

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2022



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

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

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

- Increase patient retention

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- 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: English Telephone: (888) 275-8750 Spanish Telephone: (866) 648-3537 Hearing Impaired (TTY/TDD): 711
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services Telephone: (855) 322-4077 Hearing Impaired (TTY/TDD): 711
- Providers can access the Provider Web Portal at provider.molinahealthcare.com.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 at MolinaHealthcare.com, under Health Resources tab)

Please encourage your patients who have received the CAHPS®/QHP Enrollee Experience Survey 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 2021 Quality Improvement Results

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



CAHPS®/QHP Enrollee Experience Survey

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

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

Medicaid: In 2021, Molina did not improve in any measures.

We need to make improvements in Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service/Plan Administration, Coordination of Care, Rating of Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often and Rating of Health Plan.

Medicare: In 2021, Molina improved in Getting Care Quickly.

We need to make improvements in Getting Needed Care, How Well Doctors Communicate, Customer Service/Plan Administration, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of Health Plan, Flu Vaccinations, Overall Rating of Drug Plan and Getting Prescriptions Filled Easily.

Marketplace: In 2021, Molina improved in the following QHP Enrollee Experience Survey measures: How Well Doctors Communicate, Rating of Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of Health Plan, Medical Assistance w/Smoking/Tobacco Use Cessation and Getting Prescriptions Filled Easily.

We need to make improvements in Customer Service/Plan Administration, Coordination of Care, Access to Care, Access to Information, Cultural Competence, Flu Vaccinations and Overall Rating of Drug Plan.

MMP: In 2021, Molina improved in Getting Care Quickly.

We need to make improvements in Getting Needed Care, How Well Doctors Communicate, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of Health Plan, Flu Vaccinations and Overall Rating of Drug Plan.

HEDIS®

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

Medicaid: In 2021, Molina improved in Immunizations for Adolescents (IMA) - Combination #2, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase and Appropriate Treatment for Upper Respiratory Infection (URI) - Total.

We need to make improvements in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) - Total,

Appropriate Testing for Pharyngitis (CWP) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg), Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

Medicare: In 2021, Molina improved in Colorectal Cancer Screening (COL), Care for Older Adults (COA) - Advance Care Planning, Statin Therapy for Patients with Cardiovascular Disease (SPC) - Total Received Statin Therapy and Statin Therapy for Patients with Cardiovascular Disease (SPC) - Total Statin Adherence 80%.

We need to make improvements in Breast Cancer Screening (BCS), Care for Older Adults (COA) - Medication Review, Care for Older Adults (COA) - Functional Status Assessment, Care for Older Adults (COA) - Pain Assessment, Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy and Controlling High Blood Pressure (CBP).

Marketplace: In 2021, Molina improved in Effective Continuation Phase Treatment, Appropriate Treatment for Upper Respiratory Infection (URI).

We need to make improvements in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Colorectal Cancer Screening (COL), Chlamydia Screening in Women (CHL) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

MMP: In 2021, Molina improved in Colorectal Cancer Screening (COL), Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment and Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment.

We need to make improvements in Care for Older Adults (COA) - Medication Review, Care for Older Adults (COA) - Functional Status Assessment, Care for Older Adults (COA) - Pain Assessment and Controlling High Blood Pressure (CBP).

Culturally and Linguistically Appropriate Services/Disability Resources

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

Medicaid: Between January 1 and September 30, 2021, 3,096 interpreter services were requested by Molina Healthcare of Michigan Medicaid members which represents 8% of the plan's Medicaid members and 54% of members whose preferred language is not English. Spanish was the top language requested by Medicaid members followed by Arabic and Bengali. The top three languages requested among Medicaid members in 2020 were Spanish, Arabic and Bengali. A significant year over year change in the top languages requested via interpreter services was not observed.

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

Marketplace: Between January 1 and September 30, 2021, 635 interpreter services were requested by Molina Healthcare of Michigan Marketplace members, which represents 5% of the plan's Marketplace members and 5% of members who preferred language is not English. Note: 85% of Marketplace members do not specify a preferred language. Spanish was the top language requested by Marketplace members followed by Arabic and Vietnamese. The top three languages requested among Marketplace members in 2020 were Spanish, Arabic and Vietnamese. A significant year over year change in the top languages requested via interpreter services was not observed.

MMP: Between January 1 and September 30, 2021, 1,083 interpreter services were requested by Molina Healthcare of Michigan MMP members which represents 8% of the plan's MMP members and 100% of members whose preferred language is not English. Arabic was the top language requested by MMP members followed by Spanish and Albanian. The top three languages requested among MMP members in 2020 were Spanish, Arabic and Bengali. A significant year over year change in the top languages requested via interpreter services was not observed.

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

The progress related to the goals that Molina has set for the annual CAHPS®/QHP Enrollee Experience 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 MolinaHealthcare.com.

Requirements for Submitting Prior Authorization for Molina



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 PA Code Matrix, the PA Guide, and the PA Code Lookup Tool. Both the PA Code Matrix and the PA Lookup Tool offer detailed information by CPT and HCPCS code regarding PA requirements. The PA

Code Lookup Tool is conveniently located available on the "home" page of Provider area of MolinaHealthcare.com. Check it out here: <https://www.molinahealthcare.com/members/mi/en-US/health-care-professionals/home.aspx>.

The most efficient prior authorization submission method is through our Provider Portal <https://provider.molinahealthcare.com/>.

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 medical need for the requested service(s)
- Relevant lab or radiology results to support the request (include previous MRI, CT, lab 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. The Urgent/Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine/non-urgent. 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 be sure to 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.

Strengthening the Primary Care Setting with Trauma-Informed Care

Molina Healthcare is dedicated to promoting the importance of Trauma Informed Practice. According to the National Council for Mental Wellbeing, an "individual's experience of trauma impacts every area of human functioning- physical, mental, behavioral, social, and spiritual." Implementing a Trauma Informed Care approach in the Primary Care setting can benefit providers, members, and office staff alike. The National Council of Mental Wellbeing reports that Trauma-Informed primary care settings can:

- Create safer spaces for staff
- Improve clinical decision-making
- Equip providers to identify and respond to trauma
- Build collaborative care networks to increase provider capacity to address holistic needs

Molina has adopted the guideline for Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care from The National Council for Mental Wellbeing. For more information, please visit our Clinical Program Guidelines on our provider website or visit the National Council for Mental Wellbeing to access the guideline [here](#).

Secure Messaging from Claim Status Screen Enabled in Availity Essentials Portal

Molina Healthcare strives to offer tools to provider partners so you can get more done with less effort. Molina now offers an integrated messaging feature from the Claim Status screen in the Availity Essentials portal.

You can submit secure messages from the Claim Status screen directly to Molina using Availity's Messaging Application.

Note: You will need the Claim Status and the Messaging App roles to access this function. If you're an administrator for your organization, you can assign roles by selecting Maintain User from your account dashboard. Then, select the user and View/Edit their roles.

Accessing Secure Messaging: Go to Claims & Payments | Claims Status

1. Initiate a message via the "Message this payer" option on the claim status results page. Important: The message must pertain to the current claim listed on the claim status results page.
2. Allow up to two business days for a response.
3. Access the Messaging Queue from the top right corner of your Availity home page.
4. Conversations display as cards. The color of the cards indicates the status.
5. All users have sorting and filtering options. If a message is missing from your queue, clear your filter options

Availity's Messaging App is a faster, more effective platform for resolving simple queries. The next time you have a question about the status of a claim, try messaging.

Customer Support: If you have questions about Messaging from Claim Status, you can reach Availity Client Services at (800) 282-4548 from 7 a.m. to 7 p.m. CT, Monday through Friday.

Additional Questions? We're here to help. Contact our Provider Services Team at 947-622-1230 or 947-218-0897 or via email at MHMProviderServicesMailbox@MolinaHealthcare.com.

Availity Essentials Portal: We continue our transition to the Availity Essentials portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered yet? [Click here](#) to get started.

Clinician Administered Preferred Drug List 2022

A clinician-administered drug is an outpatient drug other than a vaccine that is typically administered by a health care provider in a clinician's office or other outpatient clinical setting. For example, drugs that are infused or injected are typically clinician-administered drugs.

The Molina Healthcare, Inc. Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Molina Medical Preferred Drug List includes the listed products only and other product may be available under a plan's medical benefit. The listed preferred products must be used first.

An exception process is in place for specific circumstances that may warrant a need for a non-preferred product.

Medicaid Medical Preferred Drug List- Through October 2022

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast [®] (Alpha-1-Proteinase Inhibitor), Glassia [®] (Alpha-1-Proteinase Inhibitor), Zemaira [®] (Alpha-1-Proteinase Inhibitor)	Prolastin C [®] (Alpha-1-Proteinase Inhibitor)
Hematologic, Colony Stimulating Factors – Short Acting	Granix [®] (tbo-filgrastum) Leukine [®] (sargramostim) Neupogen [®] (filgrastim) Nivestym [®] (filgrastim-aafi)	Zarxio [®] (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fulphila [™] (pegfilgrastim-jmdb), Udenyca [®] (pegfilgrastim-cbqv), Neulasta [®] (pegfilgrastim) Nyvepria [™] (pegfilgrastim-apgf)	Ziextenzo [®] (pegfilgrastim-bmez)
Infliximab	Remicade [®] (infliximab)	Inflectra [®] (infliximab-dyyb) Renflexis [®] (infliximab-abda) Avsola [™] (infliximab-axxq)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV [®] (velaglycerase alfa) Eleyso [®] (taliglucerase alfa)	Cerezyme [®] (imiglucerase)
Multiple Sclerosis (Infused)	Lemtrada [®] (alemtuzumab)	Tysabri [®] (natalizumab) Ocrevus [®] (ocrelizumab)
Osteoarthritis, Viscosupplements	Gelsyn-3 [®] (sodium hyaluronate 8.4mg/ml) GenVisc [®] 850 (sodium hyaluronate) Hyalgan [®] (1% sodium hyaluronate) Hymovis [®] (hyaluronic acid 8mg/ml) Orthovisc [®] (1% sodium hyaluronate) Supartz [®] FX (1% sodium hyaluronate) TriVisc [®] (sodium hyaluronate) Visco-3 [®] (1% sodium hyaluronate) Synvisc [®] (hylan (Avian) 8 mg/mL)	Euflexxa [®] (1% sodium hyaluronate)
Oncology	**Avastin [®] (bevacizumab)	Mvasi [™] (bevacizumab-awwb) Zirabev [®] (bevacizumab-bvzr)
	Herceptin [®] (trastuzumab) Herceptin Hycelta [™] (trastuzumab and hyaluronidase-oysk)	Herzuma [®] (trastuzumab-pkrb) Kanjinti [™] (trastuzumab-anns) Ogivri [™] (trastuzumab-dkst) Ontruzant [®] (trastuzumab-dttb) Trazimera [™] (trastuzumab-qyyp)
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris [®] (ravulizumab-cwvz)	Empaveli [®] (pegcetacoplan)
Rituximab	Rituxan [®] (rituximab)	Truxima [®] (rituximab-abbs) Ruxience [®] (rituximab-pvvr)

	Rituxan Hycela® (rituximab-hyaluronidase)	Riabni™ (rituximab-arrx)
Retinal Disorders (Eye)	Eylea® (aflibercept) Lucentis® (ranibizumab)	**Avastin® (bevacizumab)

Marketplace Medical Preferred Drug List- Through October 2022

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast® (Alpha-1-Proteinase Inhibitor), Glassia® (Alpha-1-Proteinase Inhibitor), Zemaira® (Alpha-1-Proteinase Inhibitor)	Prolastin C® (Alpha-1-Proteinase Inhibitor)
Autoimmune	Actemra® (tocilizumab) IV, Cimzia® (certolizumab pegol), Orencia® (abatacept)	Envyio® (vedolizumab), Ilumya™ (tilgrakizumab-asmn), Simoni Aria® (golimumab), Stelara® (ustekinumab)
Botulinum Toxins	Myobloc® (rimabotulinumtoxin B)	Botox® (onabotulinumtoxin A), Dysport® (abobotulinumtoxin A), Xeomin® (incobotulinumtoxin A)
Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim)	Nivestym® (filgrastim-aafi), Zarxio® (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fulphila™ (pegfilgrastim-jmdb), Udenyca® (pegfilgrastim-cbqv), Nyvepria™ (pegfilgrastim-apgf)	Ziextenzo® (pegfilgrastim-bmez), Neulasta® (pegfilgrastim)
Hematologic, Erythropoiesis - Stimulating Agents	Epogen® (epoetin alfa), Mircera® (methoxy polyethylene glycol-epoetin beta), Procrit® (epoetin alfa)	Aranesp® (darbepoetin), Retacrit® (epoetin alfa-epbx)
Hemophilia, Factor VIII	Eloctate® (antihemophilic factor recombinant Fc fusion protein), Helixate® [Antihemophilic Factor (Recombinant), Formulated with Sucrose], Nuwiq® [antihemophilic Factor (recombinant)]	Adynovate® [antihemophilic factor (recombinant), PEGylated], Jivi® [antihemophilic factor (recombinant), PEGylated], Kogenate® [antihemophilic factor (recombinant), Kovaltry® [antihemophilic factor (recombinant), Novoeight® [antihemophilic factor (recombinant)]
Infliximab	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda) Avsola™ (infliximab-axxq)
Long-Acting Reversible Contraceptives	Liletta® (levonorgestrel-releasing intrauterine system) Nexplanon® (etonogestrel implant)	Kyleena® (levonorgestrel-releasing intrauterine system), Mirena® (levonorgestrel-releasing intrauterine system) Skyla® (levonorgestrel-releasing intrauterine system)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglucerase alfa) Cerezyme® (imiglucerase)	Elelyso® (taliglucerase alfa)

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Multiple Sclerosis (Infused)	Lemtrada [®] (alemtuzumab)	Tysabri [®] (natalizumab) Ocrevus [®] (ocrelizumab)
Osteoarthritis, Viscosupplements	Gelsyn-3 [®] (sodium hyaluronate 8.4mg/ml) GenVisc [®] 850 (sodium hyaluronate) Hyalgan [®] (1% sodium hyaluronate) Hymovis [®] (hyaluronic acid 8mg/ml) Supartz [®] FX (1% sodium hyaluronate) TriVisc [®] (sodium hyaluronate) Visco-3 [®] (1% sodium hyaluronate) Synvisc [®] (hylan (Avian) 8 mg/mL)	Euflexxa [®] (1% sodium hyaluronate) Orthovisc [®] (1% sodium hyaluronate) Monovisc [®] (sodium hyaluronate)
Oncology	NA	Firmagon [®] (degarelix)
	**Avastin [®] (bevacizumab)	Mvasi [™] (bevacizumab-awwb) Zirabev [®] (bevacizumab-bvzr)
	Herceptin [®] (trastuzumab) Herzuma [®] (trastuzumab-pkrb) Herceptin Hycelta [™] (trastuzumab and hyaluronidase-oysk) Trazimera [™] (trastuzumab-qyyp) Ontruzant [®] (trastuzumab-dttb)	Kanjinti [™] (trastuzumab-anns) Ogivri [™] (trastuzumab-dkst)
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris [®] (ravulizumab-cwvz)	Empaveli [®] (pegcetacoplan)
Retinal Disorder Agents (Eye)	Eylea [®] (aflibercept) Lucentis [®] (ranibizumab)	**Avastin [®] (bevacizumab)
Rituximab	Rituxan [®] (rituximab) Rituxan Hycela [®] (rituximab-hyaluronidase)	Truxima [®] (rituximab-abbs) Ruxience [®] (rituximab-pvvr) Riabni [™] (rituximab-arrx)
Severe Asthma	Cinqair [®] (reslizumab)	Dupixent [®] (dupilumab) Fasenra [®] (benralizumab) Nucala [®] (mepolizumab) Xolair [®] (omalizumab)

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 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 email 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. 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.

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 Will Resume Sequestration Reduction for Medicare Payments Effective April 1, 2022

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 will implement 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-licensed 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.

Molina in the Community

Molina Healthcare was recognized by the Early Childhood Investment Corporation (ECIC) for our partnership with ECIC to help improve the lives of Michigan residents. Below is an excerpt from a January, 2022 news release from ECIC...

The Early Childhood Investment Corporation (ECIC), a statewide organization serving all 83 counties in Michigan, proudly announces nearly \$160,000 in funding for 16 communities as part of the Think Babies Michigan initiative, made possible by a generous investment from The MolinaCares Accord (“MolinaCares”), in collaboration with Molina Healthcare of Michigan, and the Pritzker Children’s Initiative.

Through this initiative, ECIC is awarding grants up to \$10,000 to community organizations and parent-led initiatives to pilot and test outreach and navigation efforts that focus on helping pregnant women and families with children under the age of 3 navigate and enroll in services like child care, home visiting, Medicaid, Head Start, and Early On.

“MolinaCares is dedicated to improving the lives and well-being of people across Michigan” said Christine Surdock, plan president of Molina Healthcare of Michigan. “Our partnership with ECIC further strengthens our efforts to address health disparities among those in our communities through whole-person and whole-family care.”

The 16 grant recipients include:

- *ACCESS (Arab Community Center for Economic and Social Services)*
 - *Chaldean Community Foundation*
 - *Clare-Gladwin Great Start Collaborative*
 - *Delta Schoolcraft Growing Families Home Visiting*
 - *Generations Ahead*
 - *Gratiot-Isabella Great Start Collaborative*
 - *Grow Benzie*
 - *Help Me Grow Macomb*
 - *Huron Intermediate School District*
 - *Keweenaw Family Resource Center*
 - *Lapeer County Community Foundation*
 - *Learn Lactate Grow*
 - *Miigwech Inc.*
 - *MomsBloom*
 - *Voices for Children Advocacy Center*
 - *Washtenaw Success by 6 Great Start Collaborative*
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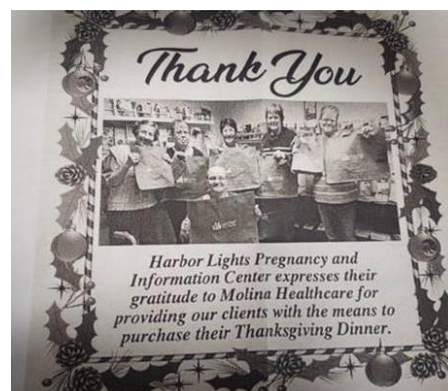
Molina Healthcare of Michigan donated 50 pairs of children’s waterproof winter gloves to Grayling Elementary School for their students in need. Molina also donated 20 family board games and Molina-branded bags to the Grayling Elementary Christmas Giveaway.



Molina Healthcare of Michigan donated \$700 to New Birth Missionary Cathedral for their annual turkey giveaway. Over 200 turkeys were distributed along with Molina-branded bags full of additional food items needed for Thanksgiving dinner.



Molina Healthcare of Michigan donated 15 \$50 Visa gift cards for inclusion in Thanksgiving food bags given away as part of Harbor Lights Pregnancy and Information Center’s Thanksgiving dinner giveaway.



Molina Healthcare of Michigan was the “Mascot Sponsor” of the CAN Council’s Hometown Heroes Hockey Night at the Saginaw Spirit Hockey game. Molina distributed Molina-branded gloves, ear warmers, tissue and outreach brochures. Molina was recognized numerous times throughout the game.



Molina Healthcare of Michigan partnered with the Arenac County Baby Pantry and the Well Outreach to provide items needed for their baby pantry. Molina donated baby sleepers, wipes, baby wash, diaper cream, sippy cups and Molina-branded baby bottles. Molina also donated two \$25 Visa gift cards to use as incentives for participants to complete the baby pantry needs assessment.



Molina Healthcare of Michigan teamed up with the Bay County Health Department to support their pediatric COVID-19 vaccination efforts during the month of December. Molina donated prize packs of a snow tube, snacks, an outreach brochure and Molina-branded water bottle, gloves and tissues to be raffled off at each of the youth clinics during the month of December. Molina also donated a Nintendo Switch to be offered as a grand prize that all participants were eligible to win.



Molina Healthcare of Michigan teamed up with the Michigan Health Clinics for a One-Stop Shop Campaign at both of their Saginaw primary care locations. The campaign ran during the month of December and all participants who received their flu or COVID-19 vaccines were eligible to win one of several great prizes (air fryer, Roku Stick, Google Home Mini or snow tube).



Molina Healthcare of Michigan donated \$1,500 to the Angel Tree Ministries Christmas giveaway in Flint. Angel Tree provides Christmas gifts to children whose parents are incarcerated. Additionally, each caregiver received Molina-branded bag with a Molina ear warmer, holiday treat and outreach brochure.



Molina Healthcare of Michigan is partnering with Family Matters Flint and Catholic Charities of Shiawassee and Genesee Counties to create Molina Book Nooks in their waiting areas. Family Matters Flint provides free supervised visitation in a safe environment for families, and Catholic Charities provides services for foster care youth and their families. Both organizations will have Molina outreach brochures available in their spaces.



The MolinaCares Accord, in collaboration with Molina Healthcare of Michigan, hosted the Coats for Kids and Molina Hope Coat Drive drive-thru event and distributed more than 2,000 coats to kids in need at the Salvation Army Conner Creek Corps & Community Center 38th annual Coats for Kids event in on December 18, 2001. Since 2016, Molina has donated 24,000 coats to kids in need.

