



## Monthly Topics for August 2023

All Just the Fax publications are available on Molina Healthcare's website via this link <https://www.molinahealthcare.com/providers/mi/medicaid/comm/Pages/provmailin gs.aspx>

### **Hep C Initiative**

The Michigan Department of Health and Human Services and Michigan Medicaid partnered with research-based global biopharmaceutical company, AbbVie, in effort to eliminate hepatitis C through the **We Treat Hep C Initiative**.

In Michigan it is estimated that 200,000 are living with Hepatitis C. Those living with Hep C are often unaware they have it and it can be silently spread quickly as individuals may not have symptoms for years.

For additional information on MDHHS Hepatitis C Elimination Plan, please visit the link below.

[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2976\\_94001\\_105637---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2976_94001_105637---,00.html)

### **Availity**

Availity Essentials is now the exclusive secure provider portal for Molina Healthcare. If not registered, [Click Here](#) to register. August training dates are August 8<sup>th</sup> and 28<sup>th</sup>. Training sessions can be found by logging into Availity Essentials and proceed to the Help & Training section located at the top right of the screen and select Get Trained. Once in the training catalog, go to the Sessions tab at the top of the page where you will see the above training listed as "*Availity Essentials Provider Portal Overview for Molina Providers*" – Live Webinar. **Note: Michigan is the only state live for Prior**

**Authorizations within Availity – not through Payor Spaces.**

### **Redetermination:**

Due to the conclusion of the COVID-19 public health emergency during which the eligibility redetermination process for Michigan Medicaid members was stopped, MDHHS resumed the redetermination process in June. Molina has been communicating 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. [Click Here](#) to find the most 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 to the office.

### **2023 Pay for Performance:**

Molina has finalized our 2023 P4P program. This program aligns with our mission by rewarding our valued providers for high-quality preventive healthcare. Incentivized services include access to care, well care visits, cancer screenings, diabetic services, immunizations, dental services, social determinants of health, and more.

Molina has added a reward if your adult Medicaid patient receives dental services. Molina is promoting a new dental benefit for ALL adult Medicaid members beginning April 1, 2023. Molina will collaborate with our new vendor, DentaQuest, to provide an expanded list of dental benefits through its network of dentists and dental specialists. Please encourage your Molina Medicaid members to seek dental services by contacting DentaQuest Member Services at 844.583.6157 or 844-583-6156 (MI Health Link) Monday Friday, 8 a.m. to 5 p.m. CST. To find a dentist, members may also visit <https://dentaquest.com/members/> and select "Find a Dentist." See attached document for further information on the incentive dollars, eligibility, and specifications of Molina's 2023 Pay for Performance program.

### **2023 Model of Care Training Notification**

Molina Healthcare of Michigan is required to provide annual training regarding our Model of Care (MOC) program for SNP enrollees. To ensure Molina remains compliant with CMS regulatory requirements for MOC training, your completed Attestation Form must be returned to Molina upon completion of the training or by **October 31, 2023**. For more information, please refer to the [Quick Reference Guide](#).

Please do the following:

1. Take the Model of Care Training. The written training materials on the Molina Healthcare Model of Care can be found on the Molina website at: [Model of Care Training](#)
2. Complete and sign the Model of Care Training Attestation Form - [Model of Care Attestation](#)
3. Return Attestation Form to [MHMProviderServicesMailbox@MolinaHealthCare.com](mailto:MHMProviderServicesMailbox@MolinaHealthCare.com)

### **Redetermination Orientation Sessions**

Molina Healthcare of Michigan hosted a series of Medicaid redetermination orientation sessions to all in-network providers. These sessions explain Medicaid redetermination, and the resources and material Molina designed to help support your patients, our members, renew their Medicaid coverage and continue receiving the care they need when they need it. The sessions took place July 21<sup>st</sup>, 25<sup>th</sup>, and 27<sup>th</sup>, more to come next month.

### **Molina Healthcare's Provider Newsletter Second Quarter Edition has been Posted**

Molina Healthcare of Michigan (MHM) publishes quarterly newsletters for providers in the Molina Provider network for Medicaid, Medicare, Marketplace, and Dual Options (MI Health Link). The newsletter communicates medical management policies and procedures to support providers in their delivery of quality health care services to Molina members. This edition contains important updates and reminders.

Please visit MHM's website for the Second Quarter Provider Newsletter located in the Communications area at <https://www.molinahealthcare.com/providers/mi/medicaid/comm/newsletter.aspx>

If you have questions, please contact your Provider Service Representative directly or contact the Provider Services Department by email at [MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com) or by phone at (947) 622-1230.

## **Molina Healthcare's Provider Newsletter Second Quarter Edition Has Been Posted**

Molina Healthcare of Michigan (MHM) publishes quarterly newsletters for providers in the Molina Provider network for Medicaid, Medicare, Marketplace and Dual Options (MI Health Link). The newsletter communicates medical management policies and procedures to support providers in their delivery of quality health care services to Molina members. This edition contains important updates and reminders including ...

- **Molina Healthcare of Michigan Names Shaun Raleigh Vice President of Provider Network and Operations**
- **Important Information Regarding Medicaid Redetermination**
- **Payment Solutions**
- **NPPES Review for Data Accuracy**
- **Cultural Competency Resources for Providers and Office Staff**
- **Is Your Authorization Request Urgent?**
- **Submitting Electronic Data Interchange (EDI) Claims**
- **2023 Molina Healthcare Model of Care Provider Training**
- **Availity Essentials is the Official Portal for Molina Healthcare Providers**
- **Molina's Featured PsychHub Training**
- **Marketplace Benefit Interpretation Policy Guide**
- **Helping Your Patients Shouldn't Stop When You Leave Your Office**
- **Save your Humira<sup>®</sup> Patients Money by Switching to Amjevita<sup>®</sup>, the First Humira<sup>®</sup> Biosimilar**
- **Clinical Policy Update Highlights from First Quarter**
- **Important Information Regarding Molina Dental Benefits**
- **Americans with Disabilities Act (ADA)**
- **CHAMPS Enrollment/Requirement for Providers**
- **Fraud, Waste and Abuse – Definitions and How to Report**

Please visit MHM's website for the First Quarter Provider Newsletter located in the Communications area at <https://www.molinahealthcare.com/providers/mi/medicaid/comm/newsletter.aspx>

If you have questions, please contact your Provider Service Representative directly or contact the Provider Services Department by email at [MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com) or by phone at (947) 622-1230.

**Thank you for serving Molina members.**

April 2023

Dear Molina Valued Primary Care Provider,

Molina Healthcare's mission is to improve the health and lives of our members by delivering high-quality healthcare. We know that the success of our mission is based on the relationships we have with our Providers. One of the ways Molina cultivates these relationships is by offering our robust Quality Incentive Pay-for-Performance (P4P) program.

Molina's P4P program aligns with our mission by rewarding our valued providers for high-quality preventive healthcare. Incentivized services include access to care, well care visits, cancer screenings, diabetic services, immunizations, dental services, social determinants of health, and more.

Based on some of the unique challenges faced by Molina members in different geographic locations, Molina is continuing our regional model in the 2023 program. Due to these performance differences across regions, some measures will be eligible for different incentives based on the Region in which the member lives. It is Molina's intent that the additional funding will help to alleviate some of the Provider challenges in performing in these measures. Further, in 2023, Molina is continuing its incentive for important work in social determinants of health and tobacco cessation counseling. We have removed the COVID vaccination incentive, but still encourage vaccination.

For 2023, Molina has added a reward if your adult Medicaid patient receives dental services. In accordance with a strong belief that oral health and physical health go together, Molina is promoting a new dental benefit for ALL adult Medicaid members beginning April 1, 2023. Molina will collaborate with our new vendor, DentaQuest, to provide an expanded list of dental benefits through its network of dentists and dental specialists. We ask that you encourage your adult Molina Medicaid members to seek dental services.

The attached document describes Molina's complete 2023 Quality Incentive/Pay for Performance program for Medicaid, Medicare, and Marketplace for your reference. The Molina team looks forward to partnering with you for your success in the program and improving quality care and outcomes for Molina members. Thank you for your continued care of Molina members.



Terrisca Des Jardins  
Plan President  
Molina Healthcare of Michigan



David Donigian, MD  
Chief Medical Officer  
Molina Healthcare of Michigan

Adult Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
<b>Breast Cancer Screening</b> (50-74 years)	Mammogram		61.27%	\$50 per member in the measure	Medicaid Marketplace
			56.52%	\$25 per member in the measure	
<b>Cervical Cancer Screening</b> (21-64 years)	Pap every 3 years; (ages 21-64); HPV or Pap/HPV every 5 years (ages 30-64)		66.88%	\$50 per member in the measure	Medicaid Marketplace
			62.53%	\$25 per member in the measure	
<b>Controlling Blood Pressure</b> (18-85 years)	Compliant BP ( $\leq$ 139/89)		69.19%	\$50 per member in the measure	Medicaid Marketplace
			65.10%	\$25 per member in the measure	
<b>Tobacco Cessation Counseling</b>	Counseling for Tobacco Cessation	\$5			Medicaid Marketplace
Pediatric Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
<b>Childhood Immunization Status, Combo 3</b> (by 2nd birthdate)	4 DTaP, 3 IPV/OPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV	\$200			Medicaid Marketplace
<b>Blood Lead Testing</b> (by 2nd birthdate)	Blood Lead Test before the 2nd Birthdate	\$50			Medicaid Marketplace
<b>Well-Child Visit</b> (3-21 years)	Annual Well-Child Visit	\$25	62.70%	\$50 per member in the measure	Medicaid Marketplace
			57.44%	\$25 per member in the measure	
<b>Well-Child Visits:</b> (by 15 months of age)	6 or more Well-Visits		67.56%	\$50 per member in the measure	Medicaid Marketplace
			61.19%	\$25 per member in the measure	
Other Incentive Programs					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
<b>Asthma Medication Ratio</b> (5-64 years)	Ratio of at least 1:2 controller medications to total asthma medications	\$25			Medicaid Marketplace
<b>Kidney Health Evaluation</b> (18-85 years)	Serum eGFR and a urine ACR	\$25			Medicaid Marketplace
<b>Dental Visit</b> Effective 4/1/2023 (21+ years or HMP)	Preventive dental visit	\$25			Medicaid
<b>Social Determinants of Health (SDoH) Screening</b>	Submit SDoH Z-codes for screened Medicaid Members		5.00%	\$1 Per Member Per Month	Medicaid Only
			2.50%	\$0.50 Per Member Per Month	

Medicare Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Breast Cancer Screening (50-74 years)	Mammogram	\$25	77.00%	\$50 per member in the measure	Medicare MI Health Link
			70.00%	\$25 per member in the measure	
Care of Older Adults (66 years and older)	Medication Review	\$50			Medicare MI Health Link
	Functional Status Assessment	\$50			
	Pain Assessment	\$50			
Colorectal Cancer Screening (50-75 years)	Colonoscopy, Sigmoidoscopy, FIT-DNA, FIT, FOBT, CT Colonography	\$25	79.00%	\$50 per member in the measure	Medicare MI Health Link
			71.00%	\$25 per member in the measure	
Diabetes Care—Blood Sugar Controlled (18-75 years)	HBA1C ≤9 %		83.00%	\$100 per member in the measure	Medicare MI Health Link
			75.00%	\$50 per member in the measure	
Diabetes Care—Eye Exam (18-75 years)	Retinal Eye Exam		79.00%	\$40 per member in the measure	
			71.00%	\$20 per member in the measure	
Diabetes Measures—Full Completion	Additional Bonus for completion of above measures and renal health evaluation with a serum eGFR and a urine ACR	\$200			
Controlling High Blood Pressure (18-85 years)	Compliant BP (≤139/89)		80.00%	\$50 per member in the measure	
			73.00%	\$25 per member in the measure	
Statin Therapy for Patients with Cardiovascular Disease (Men 21-75; Women 40-75)	Members receive at least 1 high or moderate intensity statin during the year	\$50			
Statin Therapy for Persons with Diabetes (40-75 years)	Members dispensed at least 2 diabetes medications and received a statin fill during the year	\$50			

Healthy Michigan Plan HRA Program					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
<b>HRA Completion</b>	PCP visit and HRA completion	\$25	Please fax completed HRAs to <b>(855) 671-1283</b> . Blank HRA forms can be found at: <a href="http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx">http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx</a>		Medicaid Marketplace
<b>Timely Initial HRA</b>	Within 150 days of enrollment	\$25			

***Incentives for members in Region 10***

Adult Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
<b>Adult Access to Care</b> (20+ years)	Any preventive/ambulatory visit		84.53%	\$20	Medicaid Marketplace
			80.86%	\$10	
<b>Chlamydia Screening</b> (16-24 years)	Urine or Swab Specimen	\$25			Medicaid Marketplace
<b>Eye Exam for Patients with Diabetes</b> (18-75 years)	Retinal Eye Exam		63.75%	\$40 per member in the measure	Medicaid Marketplace
			56.51%	\$20 per member in the measure	

***Incentives for members in Regions 2-9***

Adult Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
<b>Adult Access to Care</b> (20+ years)	Any preventive/ambulatory visit		84.53%	\$10 per member in the measure	Medicaid Marketplace
			80.86%	\$5 per member in the measure	
<b>Chlamydia Screening</b> (16-24 years)	Urine or Swab Specimen	\$25	67.84%	\$50 per member in the measure	Medicaid Marketplace
			62.65%	\$25 per member in the measure	
<b>Eye Exam for Patients with Diabetes</b> (18-75 years)	Retinal Eye Exam		63.75%	\$20 per member in the measure	Medicaid Marketplace
			56.51%	\$10 per member in the measure	





## **Molina Healthcare’s Lines of Business (Plans):**

Medicaid	Molina Medicaid, including Healthy Michigan Plan members
Medicare	Molina Medicare Complete Care (D-SNP) members, Molina Medicare Choice Care
MI Health Link	Dual-eligible Medicare-Medicaid Plan (MMP) members
Marketplace	Health Insurance Marketplace members

## **Measure Specifications:**

Many quality measures are based on strict HEDIS® specifications. Qualifying services must follow NCQA guidelines in order to be eligible for bonus payments. Bonuses are calculated based on the PCP group (Tax ID) to which members are assigned. Quality incentive payments may be made and distributed to your affiliated provider network (e.g. PHO, Physician Organization). NCQA benchmarks are updated in October of the measurement year.

## **Reporting Bonus Eligibility:**

Reporting bonuses are paid quarterly. Both the PCP and the member must be enrolled with Molina Healthcare when bonus checks are issued and must meet continuous enrollment criteria. All contracted PCPs regardless of panel size are eligible for reporting bonuses.

## **Performance Bonus Eligibility:**

Performance bonuses, including the SDoH incentive, will be paid annually in Q2 of 2024. Payouts will be determined by assigned membership as of the anchor date of 12/31/2023. PCP Groups must have ≥100 members attributed to their panel as of the anchor date to be eligible for all performance bonuses and must be contracted with Molina at the time of payment. SDoH Z-Codes must be submitted on clean claims to be eligible for bonuses.

## **Performance Bonus Methodology:**

Measure performance and member panel requirement will be assessed at the level of the pay-to group/Tax ID. The performance bonus targets are aligned to NCQA HEDIS percentiles and CMS STAR cut points at Molina Healthcare’s discretion. Molina reserves the right to alter the targets as they are updated or at its discretion.

## **Tobacco Cessation**

The Tobacco Cessation Counseling incentive is limited to Medicaid members who have a history of tobacco use or abuse. Providers must submit tobacco cessation counseling codes on a claim to be eligible for incentive. Providers will receive the incentive only once for each eligible member. Payment for Tobacco Cessation Counseling will be made in Q2 of 2024.

## **Regional Methodology:**

For this program, member region is determined by the member’s mailing address. The sole source determining member region will be the enrollment information Molina receives from MDHHS. Region 10 refers to members’ mailing address in Wayne, Oakland and Macomb counties. Regions 2-9 will include all other counties in which Molina operates.

## **Dental Incentive:**

For this program, effective 4/1/2023, providers will be rewarded for assigned members who receive a preventive dental service. Incentive is limited to one preventive visit in 2023.

## **Program Changes:**

Molina Healthcare reserves the right to modify the bonus program at any time. Providers will receive notification if changes are made.



## Model of Care Provider Training 2023

### *Annual Model of Care Training Requirement*

Molina Healthcare of Michigan is required to provide annual training regarding our Model of Care program for SNP enrollees. The Model of Care is the foundation for Molina's care management policy, procedures, and operational systems for our SNP population.

To ensure that Molina remains compliant with Centers for Medicare and Medicaid (CMS) regulatory requirements for Model of Care training, receipt of a completed Attestation Form is due to Molina no later than **October 31, 2023**.

#### *What you need to do:*

1. **Take the Model of Care Training.** The written training materials on the Molina Healthcare Model of Care can be found on the Molina website at: <https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training.pdf>
2. **Complete and sign the Model of Care Training Attestation form (Attestation Form).** For a copy of the MOC Attestation please visit the Molina Medicare website at: <https://www.molinahealthcare.com/providers/common/MOC/MI>

**Note:** If one Attestation form is being returned for a group or clinic, it must be signed by an individual with the authority to sign on behalf of the group/clinic and an attendance roster indicating which providers completed the training must be attached.

A copy of the Model of Care Training Attestation form is available via a link at the end of the Model of Care Training Deck, or it is available on the MolinaHealthcare.com Medicare provider webpage.

3. **Return Attestation Form.** To return the attestation form to Molina Healthcare, please use the automated submit button on the form or return the form via email to [MHMProviderServicesMailbox@MolinaHealthCare.Com](mailto:MHMProviderServicesMailbox@MolinaHealthCare.Com).

If you have questions please contact your Provider Services Representative directly or contact Molina Provider Services by phone 947-622-1230 or via email at [MHMProviderServicesMailbox@MolinaHealthCare.Com](mailto:MHMProviderServicesMailbox@MolinaHealthCare.Com).

**Thank you for your immediate response and cooperation.**