

# Provider Bulletin

September 2024

## Important information regarding new Michigan Medicaid contract

The new Michigan Medicaid contract will start on October 1, 2024. In the process of our rebid, some health plans will be exiting certain regions of the state, and your patients/our members will need to choose a new health plan if they are enrolled in one of those plans. We want to ensure a smooth process for everyone affected during this process and hope the attached frequently asked questions (FAQs) will help.

## September is Healthy Aging Month

This annual monthly observance focuses national attention on the positive aspects of growing older, particularly among adults aged 45+. The goal is to encourage everyone to take personal responsibility for their health. For more information, including patient talking points, visit [health.gov/our-work/national-health-initiatives/healthy-aging/about-healthy-aging](https://health.gov/our-work/national-health-initiatives/healthy-aging/about-healthy-aging).

## Top five reasons to use Availity Essentials, Molina's provider portal

Molina's provider portal is now Availity Essentials. Make sure you are registered with Availity at [availity.com/essentials-portal-registration](https://availity.com/essentials-portal-registration) and learn all the ways it can help you, including the top five areas below:

- 1. Member eligibility and benefits information:** To verify member eligibility, as well as view benefits, covered services and members' health records
- 2. Member roster:** To view a list of assigned memberships for PCPs within your provider panel
- 3. Service requests/authorizations:** To create, submit and review prior authorization requests
- 4. HEDIS® Profile:** To view your HEDIS® scores and search for members with needed services
- 5. Claims:** To submit, correct and void claims, as well as check claims' status and view claims reports for all those which have been submitted

### Visit Molina's online tool for provider add, term and update requests

We have added new features to our provider network management portal so you can easily make provider-related changes and updates. Portal benefits include:

- Having your own designated login and password, as providers and practice managers
- The ability to submit required credentialing documents and make updates directly on the portal, such as:
  - Change in office location, office hours, phone, fax or email
  - Addition or closure of office location
  - Addition or termination of provider
  - Change in taxpayer identification number (TIN) and/or National Provider Identifier (NPI)
  - Open or close of practice to new patients

Additionally, Council for Affordable Quality Healthcare (CAQH) providers will have pre-populated information, minimizing the time it takes to complete credentials. Delegated groups can upload rosters, as needed, while non-delegated groups can add providers individually or via roster upload.

Visit the portal at [MolinaHealthcare.com/providers/mi/medicaid/comm/Join-Molina-Healthcare-of-Michigan-Network.aspx](https://MolinaHealthcare.com/providers/mi/medicaid/comm/Join-Molina-Healthcare-of-Michigan-Network.aspx) and learn more.

### NEW! Claims reconsiderations

If you believe a paid, denied or reduced claim was processed incorrectly (but doesn't require additional attachments or corrections), you may want to request a claim reconsideration, wherein Molina will provide a review. This process is quicker than a full claim appeal and will likely take only 3-5 days to receive a response and possible adjustment.

### REMINDER: Claims disputes

Provider disputes/appeals must be submitted electronically within 90 days from the remittance date via [availity.com/molinahealthcare](https://availity.com/molinahealthcare) (preferred) or by fax at (248) 925-1768.

**Note: Molina will not accept nor process claims from 2022 or prior.** You must submit claims to us **within 365 calendar days** after the discharge for inpatient services or the date of service for outpatient services.

### MC3 program assists providers treating women and children who have depression or anxiety

Funded by the Michigan Department of Health and Human Services since 2012, the Michigan Clinical Consultation & Care (MC3) program offers no-cost psychiatry support to pediatric and perinatal providers in Michigan through same-day phone consultations. The program offers guidance on diagnostic questions, safe medications and appropriate psychotherapy. If you would like to learn more about MC3, see the attached information.

### Molina housing specialists can assist your patients

Molina housing specialists are available to help your patients/our members find affordable housing options in Wayne County. This may include connecting them to resources for rent or mortgage assistance, housing applications, home repairs and more.

If you would like to learn more about the Molina Housing Specialist Program, see the attached information.

### Prior authorization (PA) updates effective July 1

Molina's Prior Authorization (PA) Guide and PA Code Matrix have been updated with a July 1, 2024 effective date. All PA tools are available online at: [MolinaHealthcare.com/providers/mi/medicaid/forms/fuf.aspx](https://MolinaHealthcare.com/providers/mi/medicaid/forms/fuf.aspx) and services that require a prior authorization are easily searchable within the PA Code Matrix.

# Time to complete annual Model of Care (MOC) online training

The MOC is a plan for delivering coordinated care and care management to special needs members and provides the basic framework under which Molina meets regulatory requirements defined by the Center for Medicare and Medicaid Services (CMS). This training identifies how you, as a health care provider, will support the MOC while understanding CMS requirements for managing these members. CMS requires Molina to provide MOC training annually, with supportive evidence that our providers have completed the training. To ensure we remain compliant with these regulatory requirements, we ask that you complete and submit an attestation form after you finish the training.

**Which providers must complete the MOC training?** Molina's contracted Medicare PCPs, key high-volume specialists and certain delegates must complete the training. (Note: This training is offered to our new providers during orientation.) Additionally, if our non-contracted providers are key participants in a member's ICT or if the training is requested, we require our non-contracted providers to complete the training. Visit [MolinaHealthcare.com/providers/common/medicare/medicare](https://MolinaHealthcare.com/providers/common/medicare/medicare) to complete the [online MOC training materials](#) by October 31, 2024.

The Centers for Medicare & Medicaid Services (CMS) requirements are found in the [Medicare Managed Care Manual](#), Chapter 5 – Quality Assessment, 3. SNP Provider Network; C. MOC Training for the Provider Network. Link: [www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c05.pdf](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c05.pdf).

# New Century Health (NCH)/Evolent dedicated fax numbers for better efficiency

NCH/Evolent has established a dedicated fax line for Cardiology, so that Molina can better manage and track your faxes as efficiently as possible. The Cardiology fax number is (877) 370-0963.

### You Matter to Molina provider education resources available

Molina offers a comprehensive way to connect and keep you informed of new training opportunities and other provider resources in our You Matter to Molina website section at

[MolinaHealthcare.com/Providers/MI/Medicaid/Comm/YouMattertoMolina.aspx](https://MolinaHealthcare.com/Providers/MI/Medicaid/Comm/YouMattertoMolina.aspx).

Make sure to check out the following while there:

- Provider bulletins
- Provider orientations
- Upcoming trainings
- All-things-Availability
- Recorded video trainings

### Would you like to join the Molina Provider Advisory Council (MPAC)?

The Molina Provider Advisory Council (MPAC) is focused on discussing and learning about issues affecting our health care providers. It is a forum in which we identify barriers and obstacles within health care and collectively partner with our providers to problem-solve, share information and find new ways to improve the health care delivery system.

The MPAC is just one of many ways Molina seeks and values feedback from our dedicated provider network.

If you would like to join MPAC, contact us at:

[MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com)

We value your input!

### Find out more in Molina's third-quarter provider newsletter

In addition to our monthly provider bulletin, we also publish quarterly newsletters for our health care provider partners. This newsletter communicates medical management policies and procedures to support providers in delivering quality health care services to your patients/Molina members. Below is a list of some articles in this third-quarter edition.

- SSI Group is the new clearinghouse
- Update provider data accuracy and validation
- Provider communication survey
- NPPES review for data accuracy
- Cultural competency resources for you and your office staff
- 2024 Molina Model of Care training
- New Medicare benefit

Visit [MolinaHealthcare.com/providers/mi/Medicaid/home.aspx](https://MolinaHealthcare.com/providers/mi/Medicaid/home.aspx) for this newsletter, located under the Communications tab.

### Quest Diagnostics: Molina's Preferred In-Network Clinical Laboratory Provider

Quest Diagnostics is Molina's Preferred in-network clinical laboratory provider. Quest offers numerous benefits to providers, including:

- Widespread patient access: Quest has free-standing Patient Service Centers in many locations across Michigan; they may also install a drop box in a provider office or send a courier out to pick up samples directly from the office.
- Extensive testing options: Quest can perform laboratory testing required to care for Molina's membership, including but not limited to routine medical labs, toxicology and prescription drug monitoring, and a wide array of genetic and other specialized test options.

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- Access to test results: Providers can access Quest's online tools to order tests and view test results. Quest provides Molina with direct access to Molina members' test results, which helps to alleviate year-end HEDIS® record audits at the provider office. Quest also offers an online platform to give Molina members direct access to test results.

Please visit [QuestDiagnostics.com](http://QuestDiagnostics.com) or call (866) 697-8378 to learn more about Quest's testing offerings and the variety of options available for your practice to utilize Quest's services.

As a reminder, network providers are expected to utilize in-network clinical laboratory providers whenever possible. To find an in-network laboratory, visit our Provider Online Directory, located by selecting "Find a Provider" on our Provider Website.

**Thank you for your commitment to your patients/our Molina members!**

All Just the Fax publications are available on Molina Healthcare's website via this link  
[MolinaHealthcare.com/providers/mi/medicaid/comm/Pages/provmailings.aspx](http://MolinaHealthcare.com/providers/mi/medicaid/comm/Pages/provmailings.aspx)



# MI Provider FAQs

Dear Provider Partner,

As you know, the new Medicaid contract will start 10/1/2024. In the process of the rebid, some health plans will be exiting certain regions of the state and patients/members will need to choose a new health plan if they are enrolled in a plan that is exiting their region. Molina Healthcare of Michigan, Inc. wants to ensure success for our providers and members in this process, and wants to share information about the rebid process based on questions we have received from our provider network.

## 1. When will the new Medicaid contract start and how long is the contract?

The new Medicaid contract starts on 10/1/2024 and is for 5 years. There is an option for the state to extend the contract for up to 3 years after the initial 5 year period.

## 2. What regions will Molina be maintaining for Medicaid starting 10/1/2024?

Molina will maintain a presence in regions 2, 3, 4, 5, 6, and 10. If you have members that will need to find a new health plan, we are happy to engage any new members.

Below is a list of the health plans that will be in each region as of 10/1/2024. See state map of Michigan Prosperity regions at the end of this FAQ.

Region	Health Plans in Region Starting 10/1/2024
1	Upper Peninsula Health Plan
2	<b>Molina</b> , Blue Cross Complete, McLaren, Priority Health Choice
3	<b>Molina</b> , Blue Cross Complete, McLaren, Priority Health Choice
4	<b>Molina</b> , Blue Cross Complete, McLaren, Meridian, Priority Health Choice, United Healthcare
5	<b>Molina</b> , Blue Cross Complete, McLaren, Meridian
6	<b>Molina</b> , Blue Cross Complete, HAP Care Source, McLaren, Meridian, United Healthcare
7	Aetna Better Health, HAP Care Source, McLaren, United Healthcare
8	Aetna Better Health, McLaren, Meridian, United Healthcare
9	Aetna Better Health, Blue Cross Complete, HAP Care Source, McLaren, Meridian, United Healthcare
10	<b>Molina</b> , Aetna Better Health, Blue Cross Complete, HAP Care Source, McLaren, Meridian, Priority Health Choice, United Healthcare

## 3. What regions will Molina be exiting starting 10/1/2024?

Molina will be exiting regions 7, 8, and 9 for Medicaid as of 10/1/2024. Above is a list of the health plans that will be in each region as of 10/1/2024.



**4. How will the patients/members be notified if they have to choose a new health plan as of 10/1/2024?**

MDHHS will be notifying all enrollees who will have to choose a new health plan in late August through the beginning of September. The patients/members will need to choose a new health plan by 9/17/2024.

**5. What if a patient/member does not choose a new health plan by the date that they need to choose?**

The member will either be auto assigned to a new health plan, or they will engage with Medicaid FFS depending on the member enrollment.

**6. How does a new practice contract with Molina if needed?**

If a new provider wants to contract with Molina they can start the process by visiting [molinahealthcare.com/providers/mi/medicaid/home.aspx](https://molinahealthcare.com/providers/mi/medicaid/home.aspx) and following the *Join our Network* steps.

**7. If a patient/member moves to a new health plan, will the provider still receive the quality/value-based payments for that patient/member from Molina?**

Quality performance, including performance for value-based payments, is based on attributed membership at the end of the calendar year. Providers will receive any eligible quality or value-based payments based on member attribution at the end of the calendar year.

**8. What if a patient/member is currently pregnant. Will they have to switch health plans during their pregnancy?**

Yes, if the health plan the patient/member is aligned with is exiting the region, the member will need to align with a new health plan. The member will be notified of the process and need to choose a new health plan by 9/17/2024.

The patient/member can continue to see the same Obstetric provider through the remainder of their pregnancy and postpartum period in order to support continuity of care regardless of the need to change health plans.

**9. If a patient/member received a prior authorization from their initial health plan and switch to Molina starting 10/1/2024, will Molina honor the prior authorization from the other health plan or will the provider and patient/member need to start the process of PA over again?**

For enrollees who transition to a new health plan, the new health plan is required to honor prior authorizations for 90 days for surgeries, dialysis, chemotherapy, radiation, organ, bone marrow, and hematopoietic stem cell transplants.

To assure appropriate coverage, providers should submit the prior authorization approval from the prior health plan to Molina so that we can process the procedure as authorized.

**10. Is a member allowed to keep their primary care or specialty care provider if they are not contracted with their new health plan?**

The member can request continuity of care coverage that will allow them to see their non-contracted primary care or specialty care provider for 90 days. This would give the primary care provider time to become contracted with the new health plan. The member will have had to have seen the primary care provider in the prior 6 months or a specialty provider in the prior 12 months to qualify.

For more details about continuity of care in transitions or to apply, visit

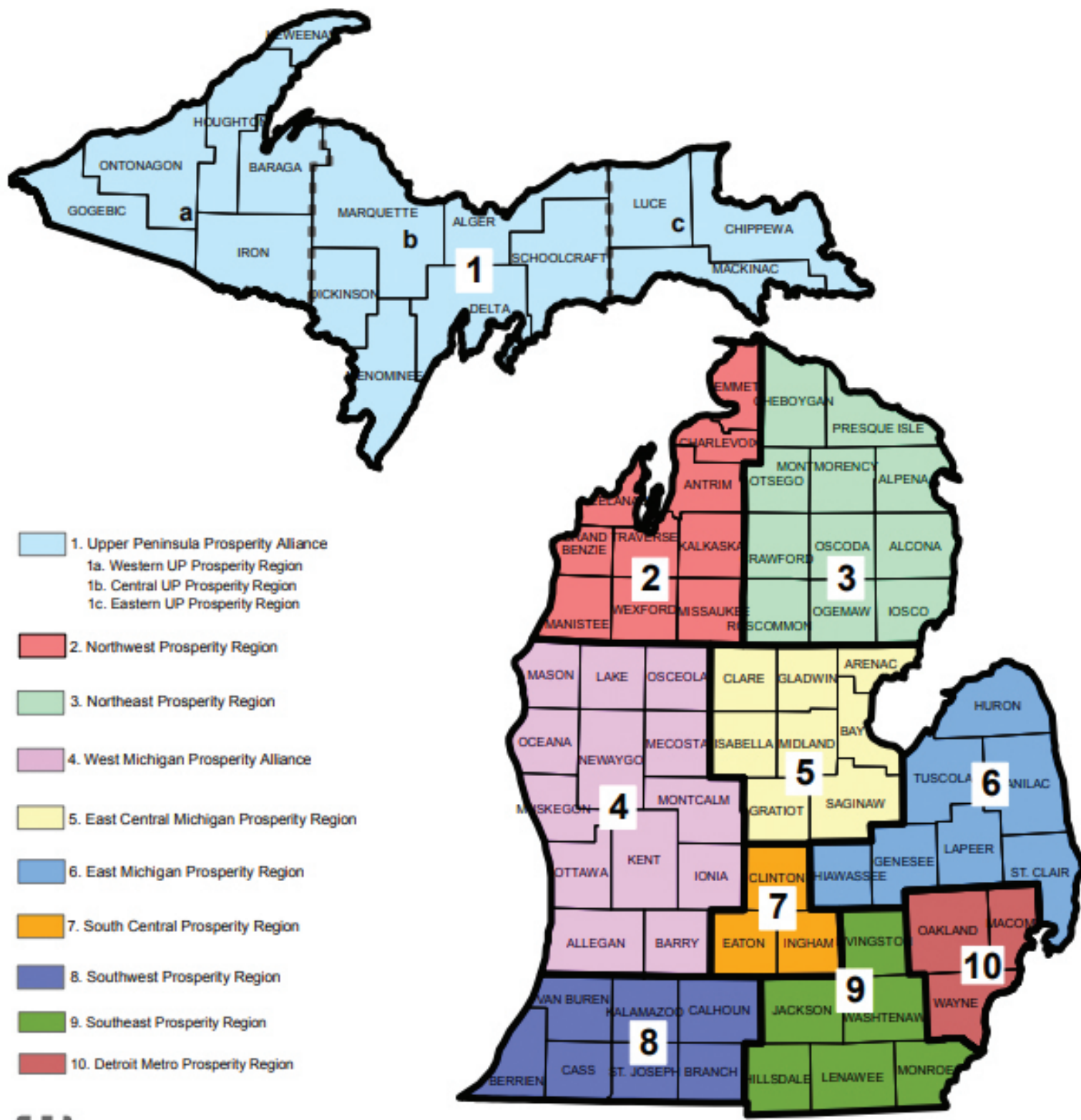
[MolinaHealthcare.com/members/mi/en-us/mem/medicaid/overvw/care/transition-of-care.aspx](https://MolinaHealthcare.com/members/mi/en-us/mem/medicaid/overvw/care/transition-of-care.aspx)

**11. If a patient has a prescription that was covered by their previous health plan, will it be covered by the new health plan?**

All Medicaid Health Plans in Michigan cover the same medications through a Common Formulary which includes a Single Preferred Drug List for all Medicaid enrollees. Medicaid Health Plans in Michigan all abide by the same requirements established by MDHHS.

For drugs that have a prior authorization requirement the health plan is required to provide a transition supply for the member as the member establishes care with their new health plan and new processes.

# State of Michigan Prosperity Regions



- 1. Upper Peninsula Prosperity Alliance
  - 1a. Western UP Prosperity Region
  - 1b. Central UP Prosperity Region
  - 1c. Eastern UP Prosperity Region
- 2. Northwest Prosperity Region
- 3. Northeast Prosperity Region
- 4. West Michigan Prosperity Alliance
- 5. East Central Michigan Prosperity Region
- 6. East Michigan Prosperity Region
- 7. South Central Prosperity Region
- 8. Southwest Prosperity Region
- 9. Southeast Prosperity Region
- 10. Detroit Metro Prosperity Region

Service Delivery Regions



# Free Same-Day Connection to Mental Health Support

for pregnant & postpartum people in  
Wayne, Oakland, Macomb, Genesee, Ingham, and Washtenaw counties

## DO YOU NEED MENTAL HEALTH SUPPORT?

Pregnancy and postpartum mood and anxiety disorders are common. If you're experiencing the following symptoms, you could benefit from mental health support.

- Feeling overwhelmed and exhausted
- Crying spells, sadness, hopelessness
- Anger, irritability, frustration
- Difficulty controlling worries
- Difficulty understanding and managing fear

## WHAT HAPPENS WHEN YOU SIGN UP?

A licensed mental health professional will talk with you to see what you need and together you will create a plan for support.

### Your plan may include:

- Short-term therapy to meet your needs (4-5 sessions)
- Referrals to longer term therapy options
- Connection to community resources
- Talking with your doctor
- Follow up calls, texts, emails, or video chat
- Perinatal support group

## HOW CAN THIS HELP YOU?

### The consultant can teach you skills that may help you:

- Bond with your child
- Improve your relationships
- Cope with stress
- Calm your mind
- Change unhelpful thoughts and behaviors

**50%**  
**REDUCTION**

**in clinical depression  
and anxiety for  
patients in their first  
month of services**

**Learn more  
& sign up**



Scan QR code or visit:  
[MC3Michigan.org/peripatient](https://MC3Michigan.org/peripatient)



## 1 IN 5 CHILDREN

have at least one diagnosable mental health condition<sup>1</sup>



## 1 IN 7 WOMEN

cared for by perinatal providers suffer from depression or anxiety<sup>2</sup>

**The majority of women and children who have mental health conditions do not receive treatment. That's where MC3 comes in.**

The Michigan Clinical Consultation & Care (MC3) program began in 2012 and is funded by the Michigan Department of Health and Human Services. MC3 offers no-cost psychiatry support to pediatric and perinatal providers in Michigan through same-day phone consultations to offer guidance on diagnostic questions, safe medications, and appropriate psychotherapy.

## How do consultations work?



**Provider/clinic staff initiates consultation**



**Behavioral Health Consultant triages consult request and provides resources**



**Psychiatrist and provider connect**



**Consult summary sent to provider**

## How to sign up:

Visit  
the sign up page on our website  
or scan the QR code to sign up.



## For more information:



[MC3Michigan.org](https://MC3Michigan.org)



[mc3-admin@med.umich.edu](mailto:mc3-admin@med.umich.edu)



844-828-9304

MC3 is funded by the Michigan Department of Health and Human Services (MDHHS) via general funds, Medicaid Administration funds, and Health Resources and Services Administration (HRSA) funds.

## Consultation process

- Consult requests can be initiated by anyone in the practice with knowledge about the patient
- Consults can be submitted either by phone or online; regional phone numbers and a secure online form are available on our website
- Call with psychiatrist will need to be with the prescribing provider
- Behavioral Health Consultants (BHCs) can provide consultations on resources

## Who is eligible to participate?

Prescribing health care providers who treat behavioral/mental health in youth and perinatal people in Michigan are eligible for MC3 consultations. This includes physicians, nurse practitioners, physician assistants, and certified nurse midwives practicing in family medicine, general medicine, pediatrics, OB/Gyn/perinatal, pediatric subspecialties, and psychiatry practices.

## Additional Key MC3 Offerings



Telepsychiatry patient evaluations\*



Live and remote trainings offered regionally and statewide



Workflow analysis to better integrate screening, care coordination, and MC3 services



Local and regional behavioral health resource and referral navigation



Scheduled educational group case consultation with MC3 psychiatrist

\* This opportunity is limited to patients with insurance that is accepted by the Michigan Medicine Department of Psychiatry.

## What is not included in MC3?

MC3 is not an emergency service. MC3 psychiatrists do not prescribe medication or provide ongoing treatment, but rather support providers as they provide care.

## Perinatal Patient Care Services

MC3 is offering direct perinatal mental health services to patients in select counties. This includes free same-day access to virtual counseling, case management, and care coordination for patients.

**What services do patients get?** Services include e-screening with a same-day brief intervention. The Behavioral Health Consultant will work with the patient to create a custom care plan.

**Who is eligible to participate?** To offer MC3 perinatal patient care services, you must practice in Wayne, Oakland, Macomb, Genesee, Ingham, or Washtenaw counties.

**Where can I receive more information?** Visit [MC3Michigan.org/perinatal-patient-care](https://MC3Michigan.org/perinatal-patient-care) to learn more.

**Sources:** 1) Merikangas, K., et al. (2010) Lifetime Prevalence of Mental Disorders in US Adolescents: Results of the National Comorbidity Survey Replication-Adolescent Supplement. *Journal of American Academy of Child and Adolescent Psychiatry* 49(10):980-989. doi: 10.1016/j.jaac.2010.05.017); 2) National Institute of Mental Health, 2018, CDC, PRAMS, 2018

# Molina Healthcare Housing Specialist Program



Molina Housing Specialists are here to support members in every step of their housing journey. Our job is to help our members, like you, find affordable housing options in Wayne County, Michigan.

## With the help of a Housing Specialist, you can be connected to resources like:

- Rent or Mortgage Assistance
- Homeless Shelters
- Affordable and Accessible Housing
- Completing housing applications
- Property Tax Assistance
- Home repairs
- Utility Assistance

## How Housing Specialists can help:

- One on one discussion to understand your housing needs, preferences and finance
- Navigating eligibility requirements and the application process
- Face to Face and telephone contacts
- Advocacy and support in your housing journey
- Connection to community resources



If you are in need of Housing Assistance, please email [mhmcommunityoutreach@molinahealthcare.com](mailto:mhmcommunityoutreach@molinahealthcare.com) or call Member Services at (888) 898-7969 for more information on these services.



Find, self-refer, or apply for the services you need, right from your MyMolina member portal. With Molina Help Finder, help is just a click away. Visit [MolinaHelpFinder.com](http://MolinaHelpFinder.com) to learn more.

Molina Healthcare of Michigan (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English **ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-898-7969 (TTY: 711).**

Spanish **ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-898-7969 (TTY: 711).**

Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-898-7969 (رقم هاتف الصم والبكم: 711).

