MOLINA HEALTHCARE

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Providers

Third Quarter 2022

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NPPES Review for Data Accuracy

Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

Centers for Medicare & Medicaid Services (CMS) encourages Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to our members.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and *actively* see patients and where a patient can call and make an appointment. Do not include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.

The Provider Newsletter is a newsletter available to all network providers serving Molina Healthcare members.

Clinical Policy Update Highlights from Second Quarter 2022

Molina Clinical Policies (MCPs) are located at www.molinaclinicalpolicy.com. The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC). The second quarter 2022 updates are noted below.

The following new policies were approved:

- Carvykti (ciltacabtagene autoleucel)
- Gastric Electrical Stimulation
- Gender Affirmation Treatment and Procedures
- Occupational Therapy
- Prescription Digital Therapeutics
- Shoulder MRI

Please note the name change of the following existing policies:

- Steroid-Eluting Sinus Stents and Implants (PROPEL, SINUVA) [formerly SINUVA (mometasone furoate)]
- Minimally Invasive Sacroiliac Joint Fusion (formerly iFuse Implant for Sacroiliac Joint Fusion)

The following policy has been retired and is no longer available on the website:

- Computer Aided Evaluation Malignancy Breast with MRI and Lung Radiology

Payment Solutions

Molina Healthcare has partnered with our payment vendor, Change Healthcare to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is *free* to providers and we encourage you to register after receiving your first payment from Molina.

The ECHO payment platform offers enhanced functionality to better serve Molina providers such as e-check and virtual card (where available). Additionally, 835's will be generated and available to you for every transaction. You will also have access to yearly 1099's directly through your account.

ECHO support is available to answer questions regarding registration and 835's. They can be contacted at (888) 834-3511.

Login or register for the ECHO payment platform today: providerpayments.com/Login.aspx

Posttraumatic Stress Disorder (PTSD) Awareness

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder developed by some people who have been exposed to an event that threatened serious harm or death. It can present with sleep disturbance, irritability and angry outbursts, avoidance of places or events that are reminders, recurrent dreams about the event, intense reactions to reminders of the event and can lead to relationship issues and isolation. This was initially noticed primarily in veterans however can affect anyone at any age, generally affecting approximately 12.5% of the population in primary care. Younger children can present differently, exhibiting symptoms such as wetting the bed after toilet training, regressions in

speech, reenacting the event during playtime and being atypically clingy to parents and other adults. Symptoms typically arise within 3 months of the event occurrence but can be delayed.

Medication and psychotherapies are the primary forms of treatment for PTSD and often the primary care provider (PCP) is the first professional that people talk to about these symptoms arising. If you have a patient who needs screening for PTSD, the National Center for PTSD offers this five question screening tool: Primary Care PTSD Screen for DMS-5 (PC-PTSD-5)

Additionally, the American Psychological Association provides information for patients and families that can help them understand what they are going through available HERE.

References:
1. VA PTSD Reference
2. Youth.gov PTSD Reference
3. Harvard Review of Psychiatry PTSD in Primary Care: Summary of Recommended Care
4. NIMH.nih.gov

Helping Your Patients Shouldn't Stop When You Leave Your Office

Now it doesn't have to.

Molina Healthcare (Molina) is proud to introduce Molina Help Finder — a new, one-stop resource, powered by findhelp — that assists Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, providers can also refer patients in real time right from your provider portal. Simply search by category for the types of services needed, like food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your local provider services team. You can also visit MolinaHelpFinder.com to learn more.

Marketplace Benefit Interpretation Policy Guide

Molina Healthcare is committed to bringing transparency to providers around the benefits available to our Marketplace members. One way we do this is by making our Marketplace benefit interpretation policies available for reference and review on the MolinaMarketplace.com website. The Marketplace benefit interpretation policies provide:

- Description of the benefit(s) from the Marketplace evidence of coverage (EOC) filed for each state
- Overview of applicable federal and/or state regulations for each Marketplace state
- Enhancements to the Marketplace benefit by state, if any
- Applicable exclusions for each Marketplace state
- Clinical perspective, if any

How to Access:

- MolinaMarketplace.com Home Page→ Provider → Policies → Benefit Interpretation Policies

Note: Please be sure you select the state you are referencing in the drop down on the Molina Marketplace website.

Site: www.molinamarketplace.com/marketplace/ut/en-us/Providers/Policies/benefit-interpretation-policies

Importance of Metabolic Monitoring of Antipsychotic Medications

The Molina Healthcare National Pharmacy and Therapeutics committee would like to remind providers about the importance of metabolic monitoring of antipsychotic medications.

Patients taking antipsychotic medications are a population at increased risk for metabolic problems such as diabetes, hyperlipidemia, hypertension or obesity. These metabolic effects may occur in any patient but are particularly concerning in children and adolescents, drug-naive patients, or patients with first-episode schizophrenia. The first consensus guideline was released in 2004, by the American Diabetes Association and endorsed by the American Psychiatric Association (APA), and the American Association of Clinical Endocrinologists. It recommended metabolic screening for children and adolescents. Since that time, there have been several data reports to suggest metabolic monitoring of antipsychotic medications is only occurring in roughly 35% of patients.

Based on recommendations from the APA, patients should have the following assessments four months after initiating a new treatment, and annually thereafter: fasting blood glucose, or hemoglobin A1C and lipid panel. Some reasonable strategies to overcome the barriers associated with adherence to monitoring include engaging patients or caregivers in a self-management strategy to enhance their own monitoring. Ensuring patients have a scale and encourage healthy behaviors. Ordering laboratory tests in a timely manner and communicating these expectations with the patient and/or caregiver during the visit may help to increase patient adherence as well.

Within the past year you may have received educational notifications from Molina in order to support metabolic monitoring where Molina believes a member can benefit from an improved quality of care.

References:
1. American Psychiatric Association. (2020). The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. doi: 10.1176/appi.books.9780890424841
2. R.L. Finding et al. (2011) American Academy of Child and Adolescent Psychiatry: Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. AACAP.org
3. Agency for Healthcare Research and Quality: Metabolic Monitoring for Children and Adolescents on Antipsychotics. AHRQ Publication No. 14(18)-P011-2 (2/2018) AHRQ.gov

SureScript Real-Time Prescription Benefits (RTB)

Molina offers a **Real-Time Prescription Benefits (RTB)** program which interacts with the e-prescribing platform embedded within your electronic health record (EHR) system. This interaction is through the Surescripts engine and works to give you/your patient their **specific plan design and coverage of medications within seconds**.

Providers can accomplish the following by writing prescriptions using an EHR that has been enabled with Real-Time Prescription Benefits:

- Know if the drug is covered and the patient's out-of-pocket cost

- See and select clinically appropriate lower-cost brand or generic alternatives
- Know which therapy options require prior authorization (PA) or have other restrictions
- Process a PA in real-time from the EHR (if the EHR also supports ePA)

There is **no charge** for using the Real-Time Prescription Benefits service. If you would like additional information about RTB:

- Please reference the following links on our provider webpage: Real-Time Benefits At-A-Glance and Real-Time Benefits Provider Handbook.
- If these resources do not answer your questions, please reach out to your provider service representative via email at MHUProviderServicesRequests@molinahealthcare.com.

2022 Molina Healthcare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Molina Healthcare requires PCPs and key high-volume specialists including Cardiology, Psychiatry, and Pain Medicine to receive training about Molina Healthcare's Special Needs Plans (SNPs) Model of Care (MOC).

The SNPs MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at Molinahealthcare.com/model-of-care-Provider-Training. The completion date for this year's training is September 1, 2022.

If you have any additional questions, please contact your local Molina Provider Services Representative at: (855) 322-4081.

Is Your Authorization Request Urgent?

Molina Healthcare renders decisions on prior authorization requests as quickly as a member's health requires. In accordance with CMS and state guidelines, providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a member's life or health.

When submitting prior authorization requests, keep the following items in mind:

- An urgent/expedited service request designation should be used only when "applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function." When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Molina Healthcare Prior Authorization Request Form if requesting via fax.
- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated timeframes. Because these timeframes are measured in hours rather than days,

the provider or provider's office staff must be available to answer any potential questions about the request in a timely manner.
- Submit all necessary information with the request. Failure to do so will require Molina to ask for additional information, which could delay the decision. If Molina requests more information, we urge providers to respond immediately to allow Molina to render a decision within the mandated expedited timeframe.
- Molina will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

Cultural Competency Resources for Providers and Office Staff

Molina Healthcare is committed to improving health equity by being a culturally competent organization. We support and adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as established by the Office of Minority Health. Additionally, we work to achieve NCQA's Health Equity Accreditation in the markets we serve. Cultural and linguistic competency is the ability to provide respectful and responsive care to members with diverse values, beliefs and behaviors, including tailoring health care delivery to meet members' social, cultural and linguistic needs.

Molina's Building Culturally Competent Healthcare: Training for Providers and Staff
Cultural competency can positively impact a patient's health care experience and outcomes. A series of five short cultural competency training videos are available to providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at Molinahealthcare.com.

***Training topics*:**

- Module 1: Introduction to Cultural Competency
    - The need for cultural competency
    - How culture impacts health care
    - Implicit bias
    - Federal requirements related to cultural competency (Affordable Care Act, Americans with Disabilities Act)

- Module 2: Health Disparities
    - Examples of racial health disparities and health disparities among persons with disabilities
    - Health equity
    - Social determinants of health

- Module 3: Specific Population Focus – Seniors and Persons with Disabilities
    - Social model of disability and accepted protocol and language of the independent living/disability rights movement

- Module 4: Specific Population Focus – LGBTQ and Immigrants / Refugees
    - Health disparities among LGBTQ population
    - Clear communication guidelines for healthcare providers interacting with LGBTQ patients
    - Disparities among immigrant and refugee communities
    - Clear communication guidelines for healthcare providers interacting with immigrant and refugee patients

- Module 5: Becoming Culturally Competent

- Perspective-taking
- Clear communication guidelines
- Tips for effective listening
- Assisting patients whose preferred language is not English
- Tips for working with an interpreter
- Teach back method
- Molina Healthcare's language access services

Each training video ranges in length from five to ten minutes each. Viewers may participate in all five training modules, or just one, depending on topics of interest. Please contact your Provider Services Representative if you have any questions.

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* page under the *Health Resources* tab at Molinahealthcare.com to view the materials.

Resources consist of the following educational materials:

- American with Disabilities Act (ADA)
  - Introduction to the ADA, and questions and answers for health care providers (i.e. which healthcare providers are covered under the ADA; how does one remove communication barriers that are structural in nature; is there any 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 that members can use.

- Service Animals
  - Examples of tasks performed by a service animal; tasks that do not meet the definition of service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules.

- Tips for Communicating with People with Disabilities & 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
Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for limited English proficiency patients. Molina strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Molina provides the following services directly to members at no cost, when needed:

- 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 for a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider contact centers 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.

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through the Availity Essentials portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Molina faster with the elimination of mailing time

How to submit EDI claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, Change Healthcare, UHIN, or use a clearinghouse of your choice. If you do not have a clearinghouse, Molina offers additional options for electronic claims submissions. Log onto the Availity Essentials portal at provider.Molinahealthcare.com for more information.

Frequently Asked Questions:

- Can I submit COB claims electronically?
  - Yes, Molina and our connected clearinghouses fully support electronic COB.

- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.

- Which clearinghouses are currently available to submit EDI claims to Molina?
  - Molina uses Change Healthcare and UHIN as our channel partners for EDI claims. You may use the clearinghouse of your choice. Change Healthcare and UHIN partner with hundreds of other clearinghouses.

- Which claims EDI transactions Molina Utilize?
  - 837P (Professional claims) and 837I (Institutional claims)
  - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
  - 278 (Health Care Services Review - Request for Review and Response)
  - 276/277 (Health Care Claim Status Request and Response)
  - 835 (Health Care Claim Payment/Advice)

- What is Molina's Payer ID?
  - Molina Healthcare of Utah's Payer ID is SX109 (837P) and 12X09 (837I) for Change Healthcare, and HT001363-001 for UHIN.

- What if I still have questions?
  - More information is available at Molinahealthcare.com under the EDI tab.