PROVIDER NEWSLETTER

The Provider Newsletter is available to all network providers serving Molina Healthcare Members

First Quarter 2021

Even as a crisis drives us apart, we heal by coming together.

THANK YOU

Centers for Medicare & Medicaid Services (CMS) Guidance for the COVID-19 Vaccine Toolkits & COVID-19 Vaccine Significant Cost Determination

In advance of the release of the COVID-19 vaccine, CMS developed centrally located COVID-19 vaccine toolkits to convey critical information to all stakeholders. As more information becomes available, CMS will update the toolkits.

Additionally, CMS announced the legislative change in benefits to add Part B coverage of a COVID-19 vaccine, and its administration meets the significant cost threshold. Given the significant cost determination, Medicare payment for COVID vaccinations administered during calendar years 2020 and 2021 to Medicare Advantage (MA) beneficiaries will be made through the Medicare FFS program. Medicare beneficiaries enrolled in MA plans will be able to access the COVID-19 vaccine, without cost sharing, at any FFS provider or supplier that participates in Medicare and is eligible to bill under Part B for vaccine administration, including those enrolled in Medicare as a mass immunizer or a physician, non-physician practitioner, hospital, clinic, or group practice. Therefore, contracted Molina Healthcare providers should submit claims for administration of the COVID-19 vaccine to the appropriate CMS Medicare Administrative Contractor (MAC) for payment.

In this Issue

Links to MACs:

- https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/MedicareAdministrativeContractors
- https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs

Additional Important links:

- https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf
- https://urldefense.com/v3/__https:/www.cms.gov/COVIDvax__;!!DOw_8Fim!fd6BCZyFuMFnLPaiIyiFgi0sUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm77yD7RbQ$
- https://www.cms.gov/newsroom/press-releases/trump-administration-acts-ensure-coverage-life-saving-covid-19-vaccines-therapeutics
- https://urldefense.com/v3/__https:/www.cms.gov/files/document/covid-vax-ifc-4.pdf__;!!DOw_8Fim!fd6BCZyFuMFnLPaiIyiFgi0sUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm6yFx5ELQ$

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

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

Focusing together on a positive patient experience will have many important benefits to your practice:
- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Additional resources are available for office staff and patients:
- For additional after-hours coverage, Molina Healthcare members can call the 24-Hour Nurse Advice Line
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Provider Web Portal at www.MolinaHealthcare.com to:
    - Search for patients & check member eligibility
    - Submit service request authorizations and/or claims & check status
    - Review Patient Care Plan
    - Obtain CAHPS® Tip Sheets
    - Participate in online Cultural Competency trainings (also available on www.MolinaHealthcare.com under "Health Resources")

Please encourage your patients who have received the CAHPS® survey to participate.

Listed below are several questions asked in the survey regarding patient care:

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

Molina Healthcare's 2020 Quality Improvement Results

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

CAHPS®
The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey that assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

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

Medicaid: In 2020, Molina Healthcare's most improved measures were rating of health plan, rating of health care and rating of specialist seen most often. Areas for opportunity include annual flu vaccinations and medical assistances with smoking and tobacco use cessation.

Medicare: In 2020, Molina Healthcare demonstrated improvement in getting members needed care, members getting care quickly and rating of health plan. We also showed improvement in the percentage of members getting needed prescription drugs and customer service. There is an opportunity to improve coordination of care.

Marketplace: In 2020, Molina Healthcare improved in the number of members who received an annual flu vaccine and medical assistances with smoking and tobacco use cessation. Areas for opportunity include rating of personal doctor, customer service and care coordination.

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

Medicaid: In 2020, Molina Healthcare improved our HEDIS® performance in timeliness of prenatal care, postpartum care and controlling high blood pressure for members with hypertension.

Molina seeks to improve our rates for appropriate testing for pharyngitis, follow-up for children prescribed ADHD medication and adherence to antipsychotic medications for individuals with schizophrenia.

Medicare: In 2020, Molina Healthcare improved its performance in BMI assessments for adults, medication reconciliation post-discharge, medication review for older adults and more members with diabetes received a comprehensive eye exam. Measures that need improvement are colorectal cancer screening, rheumatoid arthritis management and functional status assessment for older adults.

Marketplace: In 2020, Molina Healthcare observed improved scores in adult BMI assessment, controlling high blood pressure for members with hypertension and more members are in better control of their diabetes and HbA1c measures. Areas for improvement are chlamydia screening in women, appropriate testing for pharyngitis and appropriate treatment for upper respiratory infection.

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

In 2020, the majority of Molina Medicaid members identified English (99%) as their preferred language, followed by Arabic (0.7%) and Spanish (0.6%). Spanish was the most requested language for Molina services, followed by Arabic and Bengali. Requests for Spanish interpreters increased slightly between 2019 and 2020.

The majority of Molina Marketplace members did not identify a preferred language (86%), followed by English (11%) and Spanish (3%). Spanish was the most requested language for Molina services, followed by Arabic and Vietnamese.

Molina MMP members identified English (99%) as their preferred language, followed by Spanish (0.5%) and Arabic (0.5%). Spanish was the most requested language for Molina services, followed by Arabic and Bengali. Requests for Bengali interpreters decreased slightly between 2019 and 2020.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of short Culturally Competency training videos available via the Provider Portal: https://provider.molinahealthcare.com/provider/login and at https://www.molinahealthcare.com/providers/mi/medicaid/resource/cme.aspx on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources.

The following new disability resources are available at this location under Molina Provider Education Series:
- Americans with Disability Act (ADA)
- Members who are Blind or have Low Vision
- Service Animals
- Tips for Communicating with People with Disabilities & Seniors

The progress related to the goals that Molina Healthcare has set for the annual CAHPS® (QHP for Marketplace) survey results and the annual HEDIS® measures can be viewed in more detail on the Molina website.

You can also view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at www.MolinaHealthcare.com.

2020 Provider Satisfaction Survey Results

The Provider Satisfaction Survey targets providers to measure their satisfaction with Molina Healthcare of Michigan. The purpose of the survey is to help Plans measure and understand how well they are meeting their providers' expectations and needs.

Molina Healthcare of Michigan received the final results from the 2020 survey with an increased in every single category. A few categories that had the most significant improvement are as follows:

- Would recommend Molina Healthcare to other physicians' practice
- Rating of Molina Healthcare compared to all other contracted health plans
- Overall Satisfaction

While 2020 was a year filled with new challenges and uncertainty. Molina Healthcare of Michigan ranked higher in overall provider satisfaction than our competitors. Thank you for your continued care of Molina Members.

Molina Partners with PsychHub for Provider Education

PsychHub is an online platform for digital behavioral health education. Molina Providers are able to access PsychHub's online learning courses through their Learning Hub for FREE. Continuing Education opportunities are also available to select providers through a variety of courses. Contact your local Molina Provider Services team to learn more.

Click here to visit PsychHub

Provider Preventable Conditions

As a reminder, Providers are required to report provider-preventable conditions associated with claims for payment or Enrollee treatment for which payment would otherwise be made in accordance with federal Medicaid regulations.

2021 Provider Manual

The 2020 Provider Manuals will be made available on MolinaHealthcare.com website. The Provider Manual is customarily updated annually but may be updated more frequently as policies or regulatory requirements change. The Molina Provider Manual is intended to provide Molina's contracted Providers with guidance in understanding Molina Healthcare's programs, processes and policies. Providers can access the most current Provider Manual at
https://www.molinahealthcare.com/providers/mi/medicaid/manual/provmanual.aspx

If you have questions about the manual or about Molina Healthcare of Michigan (MHM) in general, please contact MHM at 855.322.4077or your assigned Provider Service Representative.

Requirements for Submitting Prior Authorization for Molina All Lines of Business

Molina requires prior authorization (PA) for specific services. Molina offers three tools on the MolinaHealthcare.com website to assist you in knowing what services require prior authorization: The Prior Authorization Code Matrix, the Prior Authorization Guide, and the newly launched Prior Authorization Code Lookup Tool. Both the PA Code Matrix and the PA Lookup Tool offer detailed information by CPT and HCPCS code regarding PA requirements. Additional information about the new Prior Authorization Code Lookup Tool, including how to access the tool, is available in a separate article included in this Newsletter.

When submitting a prior authorization request, it is important to include all clinical information and medical records necessary to support the medical necessity of the requested service/item. The following is an example of documentation needed:

- Current (up to six months) patient history related to the requested service/item
- Relevant physical examination that addresses the problem
- Relevant lab or radiology results to support the request (include previous MRI, CT, laboratory or X-ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request showing the member meets the criteria for approving the service/item

By providing all necessary clinical information with the initial request, Molina will be able to make a more timely and complete decision based on the member's current health condition while potentially avoiding a need to request additional supporting documentation. When submitting an expedited prior authorization request, please be sure to submit all necessary clinical information as the timeframe to process the request is extremely short from date and time of receipt of the initial request. The goal is to have all necessary information to make the appropriate decision during the initial review of the service/item and avoid the need for an appeal if the service/item is denied.

NOTE: In the event a denial is issued and subsequently appealed, please include reference the original decision. If the denial was due to missing information needed to justify coverage, not providing that information with your appeal request will not change the decision and could further delay medically necessary covered services/items. Let's work together to ensure timely and appropriate care for your patients.

REMINDER DIRECT ASSURE AND CAQH

Molina collaborates with DirectAssure to help maintain a more accurate and timely provider directory. Working in concert with CAQH ProView®, which is accessed by 1.4 million providers to self-report and regularly attest to their professional and practice information, DirectAssure enables providers to update their directory information once and share it with all participating health plans they authorize to receive that data.

Molina encourages all providers to sign up for CAQH ProView® in order to utilize DirectAssure as a tool to easily update and distribute provider directory data to Molina Healthcare.

DirectAssure reduces the burden on healthcare providers and health plans alike, eliminating redundant outreach and increasing directory accuracy.

How DirectAssure Works:

- DirectAssure emails reminders, on at least a quarterly basis, to select providers on behalf of participating health plans to review their directory information.
- Providers log in to CAQH ProView®, review a specific dataset in a Provider Directory Snapshot, make any necessary updates and then confirm that the directory information can be published.
- The confirmation is time stamped, and a snapshot of information is taken for audit purposes.
- This directory data includes provider location, contact information, specialty, medical group, institutional affiliation and whether they are accepting new patients.

Once the information is validated and attested by the Provider, Molina uses the information to validate and update the Provider Online Directory (POD).

To register, please visit https://www.caqh.org/. For more information about DirectAssure, visit

https://www.caqh.org/solutions/directassure.

If you have any questions, please contact your Provider Services Representative.

Electronic Solutions for Streamlined Credentialing

The need for a current credentialing application goes beyond initial credentialing. Following NCQA (National Committee for Quality Assurance) guidelines requires providers to be recredentialed at a minimum of every three years.

To avoid an incomplete application, consider logging into your electronic application, CAQH (Council for Affordable Quality HealthCare), for regular maintenance.

A few tips to improve and streamline your credentialing process:

- Attestations are considered current for 180 days. Electronically updated attestations are acceptable and encouraged.
- Professional Liability Insurance is considered current at time of sign off; update your application or attach your new year's policy as soon as it's available.
- If you recently became board certified, update your board status. Board certifications are not only quicker to verify than residencies and fellowships, if you have one, NCQA requires that it be verified.
- DEA certifications can be verified by attaching a current copy to your application.
- Review your specialty listed on your application. Do you have the corresponding education listed on your application? If not, complete the education section.
- NCQA also requires five years of work history.   Make sure your application lists the MM/YY format. Be sure to also include gap explanations for any gaps over six months.

you have any questions on how to complete or update your electronic application, please reach out to the Specialist listed on your credentialing request.

VaxCare Solutions Now In Network

Effective May 1, 2020, Molina has added VaxCare Corporation d.b.a. Physician Management Services of Michigan, LLC (www.VaxCare.com), to our growing list of valued network providers.

VaxCare is a workflow-optimized buy and bill vaccine management system. VaxCare delivers a connected vaccine management solution that provides vaccines at no cost, removes extraneous work, and pays administration fees on every administration for primary care practices so they can focus on patient care. The VaxCare network of providers, manufacturers, EHRs, payers, clearinghouses, registries, and medical directors empower clinics to be smart and efficient at a scale they could not accomplish on their own.

VaxCare's mission is to see every person fully vaccinated. By reducing the risk for practices, VaxCare helps increase vaccination access for patients. Our partnership with VaxCare represents risk-free vaccine administration for Molina Members and better access for your patients. This aligns with Molina's mission to provide quality healthcare to people receiving government assistance, in particular, to provide NCQA-accredited care and services, at the right time and in the right setting, that focus on promoting health, wellness and improved patient outcomes.

COVID adds a new complexity of adequately immunizing patients amidst safety concerns and shifting patient preferences, and VaxCare has been innovating through real-time conversations and developing tools to drive patient relationships, communication, and safety in the changing immunization environment.

The result of this practice-driven innovation approach is a suite of plug and play tools that help with primary care and prevention:

- Predictive and automated flu ordering – Anticipate stock demands and streamlined ordering process.

- Curb-side vaccine clinic technology – Physician office curb-side workflow and toolkit with HIPAA-compliant LTE mobile access to easily identify, track and bill for appropriate vaccines.

- Family Flu Protection – Integrated pediatric workflow and tools to swiftly administer and bill for parent/guardian immunization.

If you are an existing VaxCare Partner, please allow VaxCare to bill for vaccines rendered to Molina Members per your Terms of Service Agreement with VaxCare.

NOTE: This excludes the Vaccines for Children (VFC) program which buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to private physicians' offices and public health clinics registered as VFC providers.

If you are interested in becoming a VaxCare Partner and want to learn more about how to simplify your vaccine management workflow and have access to the innovative physician practice tools described above, please contact Buffy Tinkes, 407-917-8994, hello@vaxcare.com.

Provider inquiries regarding this can be directed to the Health Plan's Provider Services Representative. Member inquiries regarding this can be directed to Molina's Contact Center for assistance. This can be found under the "Contact Us" section on the Molina Healthcare website, on the back of the Member's ID card, or in the Provider Manual.

Telehealth

The COVID-19 pandemic has changed the way health care companies and medical professionals approach delivery of care with telehealth playing a vital role. Molina is contracted with providers nationwide who are more actively using this mode of care through telecommunications.

The benefits of utilizing telehealth include increased access to coordinated care for those in rural communities, opportunities for providers to monitor members' progress while preempting inappropriate hospital admissions with early intervention, scheduling flexibility for members and reducing potential transportation issues.

Molina supports our members receiving quality care through telehealth in a secure, private manner that also is convenient for them. Members can access these services across our various products for Medicaid, Medicare and Marketplace. Depending on the specialty and member's situation, telehealth can be used for diagnosis, consultation, or treatment.

Note: Benefits for telehealth vary depending on product guidelines and local regulations. Not all members are appropriate candidates for telehealth.
With this new format for care, Molina will look to our providers to provide appropriate education and screening protocols to help our members have a positive productive experience with telehealth.

Molina wants to make it easy for providers to use telehealth to serve our members. Below are billing codes available for telehealth services.

Description	Codes		
Telehealth Modifier	95, GT	**WITH**	**POS:** 02
Telephone Visits	**CPT®:** 98966-98968, 99441-99443		
Online Assessments (E-visits or Virtual check-in)	**CPT®:** 98970-98972, 99421-99423, 99458 **HCPCS:** G2010, G2012, G2061-G2063		

Molina's Provider Online Directory now allows members to search for providers who offer telehealth. Molina has pre-populated the service indicator for providers who are submitting telehealth claims. **If you want the service indicator added for your practice, contact your Molina Provider Services Representative**.

We realize that providers are on a spectrum in terms of level of engagement and knowledge for telehealth. For practitioners and organizations with an interest, we recommend accessing support available through local Regional Telehealth Resource Centers and also the American Telemedicine Association (ATA).

Telehealth is quickly evolving, including new legislation being considered and passed at both state and federal levels. Please stay tuned for more information from Molina. We recommend providers take time to review the latest on local market and clinical specialties regarding telehealth practices and guidelines.

Molina appreciates your collaboration in keeping us up to date on your telehealth services and offerings. If you have questions or updates on your offerings, please contact your Molina Provider Services representative.

If your practice does not provide telehealth services, Molina makes telehealth available through Teladoc for members.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) Section 504 of the Rehabilitation Act of 1973, prohibits discrimination against persons with disabilities in the area of employment, public accommodations, state and local government services, and telecommunications.

Both public and private hospitals and health care facilities must provide their services to people with disabilities in a non-discriminatory manner. To do so, they may have to modify their policies and procedures, provide auxiliary aids and services for effective communication, remove barriers from existing facilities, and follow ADA accessibility standards for new construction and alteration projects.

Compliance ensures the provision of linguistic access and disability-related access to all Members, including those with Limited English Proficiency and Members who are deaf, hard of hearing, non-verbal, have a speech impairment, or have an intellectual disability.

Policies and procedures address how individuals and systems within the organization will effectively provide services to people of all cultures, races, ethnic backgrounds and religions as well as those with disabilities in a manner that recognizes values, affirms and respects the worth of the individuals and protects and preserves the dignity of each.

The U.S. Department of Justice provides information about the Americans with Disabilities Act (ADA) through a toll-free ADA Information Line.

This service permits businesses, State and local governments, or others to call and ask questions about general or specific ADA requirements including questions about the ADA Standards for Accessible Design.

ADA specialists are available Monday through Friday from 9:30 AM until 5:30 PM (Eastern Time) except on Thursday when the hours are 12:30 PM until 5:30 PM. Spanish language service is also available.

For general ADA information, answers to specific technical questions, free ADA materials, or information about filing a complaint, call: 800.514.0301 (Voice) 800.514.0383 (TTY).

Additional information is available at www.molinahealthcare.com, from your local Provider Services Representative, or by calling Molina Provider Services at 855.322.4077.

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 non-traumatic dental problems.

Please remind your Molina Medicaid 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. Molina Dental Services under Medicaid are provided to members at no cost. Molina's dental benefit includes cleaning, fillings and other preventive services. Services are available during the pregnancy traditionally dental coverage will last for three months after the expected due date. As a result of Covid-19 restricting the ability of members to access dental services, the dental benefit is extended for pregnant women. This extension will apply to women who are post-partum delivered or still pregnant in March, April, May, June and July 2020.

  These members will have the dental benefit extended until December 31, 2020, or until they are three months post-partum, whichever comes later.

- **Medicaid Children Fluoride Treatments**
  Molina PCPs may provide fluoride treatments to children 0-3 years and submit claims directly to Molina.

Molina offers Dental Services through its own network of dentists for Healthy Michigan, MI Health Link and Medicaid members who are pregnant. Scion Dental, Inc. processes claims and manages the authorization process for select services.

If you have any questions regarding dental services, oral health or care management, please contact your Provider Services Representative or Provider Services at 248.729.0905.

Molina Healthcare Medicare Members have dental coverage through Delta Dental with the following benefits:

- $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

To find a Delta Dental provider, members may visit https://www.molinahealthcare.com/members/mi/en-us/Pages/home.aspx then find a Doctor or Pharmacy 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.

Molina In the Community

Molina provided lunch for staff members and volunteers at the Hasting COVID-19 Vaccination Site at 330 W Woodlawn Ave, Hastings, MI 49058

35 boxed lunches and beverages were provided   from a local eatery called Seasonal Grille.

Molina had the opportunity to support a local business during the pandemic. The local eatery was extremely grateful for the business.

Molina also provided lunch for staff members and volunteers at the Lansing COVID-19 Vaccination Site located at the Lansing Mall on the West Side of Lansing. Panera Bread collaborated with Molina to deliver 35 boxed lunches and beverages.

Molina also provided lunch for 185 staff members and volunteers at the Detroit COVID-19 Vaccination Site located at TCF Center. Molina worked with Jimmy John's to deliver 185 boxed lunches.

The Midland County Health Department Vaccinated 40 individuals who utilize the services of Midland's Open Door with the Johnson & Johnson 1 dose vaccine. Molina distributed fleece blankets to individuals who received the vaccine.

COVID-19 Vaccine Event 03/15/21

Molina Healthcare of Michigan supported the COVID-19 vaccine event that took place at **Midland's Open Door**. This organization provides food and shelter to the homeless and underserved population in Midland County. The Midland County Health Department vaccinated **40 individuals** and **Molina Healthcare distributed Molina branded blankets** and Molina Outreach Brochures. Recipients were very thankful to receive a blanket on the cold, windy day. This is the first of many events that will service the underserved in Midland County.

(Midland, Midland County, Region 5)

NEW PROVIDER PORTAL COMING THROUGH AVAILITY

Molina Healthcare of Michigan (Molina) is transitioning to a new provider portal platform called the Availity Provider Engagement Portal. Many of Molina's provider partners are already familiar with Availity and are currently using this platform with other payers.

If you are already a registered user with Availity, you are already set to start working with Molina in Availity, **beginning on April 17th, 2021**. Here are a few highlights of what you'll be able to do:

- Submit claims, send supporting claim documentation, and check claim status.
- Check member eligibility and benefits.
- View remittances and EOPs/EOBs.
- 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.
  - Submit and view prior authorization.

You will receive a communication from Availity prior to the April go live date with information for the opportunity to attend a training that will walk you through the options specific to Molina. If you are unable to attend and would like to view the training a recorded version will be available.

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. Newly registered users will be able to begin using the Availity Platform for Molina on **April 17th as well.**

The current Molina portal will still be available throughout the transition.

If you have additional questions, please contact your Provider Service Representative directly or you can contact the Provider Services Department at 248.729.0905 or email MHMProviderServicesMailbox@MolinaHealthcare.com

Thank you for serving Molina Members!