

# Provider Newsletter

FOR MOLINA HEALTHCARE PROVIDERS



## In this issue

- 1** Claims submission
- 2** Drug coverage change
- 9** Requirements for prior authorization submission
- 10** Council for Affordable Quality Healthcare
- 12** Encourage your patients to use My Health Perks
- 13** Our gift to our providers: PsychHub subscription
- 14** Clinical policy updates from the fourth quarter

## Claims submission

Molina Healthcare strongly encourages providers to submit their claims electronically – including secondary ones. Electronic claims submission provides significant benefits to the provider, including:

- Reducing operational costs associated with paper claims (printing, postage, etc.)
- Increasing accuracy of data and efficient information delivery
- Reducing claim delays since errors can be corrected and resubmitted electronically
- Eliminating the delay in mailing

Molina offers the option to directly submit claims electronically to us via the Availity Essentials provider portal or your Electronic Data Interchange (EDI) clearing house.

If electronic claims submission is not possible, please submit paper claims to the following address:



Molina Healthcare of Michigan, Inc.  
P.O. Box 22668  
Long Beach, CA 90801

### When submitting paper claims:

- Submissions are not considered “accepted” until received at the appropriate claims PO Box.
- If claims are sent to the wrong PO Box, they will be returned for appropriate submission.
- Submissions are required on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Claims will be rejected and returned if the submission is not completed on the required forms. This includes black and white forms, copied forms and any altering – including handwritten claims.
- Claims must be typed using black ink in either 10- or 12-point Times New Roman font.

For more information, please see Centers for Medicare & Medicaid Services (CMS) claims submission guidance at [cms.gov/medicare/billing/electronicbillingEDItans/1500](https://www.cms.gov/medicare/billing/electronicbillingEDItans/1500).

## Drug coverage change

### Updated 2024 Part B Step Therapy Grid

Molina has updated medical Part B drug injectable (HCPCS codes) Step Therapy requirements. They are online at [Pharmacy and Prescription Benefits | Medicare \(MolinaHealthcare.com\)](https://www.molinahealthcare.com). Step Therapy is buy and bill medications, provided from the physician/facility stock and administered in the office/facility. The preferred drug list (Step Therapy) is a list of medications that Molina requires the provider to use before a non-preferred. If there is a medical reason why the preferred medicines cannot be used, Molina can approve a non-preferred with a prior authorization, regardless of whether it is buy or bill.

Part B Step Therapy requirements only apply to new therapy – existing therapies will not require Step Therapy utilization.



### Medicare 2024 formulary removals and alternatives

Significant formulary changes for 2024 are summarized, along with covered formulary alternatives, on the next page. Full formularies can be found online at [MolinaHealthcare.com](https://www.molinahealthcare.com).

| Drug and drug class     | Formulary alternatives   |
|-------------------------|--|
| <b>Antilipemics</b>     |  |
| PRALUENT®               | Repatha®   |
| <b>Antidepressants</b>  |  |
| VIIBRYD® starter kit    | vilazodone tabs (generic for VIIBRYD®)                           |
| Auvelity™               | bupropion, bupropion SR, or bupropion XL                         |
| <b>Diabetes</b>         |  |
| Levemir®                | BASAGLAR®, LANTUS®, Tresiba®, Toujeo®                            |
| NovoLog®                | Fiasp, Admelog (biosimilar to Novolog and Humalog)               |
| Victoza®                | Trulicity®, BYETTA®, Ozempic®, Bydureon®, RYBELSUS®              |
| <b>Pulmonary agents</b> |  |
| ADVAIR DISKUS/HFA       | Fluticasone/salmeterol, WIXELA INHUB®, BREO, ADVAIR HFA, DULERA® |
| FLOVENT DISKUS/HFA      | ARNUITY ELLIPTA  |
| PULMICORT®              | ARNUITY ELLIPTA  |
| SYMBICORT®              | Fluticasone/salmeterol, WIXELA INHUB®, BREO, ADVAIR HFA, DULERA® |

# Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry-standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention, but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no-show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina members can call the 24-hour Nurse Advice Line
- Molina members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Provider Web Portal at [MolinaHealthcare.com](https://MolinaHealthcare.com) to:
  - Search for patients and check member eligibility
  - Submit service request authorizations and/or claims and check status
  - Review Patient Care Plan
  - Obtain CAHPS® Tip Sheets
- Participate in online Cultural Competency trainings (also available at [MolinaHealthcare.com](https://MolinaHealthcare.com))

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests, and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

# Molina's 2023 Quality Improvement Results

Molina conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

## CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey assesses Molina members' satisfaction with their health care. It allows us to better serve our members. Molina has received the CAHPS®/QHP results of how our members rated our providers and our services.

**Medicaid:** In 2023, Molina improved in Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of Health Plan, Flu Vaccinations for Adults Ages 18-64, and Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers and Tobacco Users to Quit Rate.

We need to make improvements in Getting Care Quickly and Getting Needed Care.

In 2022, Molina reported 'NA' (i.e., less than 30 members in the denominator) for Coordination of Care. This limited Molina's ability to make a direct comparison with the 2023 ratings.

**Marketplace:** In 2023, Molina improved in Annual Flu Vaccine (Adults 18-64), Customer Service, and Rating of Specialist Seen Most Often.

We need to make improvements in Access to Care, Access to Information, Coordination of Care, Medical Assistance with Smoking and Tobacco Use Cessation, Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor.

**Medicare:** We need to make improvements in Getting Needed Care, Coordination of Care, Customer Service, Rating of Health Plan, Rating of All Health Care, Getting Needed Prescription Drugs, Rating of Drug Plan, and Annual Flu Vaccine.

In 2023, Molina's rating remained the same for Getting Care Quickly when compared to 2022.

**MMP:** In 2023, Molina improved in Getting Care Quickly, Getting Needed Care, Customer Service, Rating of Health Plan, Getting Needed Prescription Drugs, Rating of Drug Plan, and Annual Flu Vaccine.

In 2022, Molina reported 'NA' (i.e., less than 30 members in the denominator) for Coordination of Care and Rating of All Health Care. This limited Molina's ability to make a direct comparison with the 2023 ratings.

## HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

**Medicaid:** In 2023, Molina improved in Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), Annual Dental Visits (ADV), Antidepressant Medication Management (AMM) Effective Continuation Phase Treatment, Appropriate Testing for Pharyngitis (CWP), Asthma Medication Ratio – Total (AMR), Blood Pressure Control (<140/90) for Patients With Diabetes (BPD), Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women – Total (CHL), Controlling High Blood Pressure (CBP), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD), Kidney Health Evaluation for Patients with Diabetes (KED), Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol Testing Total (APM), Plan All-Cause Readmissions – Observed-to-Expected Ratio 18-64 Years (PCR), Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC), Prenatal and Postpartum Care – Postpartum Care (PPC), Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP), Risk of Continued Opioid Use – 31-Day Total (COU), Use of Imaging Studies for Low Back Pain (LBP), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (WCC), Use of Opioids at High Dosage (HDO), and Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies (UOP).

We need to make improvements in Appropriate Treatment for Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Childhood Immunization Status – Combination #10 (CIS), Eye Exam for Patients With Diabetes (EED), Follow-Up After Emergency Department Visit for Mental Illness – 7-Day Follow-Up Total (FUM), Follow-Up for Children Prescribed ADHD Medication – Continuation and Maintenance Phase (ADD), Hemoglobin A1c Control for Patients With Diabetes – HbA1c Control (<8%) (HBD), Immunizations for Adolescents – Combination #2 (IMA), Pharmacotherapy for Opioid Use Disorder – Total (POD), Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroids (PCE), Pharmacotherapy Management of COPD Exacerbation – Bronchodilator (PCE), Prenatal Immunization Status – Combination Rate (PRS), Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy Total (SPC), Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80% Total (SPC), Statin Therapy for Patients with Diabetes – Received Statin Therapy (SPD), and Statin Therapy for Patients with Diabetes – Statin Adherence 80% (SPD).

For both 2022 and 2023, Molina reported 'NB' (i.e., No Benefit) for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7-Day Follow-Up Total (FUA), Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up Total (FUH), Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up Total (FUI), and Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD Treatment Total (IET).

**Marketplace:** In 2023, Molina improved in Annual Monitoring for Persons on Long-term Opioid Therapy (AMO), Asthma Medication Ratio (AMR), Appropriate Testing for Pharyngitis (CWP), Breast Cancer Screening (BCS), Controlling High Blood Pressure (CBP), Eye Exam for Patients With Diabetes (EED), Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment Total (IET), Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment Total (IET), Prenatal and Postpartum Care - Timeliness of Prenatal Care (PPC), Proportion of Days Covered - RAS Antagonists (PDC), Proportion of Days Covered - Diabetes All Class (PDC), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition Total (WCC), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity Total (WCC), and Child and Adolescent Well-Care Visits - Total (WCV).

We need to make improvements in Antidepressant Medication Management - Effective Acute Phase Treatment (AMM), Antidepressant Medication Management - Effective Continuation Phase Treatment (AMM), Appropriate Treatment for Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Cervical Cancer Screening (CCS), Chlamydia Screening in Women - Total (CHL), Colorectal Cancer Screening (COL), Follow-Up After Hospitalization for Mental Illness - 30 Day Follow-Up Total (FUH), Follow-Up After Hospitalization for Mental Illness - 7 Day Follow-Up Total (FUH), Hemoglobin A1c Control for Patients With Diabetes (HBD), Prenatal and Postpartum Care - Postpartum Care (PPC), Proportion of Days Covered - Statins (PDC), Plan All-Cause Readmission (PCR), Use of Imaging Studies for Low Back Pain (LBP), and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Total (WCC).

In 2022, Molina reported 'NA' (i.e., less than 30 members in the denominator) for the following measures: Childhood Immunization Status - Combination #10 Total (CIS), Immunizations for Adolescents - Combination #2 Total (IMA), International Normalized Ratio Monitoring for Individuals on Warfarin (INR), and Kidney Health Evaluation for Patients With Diabetes (KED). This limited Molina's ability to make a direct comparison with the 2023 ratings.

For 2022 and 2023, Molina reported 'NB' (i.e., No Benefit) for Annual Dental Visit (ADV), and 'NA' (i.e., less than 30 members in the denominator) for Well-Child Visits in the First 30 Months of Life - First 15 Months (W30), and Well-Child Visits in the First 30 Months of Life - First 15-30 Months (W30).



**Medicare:** In 2023, Molina improved in Breast Cancer Screening (BCS), Care for Older Adults - Medication Review (COA) (SNP 001), Care for Older Adults - Pain Screening (COA) (SNP 001), Care for Older Adults - Medication Review (COA) (SNP 005), Care for Older Adults - Pain Screening (COA) (SNP 005), and Controlling Blood Pressure (CBP).

We need to make improvements in Colorectal Cancer Screening (COL), Diabetes Care - Blood Sugar Controlled (HBD), Diabetes Care - Eye Exam (EED), Medication Reconciliation Post-Discharge (TRC), and Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy Total (SPC).

In 2022, Molina reported 'NA' (i.e., less than 30 members in the denominator) for Osteoporosis Management in Women Who Had a Fracture (OMW). This limited Molina's ability to make a direct comparison with the 2023 ratings.

MMP: In 2023, Molina improved in Breast Cancer Screening (BCS), Care for Older Adults - Medication Review (COA), Care for Older Adults - Pain Screening (COA), Diabetes Care - Blood Sugar Controlled (HBD), Diabetes Care - Eye Exam Total (EED), Controlling High Blood Pressure (CBP), Follow-Up After Hospitalization for Mental Illness - 30-Day Rate Total (FUH), Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment Total (IET), and Statin Therapy for Patients with Cardiovascular Disease - Received Total (SPC).

We need to make improvements in Antidepressant Medication Management - Effective Continuation Phase (AMM), Colorectal Cancer Screening (COL), Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment Total (IET), Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 18-64) (PCR), and Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 65+) (PCR).

In 2022, Molina reported 'NA' (i.e., less than 30 members in the denominator) for Osteoporosis Management in Women Who Had a Fracture (OMW). This limited Molina's ability to make a direct comparison with the 2023 ratings.

In both 2022 and 2023, Molina reported the same rating for Transitions of Care - Medication Reconciliation Post-Discharge (TRC).

The progress related to the goals that Molina Healthcare of Michigan has set for the annual CAHPS®/QHP survey results and the annual HEDIS® measures can be viewed in more detail on the Molina Website. You can also view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at

[MolinaHealthcare.com](https://www.molinahealthcare.com).

# Requirements for prior authorization submission

Molina has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

## What is Cite AutoAuth, and how does it work?

Providers can receive an expedited – often immediate – response by attaching the relevant care guideline content to each PA request and sending it directly to us. Through a customized rules engine, Cite AutoAuth matches Molina’s specific criteria to the clinical information and attached guideline content to potentially authorize the procedure automatically.

Self-services available in the Cite AutoAuth tool include, but are not limited to:

- MRIs
- CTs
- PET scans

If you'd like to see the complete list of imaging codes needing PA, refer to the PA Code LookUp Tool online at [MolinaHealthcare.com](https://www.molinahealthcare.com).

## How to access and learn more

Cite AutoAuth can be accessed online via the Availity Essentials provider portal at [provider.MolinaHealthcare.com](https://provider.molinahealthcare.com) in **Molina’s Payer Spaces**. It is available 24 hours per day, seven days per week.

This submission method is strongly encouraged as your primary submission route. However, existing fax/phone/email processes are also available. **Note:** For Molina’s Michigan Marketplace plan, prior authorization requests may only be submitted electronically. Fax/phone submissions are no longer accepted.

Availity Essentials offers a recorded training that includes information on the AutoAuth process. The training can be accessed by [clicking here](#).

# Council for Affordable Quality Healthcare

## What is the Council for Affordable Quality Healthcare?

Council for Affordable Quality Healthcare (CAQH) technology-enabled solutions eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits and other essential business functions. CAQH offers options to reduce the administrative burden for providers.

## How does Molina use CAQH?

Molina uses the CAQH DirectAssure application to allow enrolled providers to attest and update their data in a single place shared by all companies contracted with and utilizing CAQH. Molina registers all of our non-delegated credentialed providers for CAQH DirectAssure and currently pays the monthly fees related to the attestation tools for the providers.

## What are the benefits of using CAQH?

- **Decreased administrative burden:** CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with Molina every 90 days.
- **Increased Molina support:** As providers update their information in CAQH, we can systemically update our system, enabling our associates to assist providers with other needs.
- **More accurate records:** By obtaining more frequent provider updates, we'll have precise provider information for our records.

## How does CAQH work for providers?

Providers enter updated information once in CAQH, which is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers' administration work and reduces the need to track changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days. CAQH provides an effective way to meet that requirement.

## What's next?

Molina is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state's regulatory agencies, but CAQH offers many other features and benefits beyond credentialing attestations.

We're excited to continue improving our automation of provider information processes to reduce the administrative burden on providers to update data.

# Availity Essentials is Molina Healthcare's exclusive provider portal

Availity Essentials is Molina Healthcare's official, secure provider portal for traditional (non-atypical) providers (i.e., personal care, adult day care, taxi services or home modifications). Some core features available in Availity Essentials for Molina include eligibility and benefits, attachments, claim status, Smart Claims and Payer Space (submit and check prior authorizations and appeal status and appeal/dispute).

Several new features and enhancements have recently been added to Availity Essentials for Molina providers. If you missed it, check out the latest enhancements to simplify workflows and reduce administrative burden!

| What's new?  | How does it benefit me?  |
|--|--|
| Appeals  | Submit your appeal and dispute requests online for Molina's finalized claims. Check the status of your requests submitted on Availity Essentials. View and import requests initiated through outside channels (mail, fax, etc.) and complete them within your Availity Essentials workflow. Upload supporting documentation for online requests. Receive a notification when requests have been finalized and processed by Molina. |
| Claims corrections   | Molina providers can now access a new claims correction feature from the claim status page. Claims correction allows you to correct and resubmit a paid or denied claim from the claim status response page.   |
| Overpayments   | Eliminate mail and fax for faster dispute resolution and ensure overpayment requests are current. View the status and details of any claim Molina has identified as an overpayment. Request additional information, dispute or resolve the overpayment.  |
| Patient search   | Save time entering patient information for eligibility and benefits inquiries. Enter the patient's member ID or their last name, first name and date of birth (DOB), then select the patient matching the criteria. The information will automatically populate on the request.  |
| Molina Medicare is now included in the Molina Healthcare Payer Option. | Select only one option in the payer field. The <b>Molina Medicare</b> option no longer displays in the payer field. When you select the <b>Molina Healthcare</b> option for the region, the plan coverage for the member includes Dual-Eligible, Marketplace, Medicare and Medicaid.   |

## Not registered with Availity Essentials?

If your organization is not yet registered for Availity Essentials and you're responsible for the registration, please visit [availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare) and click **Register**.

Call Availity Essentials Client Services at **(800) AVAILITY (282-4548)** for registration issues. Assistance is available Monday-Friday from 8 a.m. to 8 p.m. ET.

## Dive deeper into Availity Essentials

Once you have your Availity Essentials account, you can learn more about the features and functionality offered to Molina providers. Log in -> go to **Help & Training** -> **Get Trained** to register for a webinar.

## Encourage your patients to use My Health Perks

### Back for 2024 – the My Health Perks program

Molina Marketplace subscribers and dependents 18 years and older are eligible for our health and wellness program – My Health Perks. The program provides access to interactive disease management programs and healthy lifestyle information. All eligible members will have the opportunity to earn a **\$100 gift card** by completing both of the following activities:

- A preventive wellness examination with their primary care provider.
- The My Health Perks wellness assessment via the My Wellness tab on the My Molina® member portal.

Eligible members who complete both incentivized activities will be notified via email and within the My Molina member portal to select a physical or digital gift card. Please encourage members to learn more about the My Health Perks program online via the **My Wellness** tab in their member portal. Members can also contact Member Services for additional information.



## Molina's Silver 12 plan offers members four no-cost PCP or mental health visits

For 2024, Molina has added a new, low-cost Silver 12 plan, which includes four no-cost primary care or mental health visits to allow members to establish a strong relationship with their PCP within a plan year. The Silver 12 plan also offers simple cost shares – including low co-pay specialist and urgent care visits before a deductible. Most services are subject to a simple coinsurance structure.

## Our gift to our providers: PsychHub subscription!

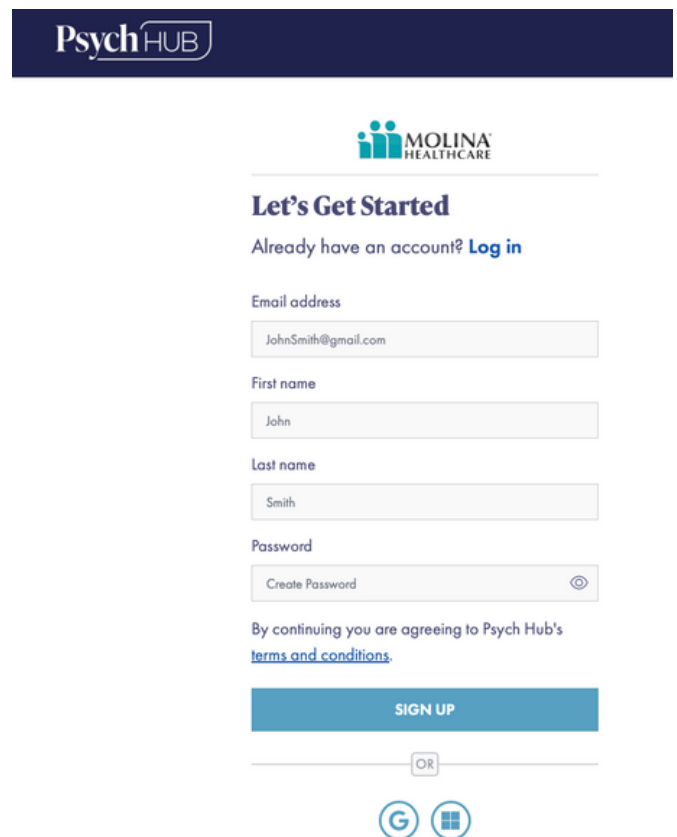
Molina has partnered with PsychHub to offer our valued network providers a no-cost subscription to the PsychHub platform.

PsychHub is an online digital behavioral health education platform that providers can access PsychHub's online learning courses. Some of these courses offer continuing education opportunities for select licensures. Various learning courses – including the Mental Health Ally Certification Program – may benefit office staff and/or providers interested in learning more about working with the behavioral health population.

Ready to get started? Molina network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account:

[app.psychhub.com/signup/molina-mhp/](https://app.psychhub.com/signup/molina-mhp/)

Contact your Provider Services representative to set up an overview of the PsychHub platform and its resources.



# Clinical policy updates from the fourth quarter 2023

Molina Clinical Policies (MCPs) are located at [MolinaClinicalPolicy.com](https://www.molinahealthcare.com/clinical-policy). The policies are used by providers, medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

## The following new policies were approved:

- MCP-447: Casgevy (exagamglogene autotemcel)
- MCP-443: Fractional Laser Treatment of Traumatic and Burn Scars
- MCP-444: Implantable Peripheral Nerve and Nerve Field Stimulators for Chronic Pain
- MCP-445: Speech Generating Devices
- MCP-448: Lyfgenia (lovotibeglogene autotemcel)
- MCP-446: Wheelchair-Mounted Robotic Arm Devices

## The following policies have coding updates only:

- MCP-436: Elevidys
- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-433: Roctavian
- MCP-357: Skin Substitutes

## The following policies were revised:

- MCP-406: Enteral Nutrition
  - Coverage indications updated to include chronic indications.
- MCP-245: Heart Transplantation with a Total Artificial Heart
- MCP-117: Small Bowel Multivisceral Transplantation
- MCP-114: Liver Transplantation (Adult and Pediatric)
  - The above transplant policies were updated as follows: Age for colonoscopy reduced to 45 years, added active pregnancy to absolute contraindications, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-115: Lung Transplantation
  - Removed rapid fall in forced expiratory volume in one second (FEV1) in the presence of cystic fibrosis as an indication, added other end-stage lung disease as a potential indication for transplant, age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-272: Hematopoietic Stem Cell Transplantation for Ewings Sarcoma
- MCP-194: Hematopoietic Stem Cell Transplantation for Germ Cell Tumors
- MCP-265: Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders
- MCP-193: Hematopoietic Stem Cell Transplantation for Neuroblastoma

- MCP-324: Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis
- MCP-209: Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia
  - The above transplant policies were updated as follows: Age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation.
- MCP-309: Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS)
  - Age for colonoscopy reduced to 45 years, updated active substance abuse contraindication to include potential requirement for formal substance use disorder evaluation, added Molecular International Prognostic Score System (IPSS-M) score of 1 or more in the presence of other qualifying indications.
- MCP-121: Inhaled Nitric Oxide iNO for Neonatal Hypoxic Respiratory Failure
  - Updated indications to include failed trial of high-frequency jet oscillation and removed oxygenation index requirement.
- MCP-132: Percutaneous Ventricular Assist Devices
  - Coverage indications updated to include contraindications for Impella RP & RP Flex, and Impella therapy used in conjunction with ECMO or IABP. TandemHeart information removed.
- MCP-390: Radiofrequency Ablation (RFA) of the Renal Sympathetic Nerves as a Treatment for Uncontrolled Hypertension
  - Coverage indications updated to cover RFA in the appropriate setting.
- MCP-348: Zolgensma (onasemnogene abeparvovec)
  - Removed reference to SMA clinical subtype as a criterion. Updated to allow four copies of the SMN2 modifier gene to be present for approval. Added new warning from prescribing information about fatalities related to liver failure. Added requirement of recent (within 30 days of request) complete blood count within normal limits.

**The following policies have been retired and are no longer available on the website:**

- MCP-234: Bioimpedance Analysis for Lymphedema Assessment (see MCG)
- MCP-370: Durysta (bimatoprost implant) (see policy under pharmacy)
- MCP-282: Ozurdex (dexamethasone intravitreal implant) (see policy under pharmacy)
- MCP-243: Gastrointestinal Electrical Stimulation GES for Obesity (see policy 414)
- MCP-392: Monarch External Trigeminal Nerve Stimulation eTNS System (see MCG)
- MCP-391: Radiofrequency Ablation of Primary or Metastatic Liver Tumors (see MCG)
- MCP-134: Therapeutic Apheresis (see MCG)



## Provider Manual updates

The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the current Provider Manual online at:

**Medicaid:** [MolinaHealthcare.com/Providers/MI/Medicaid/Manual/Provmanual.aspx](https://MolinaHealthcare.com/Providers/MI/Medicaid/Manual/Provmanual.aspx)

**Medicare:** [MolinaHealthcare.com/Providers/Common/Medicare/Medicare.aspx](https://MolinaHealthcare.com/Providers/Common/Medicare/Medicare.aspx)

**MMP/Dual Options:** [MolinaHealthcare.com/Providers/MI/Duals/Manual/Provd.aspx](https://MolinaHealthcare.com/Providers/MI/Duals/Manual/Provd.aspx)

**Marketplace:** [MolinaHealthcare.com/Marketplace/MI/EN-US/Providers/Provider-Forms.aspx#providermanual](https://MolinaHealthcare.com/Marketplace/MI/EN-US/Providers/Provider-Forms.aspx#providermanual)

# Americans with Disabilities Act resources

## Provider education series

A series of provider education materials related to disabilities is now available to providers and office staff on our website. Please visit the **Culturally and Linguistically Appropriate Resources/Disability Resources** link under the **Health Resources** tab at [MolinaHealthcare.com/Providers/MI/Medicaid/Home.aspx](https://MolinaHealthcare.com/Providers/MI/Medicaid/Home.aspx) to view the materials.

Molina's provider education series consists of the following educational materials:

- Americans with Disabilities Act (ADA)
  - Introduction to the ADA and questions and answers for health care providers (e.g., health care providers who are covered under the ADA, removing communication barriers that are structural in nature, financial assistance with ADA compliance costs, etc.).
- Members who are blind or have low vision
  - Availability of information in alternate formats such as Braille, large font, audio or other formats.
- Service animals
  - Examples of tasks performed by service animals, tasks that do not meet the definition of service animals, inquiries regarding service animals and exclusions, charges or other specific rules.
- Tips for communicating with people with disabilities and seniors
  - Communicating with individuals who are blind or visually impaired, deaf or hard of hearing
  - Communicating with individuals with mobility and speech impairments and communicating with seniors

Please contact your Provider Services representative if you have any questions.

## Molina's language access services

Accurate communication strengthens mutual understanding of illness and treatment, increases patient satisfaction, and improves health care quality. Providing language access services is a legal requirement for health care systems that receive federal funds. A member cannot be refused services due to language barriers. When needed, Molina provides the following services directly to members at no cost:

- Written material in other formats (i.e., large print, audio, accessible electronic formats and Braille)
- Written material translated into languages other than English
- Oral and sign language interpreter services
- Relay service (711)
- 24-hour Nurse Advice Line
- Bilingual/bicultural staff

In many cases, Molina will also cover the cost of a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services, respectively, to schedule interpreter services or connect to a telephonic interpreter.

Molina's materials are always written in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit [MolinaHealthcare.com](https://MolinaHealthcare.com).

## CHAMPS enrollment/requirement for prescribers

In accordance with the Michigan Department of Health and Human Services (MDHHS) Bulletin (MSA 17-48), any individual medical provider or entity that provides services or orders and prescribes services for individuals with Michigan Medicaid coverage must enroll in the Community Health Automated Medicaid Processing System (CHAMPS).

Enrollment in CHAMPS is solely used for screening providers participating in Medicaid and does not enroll providers in fee-for-service Medicaid. Medicaid rules prohibit payment to providers not appropriately screened and enrolled.

Providers who prescribe drugs to Medicaid beneficiaries must also be actively enrolled in CHAMPS. MDHHS will prohibit payment for prescription drugs written by a prescriber not enrolled in CHAMPS. This is in accordance with the MDHHS Bulletin (MSA 19-20). Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied.

This applies to all providers who prescribe drugs, including medical residents. Prescriptions for MI Medicaid members will be rejected at the point of sale.

The reject code/message displayed to the pharmacy will read: "889: Prescriber Not Enrolled in State Medicaid Program."

To avoid interruptions in beneficiary drug therapy, prescribers are encouraged to enroll in CHAMPS as soon as possible. For information about the provider enrollment process and how to get started, visit [michigan.gov/medicaidproviders](https://michigan.gov/medicaidproviders). This link provides information for health care providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider. It links to CHAMPS billing and reimbursement resources, training and policy documents.

Providers with questions about the enrollment process or require assistance may contact MDHHS Provider Support at **(800) 292-2550**.

Provider general information: [michigan.gov/medicaidproviders](https://michigan.gov/medicaidproviders)

CHAMPS provider enrollment: [milogintp.michigan.gov](https://milogintp.michigan.gov)

If you have questions regarding your Molina enrollment due to CHAMPS participation, please contact your Provider Service representative or the Provider Services department by phone at **(947) 622-1230** or by email at [MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com).

# Fraud, waste and abuse definitions and how to report

## Definitions

**Fraud:** An intentional deception or misrepresentation made by someone who knows that the deception could result in some unauthorized benefit to themselves or others.

It includes any act that constitutes fraud under applicable federal or state law. (42 CFR § 455.2)

**Waste:** Health care spending that can be eliminated without reducing the quality of care. Quality waste includes overuse, underuse and ineffective use. Inefficiency waste includes redundancy, delays and unnecessary process complexity. An example would be the attempt to obtain reimbursement for items or services without intent to deceive or misrepresent; however, the outcome resulted in poor or inefficient billing methods (e.g., coding), causing unnecessary costs to State and Federal health care programs.

**Abuse:** Provider practices inconsistent with sound fiscal, business or medical practices and result in unnecessary costs to State and Federal health care programs or reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to State and Federal health care programs. (42 CFR § 455.2)

## Reporting fraud, waste and abuse

If you suspect cases of fraud, waste or abuse, you must report it by contacting the Molina Alertline. Molina's Alertline is an external telephone and web-based reporting system hosted by NAVEX Global – a leading compliance and ethics hotline service provider. The Alertline telephone and web-based reporting is available 24 hours a day, seven days a week, 365 days a year. When you make a report, you can choose to remain anonymous. If you call Alertline, a trained professional at NAVEX Global will note your concerns and provide them to the Molina compliance department for a follow-up. If you elect to use the web-based reporting process, you will be asked a series of questions, concluding with submitting your report. Reports to Alertline can be made from anywhere within the United States with telephone or internet access.

The Molina Alertline can be reached toll-free at **(866) 606-3889**, or you may use the service's website to make a report at any time at [MolinaHealthcare.Alertline.com](https://MolinaHealthcare.Alertline.com).

You may also report fraud, waste or abuse cases to Molina's compliance department. You have the right to report your concerns anonymously without fear of retaliation.

Molina Healthcare of Michigan, Inc.  
Attn: Compliance  
880 W. Long Lake Road  
Troy, MI 48098  
Email: [MHMCompliance@MolinaHealthcare.com](mailto:MHMCompliance@MolinaHealthcare.com)

Remember to include the following information when reporting:

- Nature of complaint
- The names of individuals and/or entities involved in suspected fraud and/or abuse, including:
  - Address
  - Phone number
  - Molina member ID number
  - Any other identifying information

Suspected fraud and abuse may also be reported directly to the state at:

Department of Health and Human Services  
Office of Inspector General  
PO Box 30062  
Lansing, MI 48909  
Phone: **(855) MI-FRAUD (643-7283)**  
Online: [michigan.gov/fraud](https://michigan.gov/fraud)