

Provider Bulletin

May 2026

May is Melanoma Skin Cancer Awareness Month

The American Cancer Society projects that in 2026, approximately 112,000 new cases of melanoma will be diagnosed in the United States. This includes an estimated 65,400 cases in men and 46,600 cases in women. Melanoma is expected to account for approximately 8,510 deaths, with a higher mortality burden observed in men (approximately 5,500 deaths) compared with women (approximately 3,010 deaths).

Trends in melanoma incidence vary by age and sex. Among individuals younger than 50, incidence rates have remained stable in women and have declined by approximately 1% annually in men since the early 2000s. In contrast, among adults aged 50 and older, incidence has increased by roughly 3% per year in women, while rates in men have remained stable.

Melanoma is treatable and often curable when it's found early. Although certain populations carry a higher risk due to genetic, phenotypic or environmental factors, melanoma can occur in individuals across all demographic groups. Early identification remains critical to reducing morbidity and mortality.

While the American Cancer Society does not currently issue formal guidelines for routine skin cancer screening, it does strongly encourage skin self-awareness. Patients should be educated to recognize their baseline skin findings, including the distribution and appearance of nevi, freckles and other pigmented lesions, so they can promptly identify new lesions or changes in size, shape, color or symptomatology of existing lesions.

Find additional information on melanoma, including clinical signs, symptoms, and prevention strategies: [Cancer.org/cancer/types/melanoma-skin-cancer/detection-diagnosis-staging/signs-and-symptoms.html](https://www.cancer.org/cancer/types/melanoma-skin-cancer/detection-diagnosis-staging/signs-and-symptoms.html)



2026 Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including hematologists/oncologists, cardiologists and neurologists, to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to members with special needs. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training. 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, 2026.

MOC training materials and attestation forms are available at Molinahealthcare.com/providers/common/medicare/michigancomm.aspx.

Implicit bias and health literacy training resources

Michigan State Medical Society (MSMS) offers resources designed to strengthen physician practice and enhance patient care. These tools focus on advancing health literacy and addressing implicit bias, supporting providers in delivering equitable, culturally competent care.

Implicit bias training for providers

This MMS program helps clinicians identify and reduce unconscious biases to promote equitable healthcare decisions. You can find the training under the Implicit Bias Training tab at msms.org/Education.

Health Literacy Initiative (Developed for CHW's)

This MMS initiative is designed to help patients from diverse backgrounds improve their communication skills so they are engaged and empowered to make informed health decisions. Information is available at msms.org/Advocacy/Moving-Health-Literacy-Together.

GTE modifier guidelines

Molina Healthcare follows current Michigan Department of Health and Human Services (MDHHS) and Centers for Medicare & Medicaid Services (CMS) guidelines for telehealth services.

Providers are reminded to ensure that all telehealth services are billed in accordance with applicable MDHHS and CMS requirements, including the use of appropriate CPT/HCPCS procedure codes, Place of Service (POS) indicators, and required modifiers (e.g., 95 for audio/visual and 93 for audio-only services).

Providers should regularly review updates from MDHHS, CMS and Molina to maintain compliance with evolving telehealth policies.



Molina payment policy updates

Molina has recently approved the following policies:

- Condition Codes 49, 50, and 53
- CPT HCPCS New Code Updates
- Drug Billing

Molina Healthcare of Michigan provider pre-enrollment portal training

Molina Healthcare of Michigan invites providers to attend training on our pre-enrollment and authenticated portals. The session includes an overview and walkthrough of enrollment for groups and facilities requesting to contract with Molina Healthcare of Michigan. This training is offered monthly.

The next training session will be held Wednesday, June 10 from noon to 1 p.m. We look forward to having you attend the training. To register, please visit MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx and select the “Upcoming Trainings” menu.

Join a live Molina provider orientation session

Molina hosts a series of monthly 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. Below is a list of upcoming sessions. To register, visit MolinaHealthcare.com/providers/mi/medicaid/comm/YouMattertoMolina.aspx and select the “Provider Orientations” menu.

Upcoming sessions:

- Thursday, May 28, noon–1 p.m.
- Thursday, June 25, noon–1 p.m.

Molina to partner with Codoxo on Provider Scope® education

Molina Healthcare of Michigan is pleased to announce that we are partnering with Codoxo, who offers Provider Scope® provider education programs and identifies potential coding improvement opportunities. Provider Scope® is a platform that reviews the coding patterns and practices of providers, using both artificial intelligence and rules-based methodologies. This program provides transparency, education and coding pattern insight to the provider community to ensure that the documentation and coding guidelines are followed.

When providers receive a letter, they will have the ability to log into Codoxo's provider portal to review their billing activity as compared to their specialty or peer group. This education program may involve Codoxo reaching out to providers directly via letters, emails or phone calls to discuss billing patterns; these patterns could be cause for prepay or post-pay audits in the future, if not addressed. Codoxo has experienced coding, clinical and billing staff that can help answer any questions around identified billing patterns and provide relevant guidance.

How will I be selected for review?

- » Using claims data provided by Molina, you were identified as using and/or billing a specific level of service and/or modifier at a greater percentage above your specialty peers.

How will I be compared?

- » Primarily by the specialty that appears on your claims supplied by Molina. We also look at your geography (e.g., urban or rural, patient demographics and LOB demographics).

Will there be a takeback on these claims?

- » No. At this juncture, it is only educational for the providers who have been selected for this program. Your billing behavior could prompt future pre- or post-pay audits by Molina if the behavior is deemed to warrant an audit.

What action do I need to take?

- » Discuss this with your office manager, billing staff or compliance department for what steps they would recommend to help you become more in line with your peers and reduce your risk of payer audits.

How can providers use this information?

- » It shows you what your billing profile is. Some providers may not know what their profile looks like and this information is useful to them as it actually could reveal an internal coding concern the provider needs to be aware of.
- » You review the information and if you are satisfied that this profile reflects your billing accurately and that documentation is consistently captured to support the level of services billed, then no action is required on your part. You continue to provide services and bill according to supporting documentation.