MOLINA HEALTHCARE

PROVIDER NEWSLETTER

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

Fourth Quarter 2020

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

THANK YOU

REDCAP COVID-19 Vaccine Provider Registration Form

The Michigan Department of Health and Human Services (MDHHS) Division of Immunizations has released a **new online COVID-19 Provider Vaccination Registration form**. Health Care Organizations, Pharmacies and Providers who plan to participate in the administration of the COVID-19 vaccine may now enroll.

Please note: Hospitals and Local Health Departments - If you have already completed an application via the previous fillable PDF enrollment form, you do not need to repeat an application.

Links to information and the online application may be found here.

At the link above there is information to assist with preparation to complete the application, is a sample COVID-19 Provider Registration form (Section A and Section B). Additionally, there is a Registration Frequently Asked Questions (FAQ) document that has information on *how to enroll in the Michigan Care Improvement Registry (MCIR) which is a pre-requisite to applying to be a COVID-19 vaccine provider*.

All Health Care Providers who intend to provide COVID-19 vaccinations must complete an application to be eligible to provide this vaccine.

Approval does not automatically mean that you will receive vaccine immediately. Please reference the MDHHS Vaccination Plan for information on priority groups and distribution plans.

Health Care Providers who are already enrolled to provide Flu vaccinations and intend to provide COVID-19 vaccinations, **must also complete COVID-19 registration** to be eligible for the CDC COVID-19 Vaccination Program.

Questions on registration can be sent to MDHHS-COVIDVaccineProviders@michigan.gov

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

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

In preparation for 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 these toolkits will be updated as needed.

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.

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

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2020-2021 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older and who does not have contraindications. It is especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. Additionally, flu vaccinations can reduce the prevalence of flu symptoms that might be similar to and confused with COVID-19.

A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV), and live attenuated influenza vaccine (LAIV) are expected to be available for the 2020–21 season. Most available influenza vaccines will be quadrivalent except MF59-adjuvanted IIV, which is expected to be available in both quadrivalent and trivalent formulations.

Important 2020-2021 Updates:

1. The composition of the 2020–21 U.S. influenza vaccines includes updates to the influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B/Victoria lineage components. These updated components will be included in both trivalent and quadrivalent vaccines. Quadrivalent vaccines will include an additional influenza B virus component from the B/Yamagata lineage, which is unchanged from that included in quadrivalent influenza vaccines used during the 2019–20 season. For the 2020–21 season, U.S. egg-based influenza vaccines (i.e., vaccines other than ccIIV4 and RIV4) will contain hemagglutinin (HA) derived from an influenza A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus, an influenza A/Hong Kong/2671/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and (for quadrivalent egg-based vaccines) an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus. U.S. cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Hawaii/70/2019 (H1N1)pdm09-like virus, an influenza A/Hong Kong/45/2019 (H3N2)-like virus, an influenza B/Washington/02/2019 (Victoria lineage)-like virus, and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

2. Two new influenza vaccine licensures:
   o Fluzone High-Dose Quadrivalent is approved for use in persons aged ≥65 years. For the 2020–21 season, Fluzone High-Dose Quadrivalent is expected to replace the previously available trivalent formulation of Fluzone High-Dose (HD-IIV3).

      The dose volume for Fluzone High-Dose Quadrivalent (0.7 mL) is slightly higher than that of trivalent Fluzone High-Dose (0.5 mL).
      Fluzone High-Dose Quadrivalent, like Fluzone High-Dose, contains 4 times the amount of HA per vaccine virus in each dose compared with standard-dose inactivated influenza vaccines (60µg per virus, versus 15µg in standard-dose IIVs).

- Fluad Quadrivalent is approved for use in persons aged ≥65 years. For the 2020–21 season, both Fluad Quadrivalent and the previously licensed trivalent formulation of Fluad (aIIV3) are expected to be available. Fluad Quadrivalent, like Fluad, contains the adjuvant MF59.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2020-2021 flu season, please visit the Centers for Disease Control and Prevention at www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm.

2020 Molina Healthcare Model of Care Provider Training

Molina is actively reaching out to providers who need to complete the 2021 Model of Care Training!

CMS requires that contracted providers directly or indirectly facilitating or providing Medicare Part C or D benefits for Molina SNP Members complete Model of Care training. This quick training will describe how Molina Healthcare and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid.

If you have not already done so, please complete your training now. Receipt of your completed Attestation Form is due to Molina Healthcare by **December 31, 2020.** If you have any additional questions, please contact your local Molina Healthcare Provider Services Representative at 855.322.4077.

Chimeric Antigen Receptor (CAR) T-cell Therapy is Now Covered Under Molina Medicare Advantage

Starting January 1, 2021, if proven medically necessary, CAR T-cell transfer immunotherapy for select patients with relapsed or refractory cancers will be covered under Medicare Advantage, with required prior authorization CAR T-cell Therapy will continue to be covered under Original Medicare fee-for-service through the remainder of the 2020 year.

What's Covered Under Medicare Advantage?
On or after January 1, 2021, hospitals may submit claims for payment as indicated under the CMS MLN Reference Number: SE19024.
e information about this benefit is available on the CMS website, using the link below:
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19024.pdf

Outpatient Hospital Setting	**Medication**: Q2041 - Axicabtagene ciloleucel, up to 200 million t-cells per dose Q2042 - Tisagenlecleucel, up to 600 million t-cells, per dose **Administration**: 0540T w/ revenue code 0874 - CAR T-cell administration
Inpatient Hospital Setting	0537T w/ revenue code 0871 or 0891 - Harvesting blood-derived T cell 0538T w/ revenue code 0872 or 0891 - Preparation of blood-derived T cells for transportation 0539T w/ revenue code 0873 or 0891 - Preparation of T-cells for administration The above codes will appropriately receive Reason Code W7111

Revenue codes 087x (Cell/Gene Therapy) and 0891(pharmacy)
Requests are subject to prior authorization. Please refer to www.MolinaHealthcare.com for the most current Prior Authorization Guide and Code Matrix.

For any questions, please call Provider Services at 855.322.4077.

NOTE: For Medicaid, CAR-T services are covered as a care-out billed directly to the Michigan Medicaid program.

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

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

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

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

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

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

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

You and the SIU
The SIU analyzes providers by using software that identifies questionable coding and/or billing patterns, and to determine compliance with the terms of the Provider Agreement, including for the purpose of investigating potential fraud, waste and abuse along with concerns involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. Should you have questions, please contact your Provider Services Representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina Associate Vice President who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.
To report potential fraud, waste, and abuse, you may contact the Molina AlertLine toll-free at (866) 606-3889 24 hours per day, 7 days per week. In addition, you may use the service's website to make a report at any time at: https://MolinaHealthcare.Alertline.com..

Balance Billing

Balance billing Molina members for covered services is prohibited other than the member's applicable copayment, coinsurance and deductible amounts. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.
Providers agree that under no circumstance shall a Molina Member be liable to the Provider for any sums owed that are the legal obligation of Molina to the Provider. Examples of balance billing includes:
- Holding the Molina D-SNP Members liable for Medicare Part A and B cost sharing
- Requiring Molina Members to pay the difference between the discounted and negotiated fees, and the Provider's usual and customary fees
- Charging Molina Members fees for covered services beyond copayments, deductibles or Coinsurance

Addressing Anxiety and Depression

The work that you do in your primary care or specialty care setting is vital and is often the first place where anxiety and depression present itself. While addressing anxiety and depression in your care setting may be no new concept, what might be, is the alarming rates of increased reports of anxiety and depression symptoms since the start of the COVID-19 pandemic. A recent report published by Kaiser in July 2020 found that their weekly poll of adults who self-reported symptoms of anxiety and depression for June 2020 was 36.5% which is up 11% from 2019 (Mental Health and Substance Use State Fact Sheets, Kaiser, 2020). Additionally, Mental Health America (MHA) reports record highs on their online mental health screening program indicating that "More than a Quarter Million People Screened Positive for Depression, Anxiety Since Start of the Pandemic" (MHA August 2020).
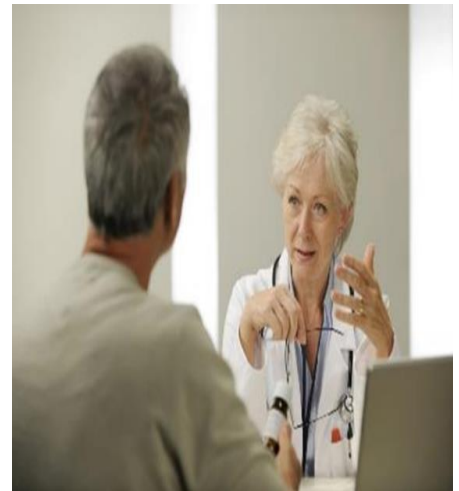
What is contributing to the rise of anxiety and depression symptoms? According to respondents of the MHA online anxiety and depression screening tools reasons include:

- Loneliness or isolation
- Grief or loss
- Coronavirus
- Past trauma
- Relationship problems
- Current Events (news, politics, etc.)
- Financial Problems
- Racism

Proactive screening and follow up with patients are key to ensuring their anxiety and depression symptoms are quickly identified and managed accordingly (e.g. use of medications, referral/follow up for treatment). Molina provides evidence-based resources and guidance regarding mental health conditions via our Behavioral Health Toolkit for Providers. This toolkit can be accessed on the provider pages of our molinahealthcare.com website https://www.molinahealthcare.com/providers/mi/medicaid/resource/bh_toolkit.aspx.

We recommend the use of standardized evidence based screening tools such as the PHQ-9 (Patient Health Questionnaire 9) which screens for depression and anxiety screening tools such as the GAD-7 (7 question screening tool to identify generalized anxiety disorder) or the 4-item screener such as the PC-PTSD (Primary Care Post-Traumatic Stress Disorder) to assess for symptoms of PTSD. Molina's Care Management team is also available to assist you and the patient for additional ongoing care coordination needs such as referrals for treatment through a behavioral health provider. Patients can also access our Coronavirus Chatbot: an enhanced digital tool for members seeking information about not only COVID-19 risk factors. This tool can also assist them in screening for concerns about their mood and provides the necessary referral options depending on the member's answers to the questions.

Members can access this tool by going to molinahealthcare.com and clicking the Coronavirus Chatbot icon at the top right-hand corner of the page.

Resources: More than A Quarter Million People Screened Positive For Depression, Anxiety Since Start of The Pandemic, August 2020. Mental Health America (MHA): MHA Link
Mental Health and Substance Use State Fact Sheets, July 2020. Kaiser: July 2020 Fact Sheet Link

Biosimilar Drugs

Effective July 1, 2020, Molina Healthcare has implemented a list of healthcare-administered preferred drugs. In the fourth quarter of 2019, the National Pharmacy and Therapeutics committee voted unanimously to approve the following biosimilar position statement: A biosimilar is highly similar version of a brand name biological drug that meets strict controls for structural, pharmaceutical, and clinical consistency. A biosimilar manufacturer must demonstrate that there are no meaningful clinical differences (i.e., safety and efficacy) between the biosimilar and the reference product. Clinical performance is demonstrated through human pharmacokinetic (exposure) and pharmacodynamic (response) studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies.

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

Molina Healthcare, Inc. continues to be committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective and quality healthcare. This commitment includes potentially creating a preference for biosimilars when value can be added without compromising patient satisfaction and safety.
Currently, unless state regulations are contradictory, Molina Healthcare prefers all biosimilars prior to access to an originator product. For further information and full listing, please see the provider website for the complete list of drug preferences.

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Autoimmune	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda)
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim)	Nivestym® (filgrastim-aafi) Zarxio® (filgrastim-sndz)
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Neulasta® (pegfilgrastim)	Fulphila™ (pegfilgrastim-jmdb) Udenyca® (pegfilgrastim-cbqv) Ziextenzo® (pegfilgrastim-bmez)
Oncology- bevacizumab	Avastin (bevacizumab)	Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr)
Rituximab	Rituxan® (rituximab)	Truxima® (rituximab-abbs) Rituxan Hycela® (rituximab-hyaluronidase) Ruxience® (rituximab-pvvr)
Trastuzumab	Herceptin® (trastuzumab)	Herzuma® (trastuzumab-pkrb) Herceptin Hycela Kanjinti™(trastuzumab-anns) Trazimera™ (trastuzumab-qyyp) Ogivri™ (trastuzumab-dkst)

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.

We support 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 for providers to take time to review the latest on local market and clinical specialties regarding telehealth practices and guidelines.

We appreciate your collaboration in keeping Molina 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.

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 Supports Muskegon Family Care

Molina distributed blood pressure cuffs, donated by J and B Medical , to help patients keep track of blood pressure.

Molina Healthcare has adopted the Guidelines for the prevention, detection, evaluation and management of high blood pressure in adults from the American College of Cardiology. https://www.jacc.org/doi/full/10.1016/j.jacc.2017.11.006?_ga=2.176976865.553150704.1550539575-1607157456.1550539575

This information is available on Molina's Health Resources page under Clinical Practice guidelines. https://www.molinahealthcare.com/providers/mi/medicaid/resource/guide_clinical.aspx

Molina Flu Shot Events

Molina Healthcare of Michigan, United Outstanding Physicians (UOP), a physician organization comprised of nearly 1,000 independent private practice physicians across Southeast Michigan, and Kroger Health, the healthcare division of the Kroger Co., partnered to host a free influenza immunization event for the city of Dearborn and surrounding communities.

In a continued effort to encourage flu shots this winter season, Molina Healthcare of Michigan hosted a "Be A Molina Flu Fighter" event in partnership with Hamilton Community Health Network. CE team members distributed branded "Flu Care Kits" to individuals and families who received their flu shot through Hamilton's curbside flu shot service. Kits included a coffee mug, variety of teas, a mask, socks, thermometer, hand sanitizer, tissues and valuable health information Individuals received their flu shot through the curbside service and through appointment in-clinic. . Press coverage provided by NBC25.
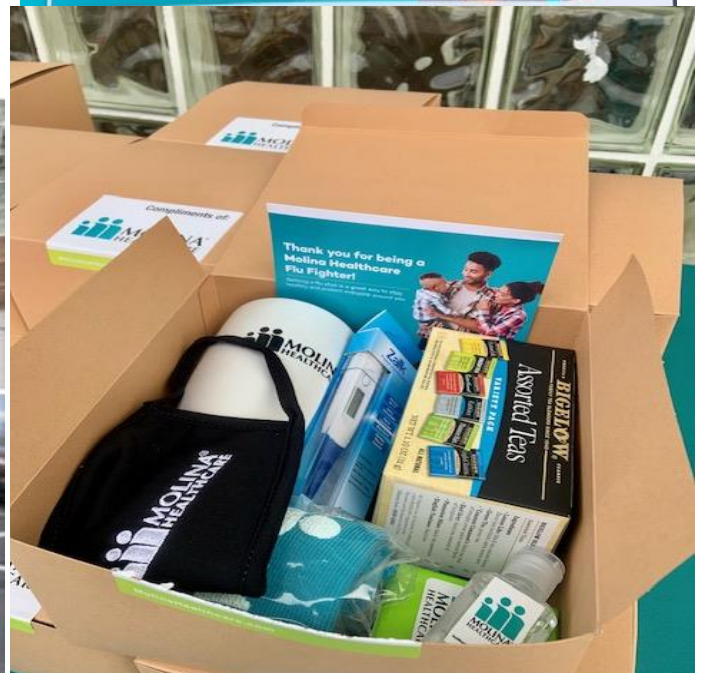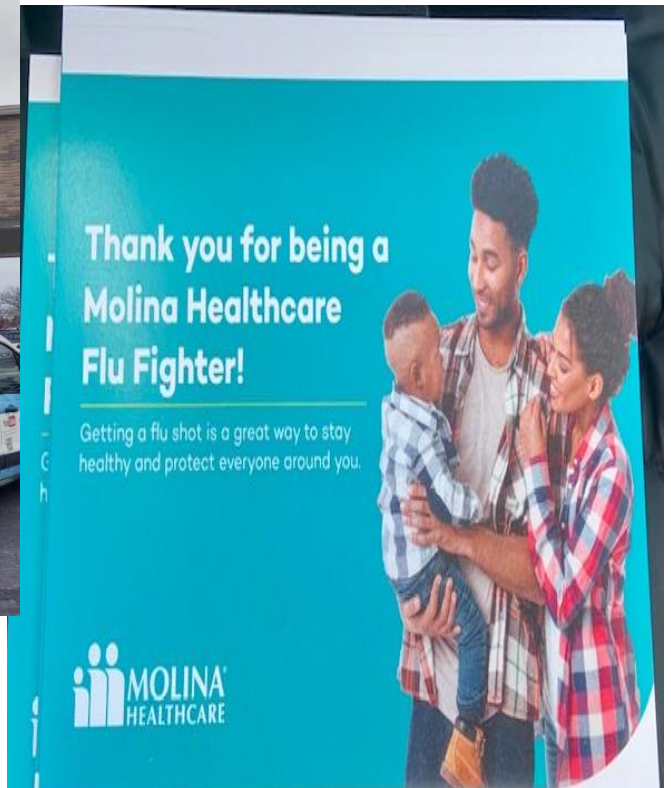
Prior Authorization Look-up Tool

Molina is pleased to introduce an interactive tool to help Providers, Members, & Staff determine prior authorization requirements including if a code:

- Requires a Prior Authorization
- Does Not Require a Prior Authorization
- Is Not a Covered Benefit
- Is Delegated to eviCore

The Tool is configured is available at:

- o Molina Healthcare Website click Healthcare Professionals and choose prior auth lookup tool in the drop down
- o Provider Portal https://provider.molinahealthcare.com/provider/login

- **Training is available**
    - o Train the Trainer Material is available at:
        - Provider Services Prior Authorization Lookup Tool Quick Reference Guide

Verifying NPPES Data/Keeping CAQH Updated

CMS recommends that Providers routinely verify and attest to the accuracy of their NPPES data. The National Plan and Provider Enumeration System (NPPES) now allows providers to attest to the accuracy of their data.
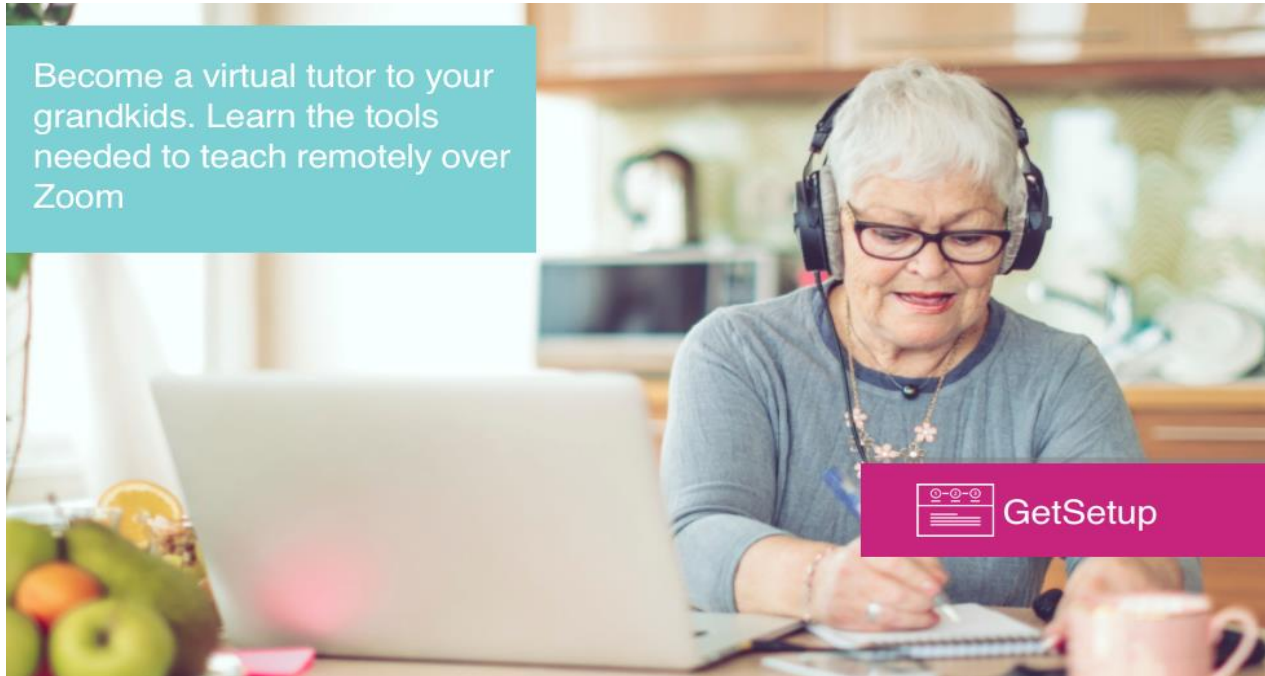
If the data is correct, the provider is able to attest and NPPES will reflect the attestation date. If the information is not correct, the provider is able to request a change to the record and attest to the changed data, resulting in an updated certification date.

Molina supports the CMS recommendations around NPPES data verification and encourages our provider network to verify provider data via https://nppes.cms.hhs.gov.

Additional information regarding the use of NPPES is available in the Frequently Asked Questions (FAQs) document published at the following link: https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index.

Additionally, Molina utilizes the Council for Affordable Healthcare (CAQH) profile for both credentialing and updates to practice addresses and other critical information. Please be sure to stay current on your quarterly updates and attestation on your CAQH profile.

GetSetup Training for Older Adults in Michigan

Become a virtual tutor to your grandkids. Learn the tools needed to teach remotely over Zoom

GetSetup

Aging and Adult Services Agency (AASA) at Michigan Department of Health and Human Services (MDHHS) is excited to launch a new partnership, supported in part by the Michigan Health Endowment Fund, to bring FREE virtual educational and social engagement opportunities to older Michiganders. GetSetup is a digital education platform for older adults, offering 150+ technology and enrichment classes, all taught by retired educators.

GetSetup is the fastest growing live interactive platform and community where older adults teach their peers new skills. This is a safe place for older adults hangout, learn, teach and engage with their peers over videos to live healthier, happier, and more connected lives and from the comfort of home. For the next six months, GetSetup courses are available for free to all Michiganders age 60 and over.

We realize that now more than ever, our older adults are at home and may need assistance learning how to use things like video services to communicate with love-ones, how to use a smartphone, tablet or computer, how to do things like ordering groceries or household items, how to access services like telehealth, or just simply want to take a fun class to socialize and make new friends. These classes are free, fun and interactive and best of all they are taught by other older adults. Here is a video from AASA's Dr. Alexis Travis to learn more.

As part of the program, GetSetUp will run classes ten hours a day to make it very easy for Michiganders to take a class anytime they like from the comfort and safety of their homes.

Visit https://www.getsetup.io/partner/michigan to learn more and sign up for your free classes, including an optional new member orientation to give you an overview of all that's available! Use the code MICHIGANHEALTH at sign up.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) 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.

Questions & Answers for Healthcare Providers

Q. Which healthcare providers are covered under the ADA?
A. Private hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists and health clinics are among the healthcare providers covered by Title III of the ADA. Title III applies to all private healthcare providers, regardless of size. It applies to providers of both physical and mental health care. If a professional office is located in a private home, the portion of the home used for public purposes is covered by the ADA.
Hospitals and other healthcare facilities that are operated by state or local government are covered by Title II of the ADA.

Policies and Procedures
Healthcare providers are required to modify policies and procedures when necessary to serve a person with a disability. However, the ADA does not require providers to make changes that would fundamentally alter the nature of their service.

Q. What kinds of modifications to policies or procedures might be required?
A. Modifying standard policies, practices or procedures can be an inexpensive but effective way to provide access to healthcare services. This may mean taking extra time to explain a procedure to a patient who is blind or ensuring that a person with mobility disability has access to an accessible exam room.

Q. Must the offices of healthcare providers allow service dogs in their buildings?
A. The ADA requires admission of service animals (refer to Molina's Service Animal additional information), to hospitals and the offices of healthcare providers unless it would a fundamental alteration or jeopardize safe operation. The determination of a direct threat or safety must be based upon medical or other evidence not on stereotype or conjecture.

Effective Communication, Auxiliary Aids & Services
Healthcare providers must find appropriate ways to communicate effectively with persons have disabilities affecting their ability to communicate. Various auxiliary aids and services such as interpreters, written notes, readers, larger print
Braille, can be used depending on the circumstance and the individual.

Q. Why are auxiliary aids and services so important in the medical setting?
A. Auxiliary aids and services are often needed to provide safe and effective medical treatment.

Without these aids and services, medical staff runs the risk of not understanding the patient's symptoms, misdiagnosing the patient's medical problem, and prescribing inappropriate treatment. Similarly, patients may not understand medical instructions or warnings that may have a serious impact on their health.

Q. For whom must a healthcare provider offer effective communication?
A. A healthcare provider must ensure that its staff can communicate effectively with individuals with speech, hearing or vision disabilities. Such individuals may not always be patients of the healthcare provider. For example, if a parent is blind and is required to grant consent for their child's surgery, the contents of the consent must be communicated effectively to the parent. Molina Healthcare will provide material in alternate formats for parents of minor children, blind/ low vision members and interpreters for deaf members.

Q. Are there any limitations on the ADA's auxiliary aids and services requirements?
A. Yes. The ADA does not require the provision of any auxiliary aid or services that would result in an undue burden or fundamentally alter the nature of the goods or service provided by a healthcare provider. With that said, Molina will provide auxiliary aid and services as needed.

Q. When would providing an auxiliary aid or service be an "undue burden?"
A. An undue burden is something that involves a significant difficulty or expense. Key factors include the cost of the aid or service and the overall financial resources of the healthcare provider. Undue burden will always be determined on a case- by-case basis. The ADA recognizes that what constitutes an undue burden for a small office in a rural setting is different than for a large urban provider.

Q. How does a healthcare provider determine which auxiliary aid or service is best for a patient?
A. Ask your patient. There are various alternatives available and every person
is different. Together you can identify the most effective method for communication.

Q. Can a patient be charged for part or all of the costs of receiving an auxiliary aid or service?
A. No. A healthcare provider cannot charge a patient for the costs of auxiliary aids and services, either directly or through the member's health plan.

Q. In what medical situation should a healthcare provider obtain a sign language?
A. If a patient or responsible family member usually communicates in Sign Language, an should be present in all situations in which the information exchanged is lengthy or complex example, discussing a patient's medical history, conducting psychotherapy, communicating
or after major medical procedures, and providing complex instructions regarding medication. Molina covers the cost of an interpreter for our members in many cases.

If the information to be communicated is simple and straight forward, such as prescribing an or a blood test, the physician may be able to communicate with the patient using pen and pa however, you need to make sure the member is okay with this form of communication.

Existing Facilities / Barrier Removal
Q. When must private medical facilities eliminate architectural and communication barriers that are structural in nature from existing facilities?
A. When the removal of those barriers is readily achievable, meaning easy to accomplish, without much difficulty or expense. Like undue burden, readily available is determined on a case-by-case basis in light of the resources available to an individual provider.

Q. How does one remove "communication barriers that are structural in nature?"
A. For instance, install permanent signs, flashing alarm systems, visual doorbells and other notification devices, volume control telephones, assisted listening systems, and raised character and Braille elevator controls.

Q. Do most publicly funded healthcare providers meet special ADA requirements to make their existing buildings accessible?
A. Yes. Title II of the ADA requires public health-care providers to make all of their healthcare programs and services available to people with disabilities. However, they may do so in a variety of ways. If portions of their existing facility are inaccessible, they can relocate programs or services to accessible facilities, remove the architectural barriers that keep people with disabilities from using services, or find a different way to provide the services. The ADA also requires public providers to provide integrated access to their programs. They must make integrating people with disabilities into their regular programs a priority when they choose the best means to achieve program access.

For example, if a public clinic offers monthly childbirth classes on an upper floor of an older building without an elevator, the clinic has a number of options in how it may make this program accessible. It could install an elevator, schedule the class to a ground-floor classroom in the future, or relocate the class to a ground-floor room when individuals who use wheelchairs register for the class. Offering one-on-one or at-home instruction to a couple who could not access the childbirth classes held in an inaccessible location is an option,
but would be a less desirable one because the couple would not receive the services in an integrated setting.

New Construction and Alterations
Q. What do newly constructed or altered medical facilities have to do to make their facilities accessible?
A. The ADA requires healthcare providers to follow specific accessibility standards when constructing new facilities and when making alterations that could affect access to or use of the facility by persons with disabilities.

In addition, whenever an alteration is made to a primary function area, Title III requires that the path of travel from the entrance to the altered area must be accessible.
The overall cost for providing this accessible path of travel need not exceed 20% of the original alteration costs. However, the facility is obligated to up to the 20% limit. The path of travel requirement covers sidewalks, lobbies and corridors; ramps, stairs, lifts, and elevators; and the restrooms, telephones and drinking fountains servicing the altered area.

Tax Credits
Q. Is there any money available to assist with ADA compliance costs?
A. Tax credits are available to businesses, including healthcare providers. Currently the amount credited may be up to $5,000 per tax year. Eligible access expenditures include the costs of removing architectural and transportation barriers, and providing auxiliary aids and services.

Complaints
Q. What if a member thinks that a healthcare provider is not in compliance with the ADA?
A. If a healthcare provider cannot satisfactorily work out a patient's concerns, various means of dispute resolution including arbitration, mediation, or negotiation are available.

Members should first contact the Molina Member and Provider Contact Center for assistance in finding a provider that meets their access needs. Members also have the right to file an independent lawsuit in federal court, and to file a formal complaint with the U.S. Department of Justice.

Content credited to: Excerpted from and based on, "ADS Q and As" by Deborah Leuchovius, ADA Specialist, PACER (Parent Advocacy Coalition for Educational Rights) 8161 Normandale Bl., Bloomington, MN 55437 and Harris Family Center for Disability & Health Policy at Western University 309 E. Second Street – Pomona, CA

ADA Information Line
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 9:30AM until 5:30PM (Eastern Time) except on Thursday when the hours are 12:30PM until 5:30PM.

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.

Thank you for your commitment to Molina Members.

Have a great Holiday Season!