

Provider Bulletin

July 2024

Juvenile Arthritis Awareness Month

July is Juvenile Arthritis Awareness Month. Nearly 300,000 children have been diagnosed with some form of juvenile arthritis (JA). JA early symptoms are often overlooked by parents and written off as swollen joints, the flu or a rash due to an allergic reaction.

Many do not know that children can even get arthritis. Since a child's immune system is not fully formed until around 18, an autoimmune form of arthritis is especially aggressive in children, compromising their ability to fight normal diseases and leaving them open to complications that may affect their eyes, bone growth, etc.

Common symptoms include:

- Limping in the morning due to a stiff knee
- Excessive clumsiness
- High fever and skin rash
- Swelling lymph nodes in the neck and other parts of the body

For more information on JA, please visit curearthritis.org/juvenile-arthritis/.



A new provider network management tool is now available!

Effective June 10, Molina Healthcare of Michigan, Inc. has added features for new and current providers to our provider network management portal. All submissions to join the Molina network or to add, term and/or update requests should 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 weekly webinars every Thursday through July 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.

To access our new provider network management portal, please visit MolinaHealthcare.com/providers/mi/medicaid/comm/Join-Molina-Healthcare-of-Michigan-Network.aspx.



Top five reasons to use Availity

Molina's Provider Portal is now Availity Essentials.

1. **Member eligibility and benefit information:** Users can verify member eligibility and view benefits, covered services, and member's health record.
2. **Member roster:** Users can view a list of assigned memberships for PCP(s) within the user's provider panel.
3. **Service requests/authorizations:** Users can create, submit and review prior authorization requests.
4. **HEDIS® profile:** Users can view their HEDIS® scores and search for members who need services.
5. **Claims:** Users can submit, correct and void claims. Users can also check claim status and view claims reports for all submitted claims.

Please make sure you are registered with **Availity** at [Availity.com/essentials-portal-registration](https://www.availity.com/essentials-portal-registration).

Claims disputes

Provider disputes/appeals must be submitted within 90 days of remittance. Disputes/appeals must be submitted electronically:

- Provider portal (preferred): The Availity Essentials provider portal can be found at [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare)
- Fax: (248) 925-1768

Prior Authorization (PA) updates effective July 1, 2024

Molina's Prior Authorization (PA) Guide and PA code matrix was updated on July 1, 2024. All PA tools are available online at:

MolinaHealthcare.com/providers/mi/medicaid/forms/fuf.aspx.

Model of Care training requirements

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 for training 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.

Michigan Medicaid redetermination resources available

Due to the conclusion of the COVID-19 public health emergency during which the eligibility redetermination process for Michigan Medicaid members was stopped, the Michigan Department of Health and Human Services (MDHHS) has resumed the redetermination process. Molina has been working with our members and provider partners to help ensure that Medicaid-eligible members retain their coverage.

Molina needs your help reminding your Medicaid patients to update their contact information and renew their benefits so they do not lose coverage. Visit MolinaHealthcare.com/medicaidrenewals to find current resources and information – including our online provider toolkit. As Molina receives information from MDHHS, Molina will share specific lists of members due for redetermination with the office.



Electronic Visit Verification (EVV)

MDHHS has partnered with HHAeXchange to implement an Electronic Visit Verification (EVV) system. EVV will be used to record certain in-home visits for personal care and home health care services and will:

- Bring MDHHS into compliance with federal regulations
- Ensure beneficiaries are receiving services as planned and authorized
- Improve the accountability of caregiver services
- Ensure the accuracy of payment for services provided

Section 12006(a) of the 21st Century Cures Act requires states to gather EVV data for most Medicaid-funded personal care and home health care services furnished in the beneficiary's home. The EVV system must capture and record the following data:

- the type of service
- the date of service delivery
- the time of service delivery
- the location in which the service is delivered
- the beneficiary receiving the service
- the person providing the service

MDHHS is implementing EVV using a staggered approach to allow for provider training and adoption of EVV processes. To learn more about EVV, visit the MDHHS EVV website at www.michigan.gov/EVV.

Note: September 3, 2024 is the EVV go-live date for MI Choice, MI Health Link, behavioral health (personal care services) and Medicaid managed care home health care services.

Molina's provider newsletter second quarter edition has been posted

In addition to our monthly provider bulletin, Molina Healthcare of Michigan also publishes quarterly newsletters for our health care provider partners. The newsletter communicates medical management policies and procedures to support providers in delivering quality health care services to Molina members. Below is a list of some articles in this second quarter edition.

- Important message: Updating provider information
- Molina's utilization management
- Case management
- Care for older adults
- Population health
- Standards for medical record documentation
- Advance directives
- Health Risk Assessment and self-management tools

Please visit the Molina Healthcare website for the second quarter provider newsletter located under the Communications tab at

MolinaHealthcare.com/providers/mi/Medicaid/home.aspx.

If you have questions, please email

MHMProviderServicesMailbox@MolinaHealthcare.com.

Americans with Disabilities Act (ADA) resources: Provider education series

A series of provider education materials related to disabilities is now available to providers and office staff on Molina's website. Please visit Molina's Culturally and Linguistically Appropriate Resources/Disability Resources link under the Health Resources tab at MolinaHealthcare.com/providers/mi/medicaid/home.aspx.

Molina's provider education series – Disability resources 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., Which health care providers are covered under the ADA? How does one remove communication barriers that are structural in nature? Is there money available to assist with ADA compliance costs?).
- Members who are blind or have low vision
 - How to get information in alternate formats such as Braille, large font, audio or other formats.
- Service animals
 - Examples of tasks performed by a service animal; tasks that do not meet the definition of a service animal; inquiries you can make 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 impairments, 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, 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 the Member and Provider Contact Center to schedule interpreter services or to connect to a telephonic interpreter.

Also, Molina's materials are always written simply 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://www.molinahealthcare.com).

Fraud, waste and abuse – definitions and how to report

Fraud means an intentional deception or misrepresentation made by a person with the knowledge 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 means 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 means provider practices inconsistent with sound fiscal, business or medical practices and result in unnecessary costs to State and Federal health care programs or in 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 results 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, an external telephone and web-based reporting system hosted by NAVEX Global, a leading provider of compliance and ethics hotline services. The AlertLine is available 24 hours a day, 7 days a week, 365 days a year. When you make a report, you can remain confidential or anonymous. If you decide to call AlertLine, a trained professional at NAVEX Global will note your concerns and provide them to the Molina compliance department for 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. AlertLine reports can be made anywhere within the United States with telephone or internet access.

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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.

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

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 entities involved in suspected fraud and/or abuse, including address, phone number, Molina member ID number and 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: www.michigan.gov/fraud

Thank you for your commitment to Molina members!