

Provider Bulletin

May 2024

A new provider network management tool is coming soon!

Molina Healthcare of Michigan, Inc. is adding features for new and current providers to our provider network management portal. **The launch date – initially scheduled for April 29 – is now June 10.** Please watch for launch updates. When the portal is live, all submissions to join the Molina network or to add, term and/or update requests will now be submitted through the portal. Benefits of the portal include:

- 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 pre-populated information – minimizing the time it takes to fill out credentials
- Delegated groups can upload rosters as needed
- Non-delegated groups can add providers individually or via roster upload
- Ability 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

Molina is holding online webinars weekly every Thursday in May and June at noon ET to showcase the new portal and assist in the transition. Join a webinar online at

MolinaHealthcare.com/Providers/MI/Medicaid/Comm/YouMattertoMolina.aspx.

Please see Appendix A – attached to the end – for a list of answers to questions frequently asked during recent training sessions.

Molina launches the 2024 Quality Incentive/ Pay-for-Performance Program

Molina continues to improve the health and lives of our members by delivering high-quality health care. Molina cultivates our relationships with providers by offering a Quality Incentive Pay-for-Performance (P4P) Program.

Molina's P4P Program aligns with our mission by rewarding our valued providers for high-quality preventive health care. Incentivized services include access to care, well-care visits, cancer screenings, diabetic services, immunizations, dental services, social determinants of health and more. Molina has also enhanced incentives for many other measures – offering robust rewards for high-quality performance in the new tiered structure.

Molina's 2024 P4P program for Medicaid, Medicare and Marketplace will be available in the Availity Essentials (Availity) portal under **Payer Spaces/Molina/News and Announcements (sort by newest)**. The Molina team looks forward to partnering with you to improve quality care and outcomes for Molina members!

Availity updates and tips

Providers should ensure you are registered with Availity – Molina's provider portal – online at [availity.com/essentials-portal-registration](https://www.availity.com/essentials-portal-registration). Once registered, log in and go to **Help & Training > Get Trained** to register for a webinar. Live and recorded webinars are currently available in the Get Trained section. You can filter by selecting Category.

Tip: When searching for training sessions, read the descriptions as some are payer-specific or non-payer-specific. Health care providers should select non-payer-specific trainings or those that specifically indicate Molina of Michigan or Molina Healthcare.

Tips for claims uploaded in Availity:

- Multiple files can be attached.
- The total accumulated size of all files loaded cannot exceed 128 MB.
- File types allowed: PDF, TIF, JPG, BMP and GIF.
- File name format allowed: All alphabetic (A-Z) and numerals (1-9). No special characters (“&”, “[”, “”, “;” and “.”).
- Duplicate file names are **not** allowed.

Provider changes and Provider Online Directory validations

Molina needs to keep our provider network information current. Up-to-date provider information allows Molina to accurately generate provider directories, process claims and communicate with our provider network. Providers must notify Molina at least 30 days in advance – when possible – of changes and validate Provider Online Directory (POD) information quarterly, including:

- Accepting new patients
- Street address and/or phone number
- Office hours
- Provider updates

Additions and terminations can be listed on the **Provider Roster Template/Provider Addition Roster** spreadsheet and emailed to the address listed at the top left of the spreadsheet, which can be found online at

MolinaHealthcare.com/Providers/MI/Medicaid/Forms/fuf.aspx.

For correction and/or updates, the Provider Change Form can be found online at

MolinaHealthcare.com/Providers/MI/Medicaid/Forms/fuf.aspx.

Prior authorization updates effective April 1, 2024

Molina's Prior Authorization (PA) Guide and PA Code Matrix have been updated effective **April 1, 2024**. All PA tools are available online at

MolinaHealthcare.com/Providers/MI/Medicaid/PriorAuthorization/PA.aspx.

Services that require PA are easily searchable within the PA Code Matrix.

Optum-Change Healthcare outage

Molina Healthcare, Inc. (Molina) has advised our providers of a critical outage of our third-party vendor – Optum-Change Healthcare (CHC) – which has affected electronic claims submission, payment and settlement services. Molina has established a dedicated contact center to assist providers impacted by the CHC outage, available Monday- Friday from 5 a.m.-6:30 p.m. PT. The contact center number is (844) 548-7684.



Model of Care

All contracted Medicare primary care providers (PCPs), key high-volume specialists and certain delegates must complete Model of Care (MOC) training annually. The training is also offered during new provider orientation. Non-contracted providers will also be directed to the annual MOC training if it is determined that they are a key member of the member's Interdisciplinary Care Team (ICT) or if the training is requested. The Centers for Medicare & Medicaid Services (CMS) requirements are in the Medicare Managed Care Manual, Chapter 5, Section 20.2.1.3.C. Visit [cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c05.pdf](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c05.pdf).

The MOC is the plan for delivering coordinated care and care management to special needs members. It provides the basic framework under which Molina meets regulatory requirements defined by CMS. This training will identify how you, as a care provider, will support the MOC while understanding CMS requirements for managing these members. CMS requires Molina to provide MOC training annually and provide evidence that our providers have completed the training. To ensure Molina remains compliant with CMS regulatory requirements for MOC training, a completed attestation form must be returned to Molina upon completion of the training.

Implicit bias training

Molina has partnered with Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) to host multiple workshops for providers to expand their skills and expertise on implicit bias, health equity and much more. Continuing education (CE) and continuing medical education (CME) credits will be offered for participation in the workshop. Vicki T. Sapp, PhD, will facilitate this workshop. For more information, please visit the **Upcoming Trainings** section online at

MolinaHealthcare.com/Providers/MI/Medicaid/Comm/YouMattertoMolina.aspx.

Register now for a 2024 provider orientation training session

Molina hosts a series of provider orientation sessions for all in-network providers. These sessions provide an overview of our resources and materials designed to support you and your patients – our members. These resources include provider services, the provider portal, health care services, billing and more.

You can register online at

MolinaHealthcare.com/Providers/MI/Medicaid/Comm/YouMattertoMolina.aspx. A confirmation email will be sent. Below is a list of upcoming sessions:

- June 27, 2024, from 9-10:30 a.m.

Important Molina phone/fax numbers

Molina is working to ensure that providers submit information to Molina via the proper communication channels to ensure correct review and processing. For your reference, the chart below provides important Molina phone and fax numbers.

Michigan (Service hours: Monday-Friday from 8 a.m.-5 p.m. local, unless otherwise specified)		
Service	Phone	Fax
Authorizations Non-NICU OB Deliveries	(855) 322-4077	(800) 594-7404 (844) 861-1930
New Century Health *Cardiology authorizations for Adults	(888) 999-7713	(714) 582-7547
Progeny Health *NICU Authorizations (Medicaid Only)	(888) 832-2006	(866) 890-8857
Imaging Authorizations	(855) 714-2415	(877) 731-7218
Transplant Authorizations	(855) 714-2415	(877) 813-1206
Pharmacy Authorizations	(855) 322-4077	(888) 373-3059
Member Service	(888) 898-7969 (TTY/TDD: 711)	
Provider Service	(855) 322-4077	(248) 925-1784
Dental (DentaQuest)	(844) 583-6157	
Vision (VSP)	(888) 493-4070	
Transportation	(855) 735-5604	
24-hour Nurse Advice Line (7 days a week)		
English: (888) 275-8750; TTY: (866) 735-28929		
Spanish: (866) 648-3537; TTY: (866) 833-4703		

Appendix A

Provider Lifecycle Management – the Pre-Enrollment Portal Frequently Asked Questions (FAQ)

Do I need a login to access the Pre-Enrollment Portal?

No, a login is not required to access the [Pre-Enrollment Portal](#).

Are all fields required?

The fields with the red asterisks are required, but you can include additional information in the non-required fields.

Who do I reach out to if I have questions?

Please contact your provider relations representative if you have any questions.

Who do I reach out to if I need technical support?

Please contact your provider relations representative for technical support.

What is the correct format for phone numbers?

The correct format for entering phone numbers in the portal is ten digits only (no dashes or parenthesis).

What if I cannot find my provider type?

If you are unsure what provider type to select, access the National Uniform Claim Committee (NUCC) [NUCC Taxonomy Code Set](#) to assist with the provider type selection.

I can locate my provider type but cannot complete my request in the Pre-Enrollment Portal because some of the information requested does not apply to me. Who can I reach out to for assistance?

Contact your provider relations representative if you have questions about completing the request in the Pre-Enrollment Portal.

I am part of a new group. How do I add practitioners once I complete the New Group card?

Once your request is reviewed and approved, you will receive an email notification on how to set up an account in the Provider Network Management Portal. After you complete all the steps outlined in the email, you can add your practitioners to the practice.

My group was contracted before the Pre-Enrollment Portal was implemented. How can I utilize the portal to manage my practice?

Providers contracted before the Pre-Enrollment Portal implementation will submit a request through the Existing Group Adds card if you are a group and the Existing Entity Updates card if you are a facility. Once the health plan reviews and approves the request, an email detailing the steps to create an account with a username and password will be sent. This process will link the practice manager to the group.

Can there be more than one practice manager assigned to a group?

Additional practice managers can be linked to the group by submitting a request through the Existing Group Adds card.

What card would a Federally Qualified Health Center or Rural Health Center select to submit a request?

A Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) would utilize the New Facility card to submit a request.

What card would a hospital select to submit a request?

A hospital would utilize the New Facility card to submit a request.

What card would a Long-Term Services and Supports (LTSS) provider select to submit a request?

An LTSS provider would utilize the New Facility card to submit a request.

What card would an urgent care provider select to submit a request?

An urgent care provider would utilize the New Facility card to submit a request.

Is CAQH required to submit a request?

Yes, CAQH is required for providers who require credentialing. However, CAQH is not required for providers who work exclusively in an inpatient or freestanding facility setting.

What if my Medicaid is pending – can I submit a request?

The group and the practitioner must be active with Medicaid before submitting a request.

How soon can I re-apply if my request is denied?

If your request is denied, you will receive an email notification detailing the reason for the denial and when you can reapply.