## Molina Healthcare of Michigan, Inc.

## **Provider Bulletin**

## November 2025

## Update on Molina's In Lieu of Services (ILOS) nutrition benefits

In June 2025, Molina Healthcare of Michigan, Inc. launched four In Lieu of Services (ILOS) nutrition benefits in all Molina service areas (Regions 2, 3, 4, 5, 6, and 10). Molina offers medically tailored home-delivered meals, healthy home-delivered meals, healthy food packs and produce prescriptions to eligible and qualifying members who meet the clinical risk, social risk and medical necessity criteria for ILOS benefits, as defined by the Michigan Department of Health and Human Services (MDHHS). You can access additional information on the MDHHS ILOS Policy at Michigan.gov/mdhhs/mihealthylife/michigan-in-lieu-of-services.

As a new Medicaid benefit, ILOS for nutrition aims to improve health outcomes by offering medically appropriate, cost-effective alternatives to traditional Medicaid services for qualifying members. If you have a Molina member who meets the clinical risk and social risk criteria for ILOS and wishes to submit a pre-authorization for ILOS benefits, the ILOS pre-authorization form is accessible via the Availity Essentials provider portal in the resources section under the payer spaces functionality.

This benefit is meant to improve outcomes for members who have food insecurity and an uncontrolled chronic condition, causing unnecessary utilization. Referred members will also need to meet medical necessity criteria to qualify for the ILOS nutrition benefit.

#### **ILOS** clinical risk factors

- Member must meet the MDHHSdefined criteria for one clinical risk factor to be eligible for ILOS assessment
- Member was discharged from inpatient or post-acute care within the last 60 days
- Member has nutrition sensitive condition (Diabetes, CHF, COPD, hypertension, HIV, cancer with malnutrition, malnutrition, sickle cell disease or renal disease)
- Member is a former foster care youth in transitional Medicaid with a nutrition-sensitive condition
- Member identified as having a highrisk pregnancy
- Child with elevated blood lead levels or childhood obesity
- Member eligible for Children's Special Health Care Services Program (CSHCS)

#### ILOS social risk factor

- Member must meet the MDHHSdefined social risk factor to be eligible for ILOS assessment
- Member is at risk for nutritional deficiency or nutritional imbalance due to food insecurity

Molina will be hosting an ILOS informational webinar for network providers in early 2026. Details regarding this webinar will be shared in future Provider Network communications.

If you have additional questions on Molina's ILOS nutrition benefits, please reach out to Erin Conklin, program manager, community reinvestment at **Erin.Conklin@MolinaHealthcare.com**.





## Important announcement—Digital First Utilization Management (UM)

Molina is committed to serving our providers in the most efficient and transparent ways possible while also adhering to a regulatory landscape that is pushing us to faster, more streamlined UM processes. To achieve this, Molina will be transitioning to a digital only prior authorization model via Availity and will no longer accept faxes after Jan. 31, 2025. As of Feb. 1, 2026, authorization requests will be required to be submitted through Availity.

#### Your benefits:

- Faster overall turnaround time
- Decreased administrative denials and appeals
- Greater transparency in auth tracking, status updates and delays

#### Member benefits:

- Faster access to care and improved continuity of care
- Safer handling of sensitive member data
- Fewer denials (admin denials, incorrect data, etc.)

To help with the new process going forward, the portal has been upgraded:

- Processing is faster; files are pulled every 5 minutes
- You'll get real-time email alerts on status updates
- And more CPT codes are now auto-approved, so there's less paperwork

#### Support during the transition:

To ensure a smooth transition, Molina will publish Availity Support guides and distribute recorded trainings and webinars. In the event your office has not registered for Availity, please contact Availity Client Services for onboarding and registration at **(800) 282-4548**. We are happy to walk through any onboarding questions. Please contact your local Provider Relations representative.

#### You Matter to Molina:

At Molina, we are committed to making it easier for our provider partners to do business with us. Your feedback is a critical component of this process. We encourage you to communicate any questions and concerns to our feedback channels, including the Availity portal, our Availity inbox and your dedicated Provider Relations representative.



### November is National Diabetes Month

More than one in three adults in the United States has prediabetes, and many of them don't know it. National Diabetes Month is a time to raise awareness about diabetes as a significant public health issue and encourage people to take charge of their health. This year, we're highlighting both national strategies and state-specific tools to support diabetes prevention and management.

Explore the CDC's Public Health Research and Program Strategies for Diabetes Prevention and Management collection at CDC.gov/pcd/collections/Diabetes\_Prevention.htm, which features recent articles and evaluations that spotlight successful public health approaches. You can also visit MDHHS's Health Provider Resources page at Michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/diabetes/health-provider-resources for Michigan-specific clinical tools and referrals.

For local data to inform your work, check out Diabetes Among Michigan Adults at Michigan. gov/mdhhs/keep-mi-healthy/chronicdiseases/diabetes-among-michigan-adults to better understand how diabetes affects communities across our state.



## 2025 Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including hematologists/oncologists, cardiologists and neurologists, to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC). The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

Below are the locations of Molina MOC training materials and attestation forms.

2025 Model of Care video training:

MolinaHealthcare.com/providers/common/medicare/medicare.aspx

Training deck (PDF):

MolinaHealthcare.com/-/media/Molina/PublicWebsite/2025ModelofCareProviderTraining.pdf Attestation form: MolinaHealthcare.com/providers/common/MOC/2025/MI

We are accepting attestations through December 31, 2025.



# Member incentives to address vaccine-preventable hospitalizations

In recent years, our team has observed a trend of increasing vaccine-preventable hospitalizations among our adult members. As a result, we are launching a multifaceted outreach campaign to encourage members aged 50 or older to receive all vaccines for which they are eligible but have not yet received. Part of this campaign includes incentives for eligible members who receive vaccines for shingles, RSV and pneumonia. We have selected these conditions because member vaccination rates are low, but vaccine-preventable hospitalizations are high.



Only around 2% of eligible members have received the RSV vaccine, while 11% have been vaccinated against shingles, and 23% have received the pneumonia vaccine. Medicaid members who meet eligibility requirements can receive \$25 for each of the three vaccines received before the end of September 2026, and an additional \$25 bonus if they get all three vaccines within that timeframe

As your patients' trusted health care provider, we request your assistance in educating them about the safety and effectiveness of vaccines and encouraging eligible individuals to earn up to \$100 in incentives. Members can access more information about the incentives at MyMolina.com or by calling (888) 898-7969 (TTY: 711).

## Overpayment disputes must go through Availity Overpayments Module

We've recently received feedback that some providers are submitting overpayment disputes through the claims appeals process in Availity. While this is understandable, it can result in delays, since these disputes are routed to the wrong department.

The confusion is due in part to the current letter language, which doesn't clearly distinguish between standard disputes and overpayment disputes. We recognize how this can be unclear—and we're actively working with internal teams to explore updates that will improve future guidance.

In the meantime, to help ensure faster and more accurate processing:

- Submit overpayment disputes via Availity's **Overpayments Module**, not the Claims Appeals Module
- Download the Quick Start Guide at Essentials.availity.com/availity/Demos/QSG\_ Overpayments.pdf
- Complete the "Availity Overpayments Training Demo" under Help & Training → Get Trained
- Ensure users have the **Provider Overpayments Manager** role assigned (admin setup info in the QSG)

Submitting overpayment disputes correctly will ensure a faster routing and resolution process.



## Reminder - Molina Healthcare of Michigan Marketplace product changes

Molina is working to improve the affordability of our Marketplace program, particularly given the uncertainty surrounding market dynamics for 2026. To achieve this, we will discontinue our On-Exchange product offerings for the 2026 plan year, with the intention of re-entering the Marketplace On-Exchange, subject to market conditions, for the 2027 plan year.

#### Provider-focused considerations

Our provider agreements for Marketplace will remain the same; however, you will not see patient volume flowing through these agreements in 2026 as we work to adjust our provider network and service area for 2027. If our agreements cover other lines of business, they remain unchanged for those products.

### **Next steps**

### Marketplace re-entry planning

As we look toward 2027, we're preparing to offer an On-Exchange provider network and service area in Michigan for future years. This may involve some adjustments along the way, but we're committed to working collaboratively and communicating clearly throughout the process.

#### Member transition

For members with an ongoing course of treatment at the end of 2025, we will work collaboratively with you to assist with their care needs as they transition to their new coverage.

#### Continued mission focus

Molina will continue to focus on serving Medicaid and Dually Eligible populations, improving health outcomes for those we serve. Additionally, if you have any questions about the 2026 plan year, please contact your Provider Relations manager.

Thank you for your continued partnership and dedication to the communities we support. We look forward to working together through this transition and appreciate your ongoing collaboration.

## **Provider orientation**

To join any of the following, please visit our "You Matter to Molina" website section for providers. Below are dates and times for upcoming live orientation sessions:

• December 18, 9 a.m.-10:30 a.m.



## **Provider Satisfaction Survey**

Molina conducts an annual **Provider Satisfaction Survey** to evaluate how effectively we are meeting the expectations and needs of our provider network. This survey is administered by our trusted third-party partner, **PressGaney**, and includes contracted providers throughout Michigan.

To ensure accessibility and convenience, the survey is distributed via **mail**, **phone and online**. The initial mailing was sent on **Wednesday**, **August 6**. Your feedback plays a critical role in our continuous improvement efforts. It helps us identify strengths, uncover areas for growth, and enhance both the provider experience and the quality of care delivered to our members.

We greatly value your input and encourage all providers to participate. Please watch for upcoming communications and take a few moments to complete the survey when it arrives. Your insights are essential to helping us improve as a health plan.

# Molina is working to improve care for the LGBTQ+ community – and we want your feedback!

Molina is working to improve care for the LGBTQ community. To help us do so, we're asking our health care provider partners to share their thoughts on improving care for LGBTQ+ people. To provide your feedback, please use the link or QR code below to complete our brief survey,

MolinaHealthcare.surveymonkey.com/r/RJJ37BQ.

## Surveys—your opinion matters!

Molina is committed to our provider community and is interested in what you want to see in our Provider Bulletin. To share your thoughts, please visit MolinaHealthcare.surveymonkey.com/r/VFLCVPQ.

We are also interested in your recent interaction with our provider network team. To comment on this, please visit **MolinaHealthcare.surveymonkey.com/r/C6HSPVK** or use the link at the bottom of your Provider Relations manager's signature.

## Stay informed—stay empowered!

For the latest updates, essential resources and tools to support your practice, we encourage you to regularly visit our website: **MolinaHealthcare.com/members/mi/en-US**. Inside, you'll find everything you need at your fingertips:

- Provider Manuals to guide your interactions with Molina
- The Molina Provider Directory for quick reference
- You Matter to Molina—our commitment to supporting you
- Frequently used forms and documents
- And so much more!

Make it a habit to check in often—your connection to Molina starts here.





