 in accordance with the Protecting Medicare and American Farmers from Sequester Cuts Act.

In accordance with CMS regulation, effective April 1, 2022 through June 30, 2022, Molina is implementing a 1% sequestration reduction for Medicare payments. Molina will resume the 2% sequestration reduction effective July 1, 2022.

MDHHS Provider Type Billing Requirements

MDHHS notified Molina of claims that have rejected for "Provider Type Not Allowed for Referring/Ordering/Attending NPI." Claims related to the rejections received by the health plan will be recovered and corrected claims will need to be submitted. Please review claims billing guidelines to ensure your claims are billed properly. Below are some guidelines from the MDHHS.

Ordering, Referring, and Attending Providers Requirements

- The name and NPI of the ordering/referring or attending provider must be reported on all claims for services rendered as a result of an order/referral. Please refer to the Michigan Medicaid Provider Manual for order/referral requirements for specific services.

- Ordering/referring, rendering, billing and attending providers **must** be enrolled and active in CHAMPS on the date of service on the claim. The NPI on the ordering/referring, rendering and attending field should be a Type 1 Individual/Sole Proprietor NPI.

- Based on MDHHS requirements services that require an order or referral include, but are not limited to: ambulance nonemergency transports, ancillary services for beneficiaries residing in nursing facilities, childbirth / parenting and diabetes self-management education, consultations, diagnostic radiology services, unless rendered by the ordering physician, durable medical equipment (DMEPOS), hearing and hearing aid dealer services, home health, hospice, laboratory, certain mental health and substance abuse children's waiver services, certain Maternal Infant Health Program (MIHP) services, pharmacy services, certain school based services, therapy services, and certain vision supplies.

- It is allowable for an Attending Provider for FQHC/RHC/THC to bill the following:

    - Physicians (includes podiatrists, optometrists, and chiropractors), Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Clinical Psychologists, Clinical Social Workers, Clinical Nurse Specialists, Licensed Psychologists (Doctoral Level), Social Workers (Master's Level), Professional Counselors (Master's or Doctoral Level), Marriage and Family Therapists, and Limited License Psychologists (Master's or Doctoral Level)

- For a behavioral health service, the attending provider (MD/DO/Medical Director) should be listed on the institutional billing claim form even if there is not a direct relationship with the MD/DO/Medical Director. If a patient is receiving behavioral health services from a licensed clinical social worker or licensed professional counselor, they may be doing so under the supervision of the MD/DO/Medical Director in the clinic. The rendering provider should be listed on the institutional billing form as well.

- Services performed by limited licensed psychologists (except as noted in Section 333.18223 of the Public Health Code), social workers, and professional counselors, or student interns must be performed under the supervision of an enrolled, fully-licenses provider of the same profession. Services are billed to Molina under the NPI of the supervising psychologist, social worker or professional counselor as the rendering provider.

- Institutional providers submitting claims for self-referred mammography services will duplicate the billing provider NPI in the attending physician NPI field.

- All institutional (UB) claims need to have Attending provider, except for hospital- owned Ambulance claims.

- For specific allowed provider types for the Attending, Ordering, and Referring provider, please see https://www.molinahealthcare.com/providers/mi/medicaid/forms/fuf.aspx and select **Approved Attending, Ordering and Referring Specialties**.

- For claim denials received by Molina, please ensure you refer to this bulletin prior to submitting a dispute. Claim denials will have any of these edits listed: N253, N265, N286, N95, M68, M808, and/or N261. If your claim does not follow the allowable provider types listed above the dispute will be upheld. It is important that you submit a **corrected claim** including an allowable provider type in the Attending, Ordering, Referring provider fields. If you believe your claim denial is inappropriate with the provider type rules, please submit a dispute online at www.molinahealthcare.com.

- For additional resources providers can reference the MDHHS Medicaid Provider Manual or MSA Bulletin 21-45.

MDHHS 'We Treat Hep C' Campaign is Underway

The Michigan Department of Health and Human Services (MDHHS) is working to eliminate Hepatitis C Virus (HCV) as a health threat to Michiganders through the We Treat Hep C Initiative and with the release of the state plan on eliminating Hepatitis C.

Non-Opioid Directive Form

Insurers are now required to provide Marketplace members with a copy of the Nonopioid Directive Form. The Nonopioid Directive form allows members to indicate their preference to not be administered an opioid or be offered a prescription for an opioid. Molina Healthcare will make the form available to providers on our website and provide it to members upon enrollment.

The State has created the form in English, Spanish and Arabic. The forms are attached and can also be found on the MDHHS website at the link below.

https://www.michigan.gov/opioids/find-help

Healthy Michigan Plan Health Risk Assessment Webinar Available to Providers

The Michigan Department of Health and Human Services in partnership with the Michigan State Medical Society (MSMS) has developed a webinar for clinicians on the Healthy Michigan Plan (HMP) Health Risk Assessment (HRA) and the Healthy Behaviors Incentives Program.

Webinar: Improving Health Outcomes for Healthy Michigan Plan Patients: Using the Health Risk Assessment to Help Address Social Determinants of Health*. S. Bobby Mukkamala, MD provides an overview of the Healthy Michigan Plan (HMP) Health Risk Assessment (HRA). The webinar describes how the HMP HRA has helped improve health outcomes for Michiganders. It focuses on the HMP HRA as a tool to assist in identifying patient risk factors and help address social determinants of health. Physicians play an important role in the HMP HRA process and

this webinar describes best practices for efficiently incorporating the HMP HRA into clinic workflow.

The webinar is available at: www.msms.org/HMPHRA. The webinar is available to MSMS Members and non-Members at no cost and is approved for up to .25 AMA PRA Category 1 Credit(s)™.

In addition to this webinar, there are also four short videos for clinicians on the HMP HRA and the Healthy Behaviors Incentives Program. Clinicians play an important role in the HMP HRA and Healthy Behaviors Incentive Program and these videos have been developed to provide tips and best practices to primary care offices, including how to complete the HRA online. To view these videos, please visit the Healthy Michigan Plan website Health Risk Assessment (michigan.gov) Once you have watched the videos, please provide feedback here: Qualtrics Survey | Qualtrics Experience Management Your feedback will assist us with evaluating the effectiveness of these resources and impact material revisions and updates.

Molina Encourages COVID-19 Vaccine

Molina Healthcare of Michigan has launched several campaigns to encourage and incentivize Molina members to receive at least the first dose of the COVID-19 vaccine. For example, members age 12 and older are eligible for a $100 gift card from Molina when they receive at least the first dose of the vaccine. For more information regarding the gift card campaign please visit https://www.molinahealthcare.com/members/mi/en-US/mem/Coronavirus.aspx.

Using Z Codes to Document Social Determinants of Health (SDOH)

Better Data, Better Outcomes

Molina Healthcare of Michigan is committed to reducing health disparities and inequities. Social determinants of health (SDoH) are conditions in the environment in which people are born, grow, live, work and age that affect a wide range of health risks and outcomes. Molina is encouraging the use of Z codes to document SDoH needs and nonmedical factors that may influence a patient's health status. This includes items such as access to food, housing, utilities, education, employment and other social or economic issues members may face. These social factors can impose significant barriers to a person's health and wellness. Applying standardized Z codes allows for care and intervention that address members' non-medical needs, helps Molina determine our social determinant strategy and helps guide our community partnerships.

What You Can Do:

- Educate staff on the need to screen, document and code data on patients' SDoH needs.
- Ask about SDoH needs. Patients may not readily discuss non-medical issues with their provider.
- Document SDoH needs by utilizing the ICD-10 Z codes and adding them to claims you submit

What Molina is Doing:

Through our Quality Incentive Pay-for-Performance (P4P) program, Molina has developed a payment model for reimbursing the billing of Z codes for Medicaid members.

- SDoH Z codes must be submitted on clean claims to be eligible for bonuses
- Payouts are determined by assigned membership as of the anchor date of 12/31/2022

- PCP Groups must have ≥100 members attributed to their panel as of the anchor date and must be contracted at the time of payment
- Performance bonuses, including the SDoH incentive will be paid annually

Service	Procedure	Performance Target	Year End Performance Bonus	Plans
Social Determinants of Health (SDoH) Screening	Submit SDoH Z-codes for screened Medicaid members	5.00%	$1.00 per Member Per Month	Medicaid Only
		2.50%	$0.50 per Member Per Month	

For additional information, questions or support, please contact your Provider Services Representative or our Provider Services Department at (947) 622-1230 or (947) 218-0897 or by email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Helping Your Patients Shouldn't Stop When They Leave Your Office …

Now it doesn't have to.

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 also have the ability to refer patients in real time right from your provider portal. Simply search by category for the types of services needed, like food, child care, 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.

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 themself 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

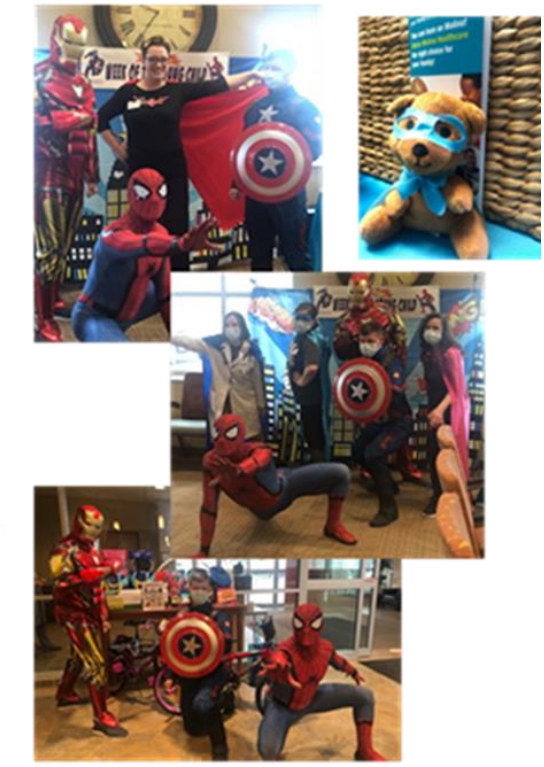
Remember to include the following information when reporting:

- 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

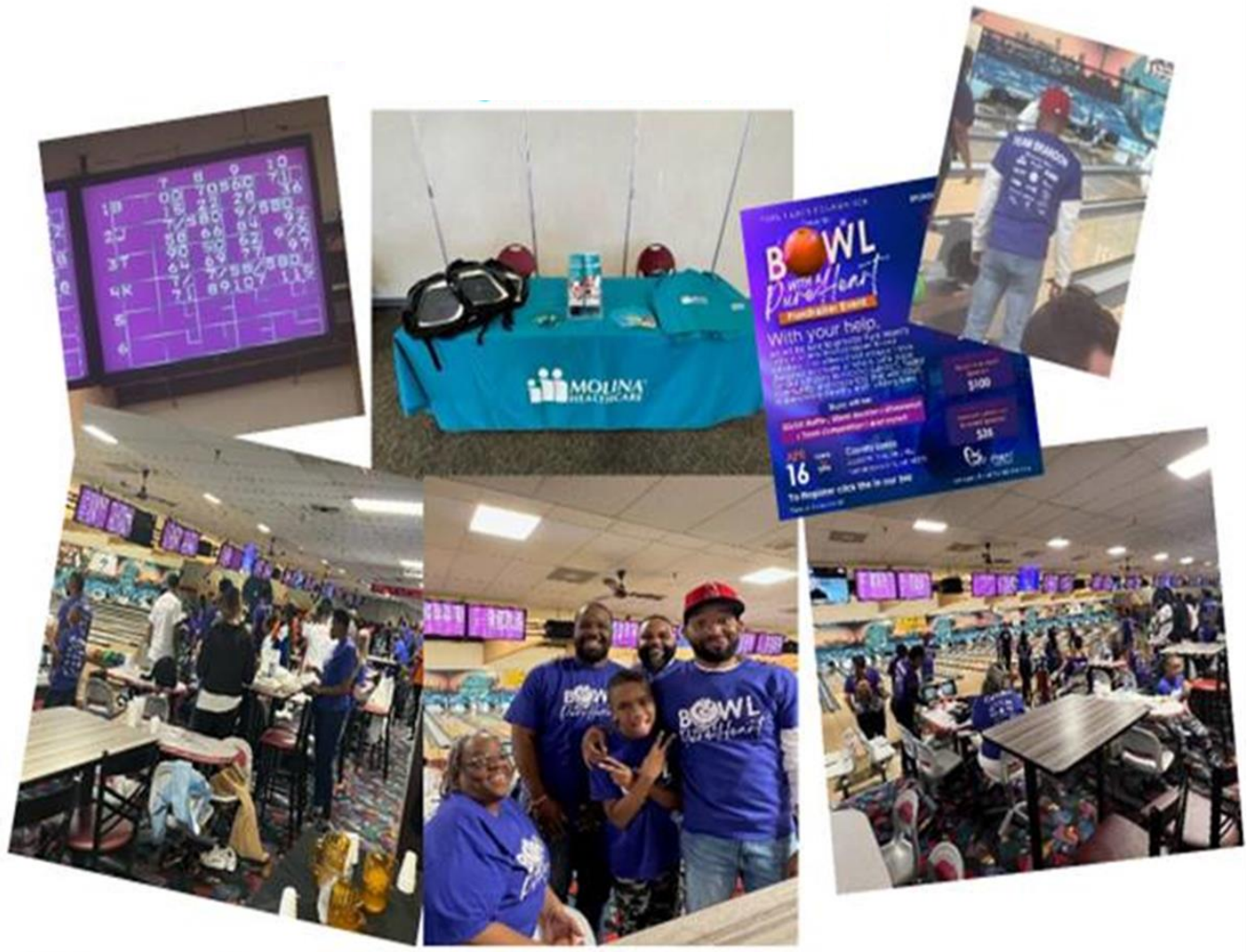
Molina in the Community

Molina Healthcare of Michigan participated in Grace Health's Week of the Young Child event on April 8 to promote well-child exams, immunizations, and hearing and vision screening.



Molina Healthcare of Michigan employees volunteered at the MDHHS and Food Bank of Eastern Michigan weekly food and water getaway held at Bethel United Methodist Church.

Molina Healthcare of Michigan supported the Pure Heart Foundation's Bowl with a Pure Heart event on April 16. The Pure Heart Foundation's mission is to embrace children of incarcerated parents and empower them to break the cycle of generational involvement in the criminal justice system.



Molina Healthcare of Michigan supported the Great Lakes Bay Health Centers/New Life Church Easter Egg Hunt in Saginaw by sponsoring the Kona Ice truck and hosting an informational table. More than 300 people attended the event.

Molina Healthcare of Michigan supported the Saginaw County Health Department's Lead Testing Event on April 13. Molina hosted an information table and distributed superhero teddy bears, toothbrushes and outreach brochures to participants. Congressman Dan Kildee attended the event for a press conference to discuss the importance of childhood lead testing and to discuss a bill he is supporting to remove lead service lines in all low-income housing across the State of Michigan.

Molina Healthcare of Michigan donated 200 children's books to the Ascension St. Mary's Foundation in Saginaw. Books will be distributed to their Saginaw primary care locations and given to children ages 0-14 when they visit their PCP for their well child examination.

Molina Healthcare of Michigan hosted a resource table at the Sanilac Bay Baby Pantry in Sandusky. Each shopper received a Molina tote bag filled with outreach material, hand sanitizer and tattoos for kids. Molina also donated two $25 gift cards to the pantry to give to two lucky families.

Molina Healthcare of Michigan supported the Michigan Rural Health Conference held April 28-29 at Soaring Eagle Casino & Resort in Mt. Pleasant.

Molina Healthcare of Michigan sponsored Bay City Public Schools' Hampton Elementary Fun Run. The $500 sponsorship included Molina's logo on the back of all event t-shirts, electronic distribution of a Molina outreach flyer shared to all participating families electronically and a Molina water station at the event. The school is also keeping Molina outreach brochures in the main office for families to take as needed.

Molina Healthcare of Michigan supported the Saginaw Housing Commission's Resource Fair. The April 26 event included information on how to create a budget, financial planning, strategies and resources for first time home buyers on how to purchase a home. Most participants were part of Section 8, HUD and other subsidized housing programs. Molina provided participants with bags containing measuring cups, a cutting board and an outreach brochure. Molina also donated four $25 gift cards for the event's prize drawing.

Molina Healthcare of Michigan donated personal care items for students attending the Carrollton Public Schools 8th grade Washington D.C. trip and provided a monetary donation set aside for families with food insecurity.

Molina Healthcare of Michigan supported the Saginaw Township Early Childhood Program's Children's Playgroup event in April. Playgroup includes children from their Headstart, pre-school and Early On programs. Molina supported the event by providing all participants with free books, refreshments and a Molina outreach brochure.

Molina Healthcare of Michigan sponsored STEM Saginaw's STEM Saturday – The Power of Wind and Renewable Energy event in Saginaw in May. Every student learned the principles of simple circuits, electricity and wind energy and learned to describe how circuits work by creating different kinds of circuits. Then every student designed, built and tested their own windmill. Molina provided the meal for the parents of the participants.

Molina Healthcare of Michigan participated in the Saginaw Public School District Family & Community Cultural Diversity Explosion Appreciation Day on April 30. Molina hosted an informational table at the event and distributed Molina bags, hand sanitizers, hot/cold packs, band-aid holders, outreach brochures and health education information.

Molina Healthcare of Michigan presented Underground Railroad, Inc. of Saginaw with a check for $1,500 from the Lean on Molina fund. Monies will be used to support their clients (survivors of domestic violence, sexual abuse and stalking) for various needs including transportation, food, hygiene items and clothing items.

Molina Healthcare of Michigan sponsored a youth/parent workshop at the Saginaw Success Academy. The workshop included financial literacy information from Team One Credit Union, creation of vision boards facilitated by the Saginaw Chapter of the LINKS and information about Molina Healthcare. Molina supplied four $25 Visa gift cards to use as participation incentives. All participants received a Molina outreach brochure and health education information.

Molina Healthcare of Michigan donated 50 sunscreen and lip balm keychains to the Arenac Community Baby Pantry in Arenac County. The pantry has Molina outreach brochures and immunization schedules to distribute to parents. MHM also donated 15 $5 McDonald's gift cards to the WELL Outreach Mother's Day craft event in Arenac County. Participants also received a Molina outreach brochure and a sunscreen and lip balm keychain.

Molina Healthcare of Michigan provided River House, Inc. of Grayling with $1,000 of Lean on Molina funding. River House provides services and emergency shelter for victims of domestic violence, sexual assault and stalking. Funding will be utilized to support various needs of victims including hygiene products, clothing, shoes, transportation and other necessities.