

Molina Healthcare

Provider Open Forum July 2025

Agenda

- Introductions
- Provider Contracting Manager
- Provider Relations Manager
- MDHHS MI Health Link MOS (Provider Monitoring)
- Provider Qualifications for MI Health Link HCBS Waiver and Supplemental Services
- Molina HCBS Contract
- LTSS Website
- Billing

Molina LTSS Point of Contacts

LTSS Contracting Manager

Sheri Dankert | Provider Contracts Manager

Work Phone: 248-925-1711

MHMLTSSContracting@MolinaHealthCare.com

- Contract and credentialing
- Add Additional Services
- Remove Services
- Monthly Open Forum and Rounding

LTSS Provider Relations Manager

Vanessa Mesler | Provider Relations Manager

Work Phone: 947 – 622 – 3138

MHMLTSSContracting@MolinaHealthCare.com

- Claims Resolution (after proper process is followed)
- Provide Training and Educational Material
- Provide contact information for ECHO, HHAeXchange, and
Availability questions
- Assist with Monthly Open Forum and Rounding

Information Needed when Submitting a Request to MHMLTSSContracting@MolinaHealthCare.Com

- **Information Required**
 - Your contact information
 - Name
 - Business Name
 - NPI
 - Members Information
 - Name
 - DOB
 - Member ID
 - Claim Information
 - Claim number
 - DOS
 - Appeal/Dispute Number
 - Appeal/Dispute discussion

As a reminder:

Tickets cannot be opened to have the claims reviewed until after the claims have been appealed/disputed through Availity and they are upheld.

Minimum Operating Standards (MOS)

- [MDHHS MI Health Link MOS](#)
- **Page 125- HCBS Provider Reviews**
- ICOs are responsible for conducting monitoring of their waiver service providers to ensure compliance with provider qualifications and standards
- ICOs ensure on an annual basis through a contract renewal or review or other methodology (additional methodologies may include but would not be limited to obtaining a ***provider attestation*** of compliance with all applicable qualifications or reviewing provider documents to assure the provider meets qualification requirements for the delivery of MI Health Link services and confirm provider has active licenses and certification) that all providers can continue to meet the applicable qualifications and standards
- Integrated Care Organizations complete monitoring reviews for a percentage of their waiver service providers annually
- **Page 179-Appendix 7** for complete Provider Monitoring Plan

Please read and understand the MDHHS MOS.

Provider Qualifications for MI Health Link HCBS Waiver and Supplemental Services

- [Long Term Support Services](#) --> Frequently used Forms
- [HCBS Attestation Form](#)
- In accordance with the MI Health Link contract requirements, LTSS Providers must complete an annual attestation regarding services and training.
- 1- Provider Qualification Requirements as described in the Minimum Operating Standards for MI Health Link Program, MI Health Link HCBS Waiver and Appendix A.
- 2- Completion of required trainings and maintaining a record of completion (e.g. training logs, certificates of completion, system generated reports, spreadsheets). Documentation must include at least the employee names, date of employment, dates of completion and passing scores if captured, as described in Appendix B.
- 3- Criminal Background Checks for employees and subcontractors, as described in Appendix C. *90 days within hire date & Annually*
- 4- Monthly Federal exclusion list screening and maintaining record of timely checks against those lists (i.e. OIG and SAMS lists).
- 5- Internal and downstream entity monitoring and auditing

HOME AND COMMUNITY BASED PROVIDER SERVICES AGREEMENT

ARTICLE TWO – PROVIDER OBLIGATIONS

- 2.5 Recordkeeping
- 2.6 Program Participation
- 2.7 Provider Manual
- 2.11 Standing
- 2.13 Laws and Government Program & Requirements

ARTICLE THREE – HEALTH PLAN’S OBLIGATIONS

- 3.1 Health Plan Compliance
- 3.7 Corrective Action

ARTICLE TWO – RESPONSIBILITIES

- 2.1 Responsibilities of Health Plan

b. On an annual basis or on such other basis as determined by Health Plan, Health Plan will audit Provider’s compliance with this Agreement and provide a report of Health Plan’s findings. If a deficiency is identified, Health Plan, in its sole discretion, may choose to issue a corrective action plan.

- 2.2 Responsibilities of Provider

d. Provider shall maintain accurate and detailed records of all services rendered under this Agreement. Provider agrees to furnish proof of work performed, which will include, but is not limited to, service logs and before and after photographs of completed services, upon request of Health Plan. Such documentation must clearly outline the nature of the services provided, the date and time of service, and the identity of the personnel who performed the work.

e. As requested by Health Plan or required for compliance with Laws and Government Program Requirements, Provider will assist Health Plan with creating documented policies and operating procedures to support this Agreement. Provider will further assist in implementing such operating procedures.

Please read and understand your agreement!

HOME AND COMMUNITY BASED PROVIDER SERVICES AGREEMENT

Sample of responsibilities included in your agreement.

- i. Provider must have policies, procedures, and training materials that demonstrate Provider's staff, and its Subcontractors are trained upon hire and annually thereafter in cultural competency. Provider must ensure all staff and Subcontractors deliver culturally competent services to Members. When written communications are required, Provider will consult with the Health Plan.
- j. Provider must have policies, procedures, and training materials that demonstrate Provider, and its Subcontractors and their individual respective staff members are trained annually in person-centered planning and provide services that are person-centered and recovery-oriented.
- k. Provider's staff and its Subcontractors who have contact with Members will be adequately trained to handle critical incident and abuse reporting. Training includes, but is not limited to, ways to detect and report instances of abuse, neglect, and exploitation of Members by service providers and informal support persons.
- l. As applicable to Provider, duties in the Statement of Work to be rendered by Provider and the training program for providers, including Provider's respective staff and its subcontractors and their individual respective staff members, must include information detailing:

Please read and understand your agreement!

Audits

What to expect

Request will come in the form of an email titled:

“Upcoming 2025 Annual LTSS Waiver Audit: Courtesy Notification”

What to Expect – Steps 1-5 of Audit Process:

1. Provider reviews key information
2. Molina requests documentation
3. Provider submits materials
4. Molina reviews documents and claims
5. Findings are reported to MDHHS and shared with you

Requested Documents:

- Policies
- Procedures
- Required Licenses
- Employee Handbook
- Employee Application
- Staff Training
- Staff Background Checks
 - Criminal Background check completions within **90 days of hire date & annually**
 - OIG and SAM exclusion checks completed **monthly**

To prepare, we suggest reviewing your contract. For contract-related questions, please contact:

MHMLTSSContracting@MolinaHealthcare.com

Corrective Action Plan (CAP)

If Audit result is no response or deficiency, Molina is required by MDHHS to place Providers on a CAP.

MOLINA HEALTHCARE, INC. Corrective Action Plan (CAP)

Corrective Action Plan Category:	State of Michigan MI Health Link Provider Annual Monitoring Assessment
Molina Line of Business Impacted:	MMP
Date Corrective Plan Issued :	
Response Due Date:	

Contracted Provider Contact Information <small>Document last modified: Just now</small>	
Provider Name:	
Provider Contact:	
Provider Contact Email Address:	

Molina HealthCare Auditor	
Contact:	
Email Address:	

Identified Issue <small>(Delete Unused Rows):</small>	
Corrective Action Needed <small>(Health Plan's Summary of Identified Audit Deficiencies)</small>	Provider's Corrective Action Plan for Deficiency Remediation
1.	
2.	
3.	
4.	
5.	
Response Due Date:	
Penalty for CAP: <small>(If applicable, any submission received after 11:59 PM on the due date)</small>	

Website- Great Resources!

Long Term Support Services

- [Provider Manual - 2025](#)
- [MDHHS MI Health Link Minimum Operating Standards](#)
- [Long Term Support Services \(LTSS\) Provider Training](#)
- [Annual LTSS Provider Training Attestation](#)
- [Key Contacts for Long Term Support Services \(LTSS\)](#)

All Things Availity

[Availity Essentials Provider Portal Overview](#)

[How to Submit a Corrected Claim](#)

[Additional Availity Resources](#)

Frequently Used Forms

[Form W-9](#)

[HCBS \(Home Community Based Services\) Attestation](#)

[MDHHS Live-In Caregiver Attestation](#)

[Michigan Provider Change Form](#)

Billing Questions

Health plans cannot tell a provider how they should bill for services, only deny or adjust claims based on federal and state billing guidelines.

- **How many units do I bill?**
 - Reference the approved prior authorization and timecard.
- **What is the charge amount?**
 - Reference the HCBS fee schedule.
- **What service codes do I bill?**
 - Reference the MOS following the appropriate billing guidelines for your service type
- **I do not agree with the denial – can you tell me what's wrong and how to fix it?**
 - Did you follow the appeal/dispute process?

Compliance

Documents that contain PHI

- should never be left around your work space at any given time.

Paper documents containing PHI

- should be shredded when no longer needed.

PHI and sensitive documents

- stored within locked drawers, cabinets, containers, or rooms.

E-mails

- Should be sent secured when including member PHI.
- Member information should not be included in subject line.

Never

- Allow anyone to use your computer
- Share your username/ password with anyone
- Write down your password and leave it unsecured or in a public space
- email or forward PHI to anyone unless it is needed to perform a specific task
- email proprietary/ confidential information to personal email accounts

Always

- lock your computer before you step away from your work space.
- Ensure your laptop is in the docking station when you leave for the day
- Use a “strong password” that contains and alphanumeric and special characters
- use secure email, if communicating with Molina about any participant
- Double – check your recipients before you send out or reply to any email regarding PHI

Survey

We Value Your Feedback

As a valued provider partner, your feedback is important. Please complete this survey to ensure we make the LTSS Forums as valuable to you as possible.

This survey will take approximately 5 minutes to complete.
Thank you!

- [Michigan Long-Term Support Services Forum Survey](#)