

Provider Bulletin

October 2024

October is Breast Cancer Awareness Month

October is Breast Cancer Awareness Month. Breast cancer is one of the most common cancers among women, and mammograms are the best way to detect it early. Please encourage your patients who are due for breast cancer screenings to get tested as soon as possible. To learn more about breast cancer symptoms, risk factors, resources and more, please visit

cdc.gov/cancer/features/.

Important Molina Pay-for-Performance incentive updates for 2025

Beginning in 2025, Molina Healthcare of Michigan, Inc. will adjust aspects of our Pay-for-Performance (P4P) program to align with the Michigan Department of Health and Human Services (MDHHS) social determinants of health (SDoH) strategy. The adjustments will include:

- Transition of the SDoH incentive for billing Z codes in the P4P program to an incentive for submitting Local Observation Identifiers Names and Codes (LOINC) codes.
- Provider participation in the Michigan Health Information Network Shared Service's (MiHIN) Quality Measure Information (QMI) use case (Physician-Payer Quality Incentive/All-Payer Supplemental (PPQS/APS)) and submission of appropriate LOINC codes to MiHIN for the Social Needs Screening and Intervention (SNS-E) measure for eligible Molina Medicaid members. **Submission of LOINC data to MiHIN's QMI use case will be required for providers to be eligible for the 2025 SDoH incentive.**
- Performance targets are to be determined but will be included in our upcoming 2025 P4P program announcement.

If you have questions, please contact your Molina Provider Relations team at (855) 322-4077 or MHMProviderServicesMailbox@MolinaHealthcare.com.

Prior Authorization (PA) updates

Molina's Prior Authorization (PA) Guide and PA Code Matrix have been updated with an effective date of October 1, 2024. To access all of Molina's online provider authorization tools, please visit:

MolinaHealthcare.com/providers/mi/medicaid/PriorAuthorization/PA.aspx.

The PA Code Lookup Tool makes finding services that require PA simple.

Molina partners with Referwell to help Molina patients

Please help us keep your Molina patients healthy with ReferWell! Molina is committed to providing our members with the best possible health care experience. Preventive care can make all the difference in early detection of a life-threatening disease. ReferWell is helping our members stay current with preventive screenings by sponsoring an outreach program. ReferWell's care navigators will contact Molina members overdue for an annual wellness visit, breast cancer screening or colorectal cancer screening. They may also contact Molina network providers and offices to coordinate scheduling for these services.

The ReferWell team works with patients to schedule in-network appointments. Their scheduling technology automatically sends appointment confirmations and reminders to the patient, reducing the administrative burden for provider offices. The program is designed to decrease patient no-show rates, integrate care delivery and close gaps in care. In addition, ReferWell captures patient feedback and shares it, along with screening visit results, with the patient's primary care provider.

If you have additional questions, concerns or member feedback, please contact your Molina Provider Relations team at **(855) 322-4077** or

MHMProviderServicesMailbox@MolinaHealthcare.com.

2024 Provider Satisfaction Survey - Your feedback matters

Molina is always looking to improve the quality of service we provide to our healthcare professionals and their staff. We recently sent our annual Provider Satisfaction Survey. The survey will allow your office to share your opinions about the care and service we provide. Every completed survey is reviewed and analyzed to help us learn more about provider satisfaction and how we can better serve you and, more importantly, our members.

Provider network management tool is now available

Molina has added features for new and current providers to our provider network management portal. All submissions to join the Molina network or to add, term and/or update requests should now be submitted through the portal. Providers and practice managers will have their own designated login and password. Updates, add-ons and all required credentialing documents can be done directly on the portal. Council for Affordable Quality Healthcare (CAQH) providers will have prepopulated information – minimizing the time it takes to fill out credentials. Delegated groups can upload rosters as needed, and non-delegated groups can add providers individually or via roster upload to make demographic updates such as:

- Change in office location, office hours, phone, fax or email
- Addition or closure of office location
- Addition or termination of a provider
- Change in taxpayer identification number (TIN) and/or National Provider Identifier (NPI)
- Open or close practice to new patients

2024 Model of Care (MOC) Training notification - action required

Molina must provide annual training regarding our Model of Care (MOC) program for Dual Eligible Special Needs Plan (D-SNP) enrollees. To ensure Molina remains compliant with CMS regulatory requirements for MOC training, your completed attestation form must be returned to Molina upon completion of the training on or by Nov 1, 2024. For more information, please refer to the Quick Reference Guide. A link to the guide is in the MOC menu on the Medicare providers' web page. Please complete the following:

1. Take the MOC training. The written training materials can be found on our website at MolinaHealthcare.com/providers/common/medicare/medicare.
2. Complete and sign the MOC training attestation form.
3. Return the attestation form to MHMProviderServicesMailbox@MolinaHealthcare.com.

Tell us about your experience with Molina's Provider Network team!

Molina is committed to its provider community and is interested in your recent interaction with the Provider Network team. To complete the survey, visit MolinaHealthcare.surveymonkey.com/r/C6HSPVK or use the link at the bottom of your Provider Relations manager's signature.

Provider orientation

Molina hosts a series of provider orientation sessions for all in-network providers. These sessions provide an overview of the resources and materials Molina has designed to help support you and your patients, our members. These resources include provider services, the provider portal, health care services, billing and more. The October session will be held Thursday, October 24, 2024 from 9 a.m.-10:30 a.m. You can register at

MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx.

Check out our online You Matter to Molina resources for providers!

Molina's You Matter to Molina program prioritizes connecting directly with our entire network of providers and supporting your efforts to deliver high-quality and efficient healthcare for Molina members. The You Matter to Molina program includes a dedicated provider network team to intake and resolve your questions or issues and solicit input and feedback from you — our network providers — and administrative staff about ways Molina can improve our technology, tools and processes to minimize administrative burdens and better support you.

We analyze and apply provider feedback to design new solutions to simplify your engagement with us. Molina is committed to partnering with our network providers to solve problems quickly and efficiently. We want to hear from you — our provider partners! Your feedback is important, because — You Matter to Molina. Visit our You Matter to Molina web page at

MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx.

Reminder of Molina's supplemental data deadlines for applicable measures

Molina strongly encourages all providers to bill appropriate NCQA codes through claims submission to comply with measure rates. As the end of the measurement year (MY) is fast approaching, Molina understands that supplemental data may need to be submitted. Additional supplemental data information is on page six of the Molina HEDIS® Provider Manual.

All faxed or emailed supplemental data should be received no later than January 12, 2025, at 5 p.m. to meet the 2024 measurement year. Faxed records can be sent to **(888) 336-6131**. Email medical records to HEDIS_SDS@MolinaHealthcare.com.

MDHHS news bulletins

MMP/Medicaid Bulletin MMP 24-37 discusses termination of COVID-19 home test kit coverage and special reimbursement for COVID-19 specimen collection at

content.govdelivery.com/attachments/MIDHHS/2024/08/30/file_attachments/2983743/Final%20Bulletin%20MMP%2024-37-Lab.pdf

Medicaid Bulletin MMP 24-33 discusses non-emergency medical transportation (NEMT) for Medicaid health plan (MHP) enrollees, issued on August 30, 2024 at

content.govdelivery.com/attachments/MIDHHS/2024/08/30/file_attachments/2983705/Final%20Bulletin%20MMP%2024-33-NEMT%20-Final.pdf

View our useful Availity Essentials claims workflow guide

Need details on when to submit a claims correction, reconsideration or appeal via the Availity Essentials provider portal? Use the Managing Claims workflow guide attached to this bulletin as a quick and easy reference tool.

Provider Manual updates

Molina's provider manuals are customarily updated annually but may be updated more frequently as needed. Providers can access our current provider manuals online at:

Medicaid (updated September 2024):

MolinaHealthcare.com/providers/mi/medicaid/manual/provmanual.aspx

Medicare:

MolinaHealthcare.com/Providers/Common/Medicare/Medicare.aspx

MMP/Dual Options:

MolinaHealthcare.com/Providers/MI/Duals/Manual/Provd.aspx

Marketplace:

MolinaHealthcare.com/Marketplace/MI/EN-US/Providers/Provider-Forms.aspx#providermanual

Thank you for your commitment to your patients/our Molina members!

All Just the Fax publications are available on Molina Healthcare's website via this link

MolinaHealthcare.com/providers/mi/medicaid/comm/Pages/provmailings.aspx

Molina Healthcare and Availity Essentials™ are offering providers new features for managing claims to help facilitate the timely processing of your claims. There are three categories for managing claims described below — corrected claims, claims reconsideration and claims appeal. Corrections and reconsiderations are a quick and efficient way to get a response for your finalized claim.



Corrected claims → Demo



Up to 30 days to process a corrected claim

A claim has been previously submitted and adjudicated by Molina and is being resubmitted by the provider due to an error or omission. A corrected claim allows the providers to submit the claim with additional or correct information.

Examples of corrected claims:

- ✓ Change to any information previously billed: code, date, diagnosis, units, etc.
- ✓ Claims denied due to another insurance — primary Payer Explanation of Payment required.
- ✓ Claims denied because of missing required invoice.
- ✓ Claims denied for itemized bill required.
- ✓ Claims denied because of billing an unlisted procedure code.



Claims reconsideration → Info guide



Up to 15 days to receive a response and possible adjustment

A claim reconsideration is a request by a provider to have Molina review a claim that was previously paid, denied or reduced.

Examples of reconsideration requests:

- ✓ The provider perceives their claim to have been paid incorrectly or incompletely.
- ✓ The provider perceives their claim was denied based on incorrect or incomplete information.
- ✓ The provider perceives their claim payment to have been reduced incorrectly based on incorrect criteria.
- ✓ The provider perceives Molina failed to follow the applicable policies, rules or regulations.



Claims appeal → Demo



30-90 days to complete, and appeals require supporting documentation

A provider appeal/dispute is the adjustment request of the processing, payment or nonpayment of a claim by Molina.

Examples of appeal requests:

- ✓ A reduction, suspension or termination of a previously authorized service.
- ✓ A denial, in whole or in part, of payment for a service.
- ✓ Failure to provide services in a timely manner.
- ✓ Failure to make a coverage decision in a timely manner.