Thank you for all your dedication and support in treating Molina members during the recent COVID-19 crisis!

COVID-19

We would like to assure providers that Molina Healthcare is monitoring COVID-19 developments daily. Our corporate chief medical officer (CMO) is working closely with our health plan CMOs across the country to ensure that we are prepared to assist our members and providers. Molina encourages providers to utilize electronic means of communication, such as web portal or fax, and limit mailed correspondence at this time. We encourage you to monitor the CDC website https://www.cdc.gov/ for additional clinical information. We will update you as things change with this rapidly developing public health matter. Up to date information may also be found at www.MolinaHealthcare.com.

The below communications, with the link to our website for each, have been faxed or emailed to offices.

1. **Molina's Policy**
   https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/Covid-19-Policy.pdf
2. **Provider Notification on COVID-19**
   https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/COVID-19-PROVIDER-NOTIFICATION.pdf
3. **Telehealth Billing (more information on this from the MDHHS is listed below)**
   https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/COVID%2019%20Telehealth%20Provider%20Notice.pdf
4. **COVID-19 Billing, Coverage, Virtual Care and more**
   https://www.molinahealthcare.com/members/mi/en-US/health-care-professionals/PDF/Provider%20COVID%2019%20Practices%20Update%20Website%20Update%20FINAL-pdf.pdf
5. **Telehealth Reminders and Tips**
   https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/Telehealth-Billing_Reminder.pdf
6. **COVID-19 Update Bulletin**
   https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/CMS_COVID-19_Bulletin.pdf
7. **COVID-19 CDC Guidelines**
   https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/COVID-19_CDC_Guidelines_6.10.2020.pdf

Telehealth

MDHHS issued a **REVISED** bulletin to allow telehealth for Medicaid members under certain parameters, **including telephonic (audio)**, retroactive to March 1, 2020. Offices with telehealth capabilities, please read the bulletin noted below carefully. Additionally, **Molina is now able to accept claims** for telehealth, including those back to March 1, 2020. There is no prior authorization required. Copays for telehealth services will be waived. Please refer to the bulletin.
https://www.michigan.gov/documents/mdhhs/MSA_20-13_684352_7.pdf

For Medicare and Marketplace, please follow CMS billing guidelines.

Molina encourages members to first seek care with their established physicians in person or through telehealth, but we also understand the challenges that may arise due to COVID-19. As such, Molina has contracted with Teladoc for all lines of business. Teladoc is a virtual urgent care group that members can seek services from should there be a time when their routine physician is not available to provide care. Members needing Teladoc services can access information through Molina Customer Service at the number on their ID card or the Molina website. This is an additional option that you can refer Molina members to utilize if the need arises.

Some additional tips:
- Telehealth professional claims require the GT modifier to be billed per MDHHS, see MSA 20-13.
  - The GT modifier is used to indicate a service was rendered via synchronous telecommunication.
- The TS modifier can also be utilized, but only for face to face consultation.
- Telehealth professional claims also require place of service 02 to be billed alongside the GT modifier.
  - POS 02 validates that the service is indeed for telehealth, without this place of service code, claims cannot be properly processed.
- Telehealth policies apply to Physicians, Physician Assistants, Nurse Practitioners, FQHCs, RHCs, Indian Health Service Clinics, and Behavioral Health practitioners accepted by Medicaid or Medicare, respectively.
- Documentation should follow normal guidelines established and described in the CPT-Manual.

Healthy Michigan Plan Health Risk Assessments (HRAs)
Molina Healthcare of Michigan has not changed the goal of encouraging Healthy Michigan Plan (HMP) members to connect with their PCP for a preventative visit and completion of the HRA. Providers may choose to facilitate completing HRAs via telehealth/telephone just as they would during an office visit. Billing/submission guidelines and bonus structure for the HRAs remains the same.

Quarter 3 Prior Authorization Guide and Matrix
Reminder, Molina's Prior Authorization Guides and Matrix are updated quarterly. The Third Quarter 2020 Guide and Matrix will be effective July 1st and is on Molina Healthcare's website via this link:
https://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx.
**Please note, Ultrasounds have been removed for all lines of business.

Claims Dispute Helpful Information
Molina strives for timely and accurate claims payment, applying state and national coding standards and requirements. Over this past year, based on feedback from our providers from the 2019 provider satisfaction survey, Molina has improved its Claims Dispute Process when you believe a claim has not been paid correctly.

Here are some tips to dispute a claim and receive a prompt response:
(For a complete list- please review the Claims Dispute Helpful Information attachment)

- File your dispute within 90 days of claims payment.
- Molina will respond within 45 days for Medicaid/Marketplace and 60 days for Medicare. Recent statistics show:
  - Molina is averaging 98% of claims disputes complete within the given timeframe across all lines of business.
  - In some cases, Molina is exceeding the standard turnaround time for review of claims disputes, particularly in the Medicaid line of business.
- Please verify your pay to address (billing address from W9). Currently Molina's claims resolution team is mailing response letters to the Pay To address that is on file for the group. If your office has not been receiving our letters, a quick tip would be to verify that the groups pay to address is correct by contacting the provider contact center at (855) 322-4077. Note: No response letter is sent on claims that will be adjusted for payment.

- If you would like to receive your dispute resolution letter via fax, please include the contact person and provider fax number on the dispute form in the provider information section and include a note in the comments box at the bottom of the form.

Provider Satisfaction Survey-Will be coming out this month

To improve the quality of service to our provider partners and their staff, MHM is in the process of conducting its annual Provider Satisfaction Survey. Your office may be randomly selected to participate in this survey. The survey gives your office the opportunity to share your opinions about the care and service we provide at MHM and help us learn more about provider satisfaction. Each completed survey is reviewed and analyzed. We use this information to find out how we can better serve you, and more importantly, to find out how we can better work with you to serve Molina members. We ask that you please complete the survey and mail it back in the postage-paid envelope or complete it online as noted on the instructions with the survey. Thank you for taking the time to share your opinions and thoughts with us and for your commitment to Molina members.

Molina Member Mobile App

Molina Healthcare has recently launched a new and improved mobile app for our members! The Molina Mobile App offers many new features, that will help ease the access to information our members need like:
- View their prescription information
- See who their PCP information
- Members can change their PCP
- Find Urgent Care locations
- The Nurse Advice Line
- View Lab Results
- Virtual copy of their ID Card

Molina is available for your questions or concerns. You may contact your Molina representative by calling our Provider Customer Service line at 855-322-4077, or email MHMProviderServicesMailbox@MolinaHealthCare.Com