

PROVIDER NEWSLETTER

Third Quarter 2020



2020 Molina Healthcare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid and Medicare Services (CMS), Molina requires PCPs and key high-volume specialists to receive basic training about the Special Needs Plans (SNPs) Model of Care (MOC). The SNPs Model of Care 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. This means you may be asked to complete multiple trainings by different health plans.



Select the link [here](#) to view the 2020 Model of Care Provider Training.

Once you have completed the training, complete the 2020 Model of Care Training Attestation form located [here](#).

Training must be completed by Nov. 1, 2020.

If you have questions or need assistance with the Model of Care Training please contact your Molina Healthcare Provider Network Manager at: WIProviderNetworkManagement@MolinaHealthCare.Com

Provider Manual

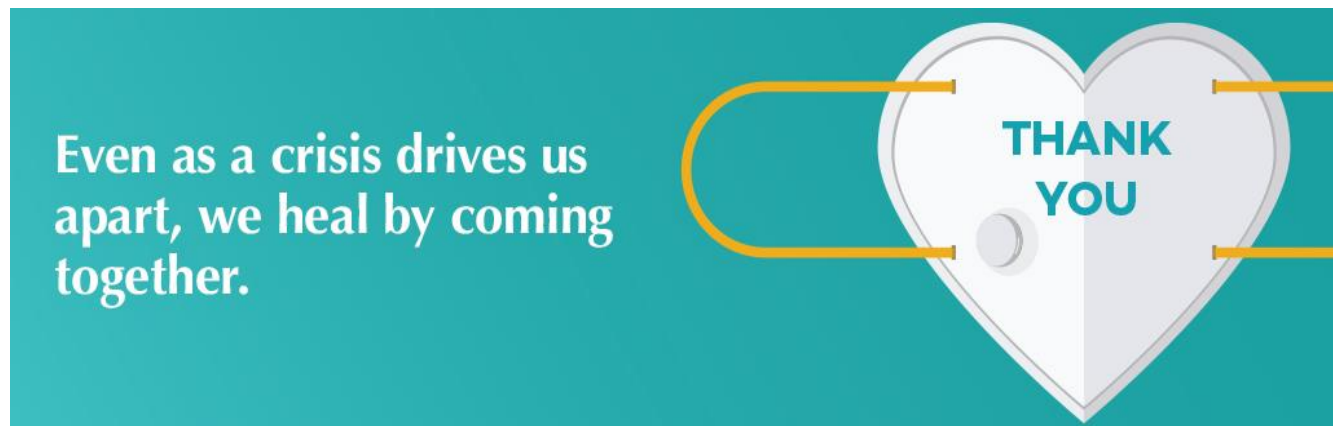
The Provider Manual provides information about how to work with Molina Healthcare of Wisconsin and describes how we work together as you care for our member's health care needs. The provider manual also contains policies, procedures, regulatory/contractual requirements to support you in providing comprehensive care to our members and understanding our programs and processes.

Medicaid Provider Manual updated 07/01/2020: [2020 Medicaid Provider Manual](#)

- Section 4. Grievance and Appeal Process

The information contained in the manual is current as of the date of its publication. We update our provider manual from time to time as our policies and/or regulatory requirements change.

COVID-19 Provider Communications



Molina extends our heartfelt thanks to our provider community for caring for our members throughout the ongoing COVID-19 emergency. We are monitoring COVID-19 developments daily and have created a COVID-19 provider communications page at:

<https://www.molinahealthcare.com/providers/wi/medicaid/comm/Pages/COVID-19.aspx> to share resources and updates with our provider partners.

How to Manage Stress During COVID-19

As many individuals experience psychological and emotional impacts of stressors related to COVID-19, Molina has developed supplemental tools to support primary care providers in identifying and providing appropriate intervention to members at risk.

The Molina Behavioral Health C.O.V.I.D. Screening Tool is a 5-question screener that allows primary care providers to assess for potential psychological and social determinant of health impacts as a result of COVID-19 stressors. It is recommended providers consider one or more positive responses to the questionnaire as a positive screen and to reach out to the local Molina Case Management Team for assistance with care coordination.

In addition to the screening tool, Molina has developed supplemental one-page documents to provide additional information on the following topics:

- The Psychological Impact of COVID-19
- Emotional Aspects of Medical Conditions
- Trauma Informed Care

The Molina Behavioral Health C.O.V.I.D Screening Tool and the supplemental one-pagers can be found under “Behavioral Health” on the COVID-19 webpage for providers at MolinaHealthcare.com. For additional behavioral health resources and tools, please visit the Molina Behavioral Health Toolkit for Providers under the “Health Resources” tab at MolinaHealthcare.com

Submitting Electronic Data Interchange (EDI) Claims

Here are the benefits to using EDI:

- Electronic Claims Submission ensure HIPAA compliance
- Electronic Claims Submission helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Electronic Claims Submission increases accuracy of data and efficient information delivery
- Electronic Claims Submission reduces claims delays since errors can be corrected and resubmitted electronically!
- Electronic Claims Submission eliminates mailing time and claims reach Molina faster!

EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare is through a Clearinghouse. You may submit the EDI through your own Clearinghouse or use Molina’s contracted Clearinghouse. If you do not have a Clearinghouse, Molina offers additional electronic claims submission options. Log onto Molina’s Provider Services [Web Portal](#) for additional information about the claims submission options, available to you.

FAQs

- 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 Healthcare uses Change Healthcare as our channel partner for EDI claims. You may use the Clearinghouse of your choice. Change Healthcare partners with hundreds of other Clearinghouses.
- What claims transactions are currently accepted for EDI transmission?
 - 837P (Professional claims), 837I (Institutional claims).
- What if I still have questions?
 - More information is available at molinahealthcare.com under the EDI tab. You may also call or email Molina using the contact information below.

Submitting Electronic Claims

1-866-409-2935

EDI.Claims@MolinaHealthcare.com

Molina Healthcare of Wisconsin Payer ID: ABRI1

Electronic Fund Transfer (EFT)

Molina has partnered with payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the ProviderNet portal is FREE to Molina’s participating providers. We encourage you to register after receiving your first check from Molina.

<p>New ProviderNet User Registration:</p> <ol style="list-style-type: none"> Go to https://providernet.adminisource.com Click “Register” Accept the Terms Verify your information <ol style="list-style-type: none"> Select Molina Healthcare from Payers list Enter your primary NPI Enter your primary Tax ID Enter recent claim and/or check number associated with this Tax ID and Molina Healthcare Enter your User Account Information <ol style="list-style-type: none"> Use your email address as user name Strong passwords are enforced (8 or more characters consisting of letters/numbers) Verify: contact information; bank account information; payment address <ol style="list-style-type: none"> Note: Any changes to payment address may interrupt the EFT process. Add any additional payment addresses, accounts, and Tax IDs once you have logged in. 	<p>If you are associated with a Clearinghouse:</p> <ol style="list-style-type: none"> Go to “Connectivity” and click the “Clearinghouses” tab Select the Tax ID for which this clearinghouse applies Select a Clearinghouse (if applicable, enter your Trading Partner ID) Select the File Types you would like to send to this clearinghouse and click “Save”
	<p>If you are a registered ProviderNet user:</p> <ol style="list-style-type: none"> Log in to ProviderNet and click “Provider Info” Click “Add Payer” and select Molina Healthcare from the Payers list Enter recent check number associated with your primary Tax ID and Molina Healthcare
	<p>BENEFITS</p> <ul style="list-style-type: none"> Administrative rights to sign-up/manage your own EFT Account Ability to associate new providers within your organization to receive EFT/835s View/print/save PDF versions of your Explanation of Payment (EOP) Historical EOP search by various methods (i.e. Claim Number, Member Name) Ability to route files to your ftp and/or associated Clearinghouse
<p>If a provider has questions regarding the actual registration process, they can contact ProviderNet at: (877) 389-1160 or email: wco.provider.registration@changehealthcare.com.</p>	

Note: Providers please ensure you are registered for EFT for all participating Molina Healthcare lines of business.

Are You Culturally Competent?

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. The National CLAS Standards, developed by the Health and Human Services Office of Minority Health, aim to improve health care quality and advance health equity by establishing a collective set of mandates and guidelines that inform, guide and facilitate culturally and linguistically appropriate services.



Communicating Across Cultures

Clear communication is the foundation of culturally and linguistically competent care.

Guiding the conversation

- Initial greetings can set the tone for an interaction. If the patient’s preference is not clear, ask how they would like to be addressed (i.e. Mr. Jones, Michael, Ms. Gonzalez).
- Ask open-ended questions whenever possible.
- Some individuals can tell you more about themselves through story telling than by answering direct questions.
- Inquire about preferred language and preferred method of communication (i.e. written, spoken, graphics, sign language, assistive listening devices, etc.).
- Consider treatment plans with respect to the patient’s culture-based beliefs about health.
- Ask about any complimentary or alternative medicine possibly used by the patient.

Assisting patients whose first language is not English

- Speak slowly and try not to raise your voice.
- Use simple words and avoid jargon.
- Do not use acronyms, idioms and avoid technical language if possible. (i.e. shot vs. injection).
- Please articulate words.
- Give information in small chunks and short sentences.
- Repeat important information and have the patient repeat information back to you.
- Inform the interpreter of any specific patient needs.
- Hold a brief introductory discussion.
- Reassure the patient about confidentiality.
- Allow enough time for the interpreted sessions.
- Avoid interrupting during interpretation.
- Speak in the first person.
- Talk to the patient directly, rather than addressing the interpreter.

Please remember that it is never permissible to ask a minor, family member or friend to interpret.

Molina's Language Access Services

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. 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 provides the following services 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

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.

Training for Providers

A series of short Cultural Competency Training videos are available on Molina's website on the Culturally and Linguistically Appropriate Resources page listed under the Health Resources tab. Topics covered include: How Culture Impacts Health Care, Health Disparities, Social Determinants of Health, Seniors and Persons with Disabilities, LGBTQ Population, Immigrant and Refugee Populations, Perspective-taking and Molina's Language Access Services.

Sources:

U.S. Department of Health & Human Services: Office of Minority Health. Health Research & Educational Trust, 2013. Industry Collaboration Effort, Better Communication, Better Care: Provider Tools to Care for Diverse Populations. Industry Collaboration Effort, Cultural and Linguistic Services, 2017.

Molina’s New Site of Care Program

In an effort to provide high-quality treatment services while controlling costs, Molina Healthcare, Inc. is promoting a new way of thinking, “site of care optimization.” Site of care (SOC) optimization is a program that seeks to offer certain infused or injected drugs, including expensive specialty drugs and biologics, at clinically appropriate, convenient, and lower-cost care settings.

The SOC program is designed to encourage the consideration of treatment services through community offices, ambulatory infusion suites (AIS), or home-based settings such as home infusion services.

Home infusion offers the convenience of care in the home without the hassle of traveling to a care center and remaining there throughout treatment, which may be particularly useful during the current COVID-19 pandemic. At Molina Healthcare, Inc., we are monitoring developments and are focused on making sure our members have uninterrupted and appropriate access to the medications they need. The SOC program is an opportunity to help keep our members safe and at home.



The medication list below, when covered under the medical benefit, may require a site of care clinical review and/or a clinical prior authorization. This list is not a guarantee of benefits, may not be all inclusive, and should be used for reference purposes only.

Actemra® (tocilizumab)	Givlaari® (givosiran)	Radicava® (edaravone)
Adakveo® (crizanlizumab)	Ilaris® (canakinumab)	Reblozyl® (luspatercept-aamt)
Aldurazyme® (laronidase)	Ilumya™ (tildrakizumab-asmn)	Remicade® (infliximab)
Aralast® NP (A1-PI)	Inflectra® (infliximab-dyyb)	Renflexis® (infliximab-abda)
Benlysta® (belimumab)	Kanuma® (sebelipase alfa)	Revcovi® (elapegademase-lvlr)
Cerezyme® (imiglucerase)	Lemtrada® (alemtuzumab)	Simponi Aria® (golimumab)
Cinqair® (reslizumab)	Lumizyme® (alglucosidase alfa)	Soliris® (eculizumab)
Cinryze® (C1 Esterase inhibitor)	Mepsevii™ (vestronidase alfavjbk)	Trogarzo® (ibalizumab)
Crysvita® (burosumab)	Naglazyme® (galsulfase)	Tysabri® (natalizumab)
Elaprase® (idursulfase)	Nucala® (mepolizumab)	Ultomiris® (ravulizumab-cwvz)
Elelyso® (taliglucerase)	Ocrevus® (ocrelizumab)	Vimizim® (elosulfase alfa)
Entyvio® (vedolizumab)	Onpattro® (patisiran)	VPRIV® (velaglucerase)
Exondys 51® (eteplirsen)	Orencia® (abatacept)	Vyondys 53® (golodirsen)
Fabrazyme® (agalsidase beta)	Prolastin®-C™ (A1-PI)	Zemaira® (A1-PI)
Fasenra® (benralizumab)		
Glassia® (A1-PI)		

Prior Authorization

Q3-2020 Prior Authorization guide available NOW

You can access the current Q3 Prior Authorization Code Matrix and 2020 PA Request form [here](#) under the Health Care Professionals tab.

Effective 7/1/2020, Intensive Outpatient Program (IOP) and Urine Drug Testing (UDT) will require prior authorization for the Medicaid line of business.

- IOP - will require prior authorization for all admission and continued stay requests
- UDT - prior auth required once 12 units of definitive testing and 24 units of presumptive testing have been reached annually

Please refer to the [Medicaid Prior Authorization Code Matrix](#) for a list of codes requiring Prior Auth.

Effective 07/01/20, the following Ultrasound CPT codes will no longer be delegated to eviCare and will not require Prior Authorization:

PLEASE REMEMBER THAT THESE CONTINUE TO REQUIRE PA THROUGH JUNE 30, 2020.

76506	76536	76604	76641
76642	76700	76705	76706
76770	76775	76776	76800
76830	76831	76856	76857
76870	76872	76881	76882
76885	76886	76970	76975
93880	93882	93886	93888
93890	93892	93893	93922
93923	93924	93925	93926
93930	93931	93970	93971
93975	93976	93978	93979
93980	93981	93990	93998

Is your Authorization Request Urgent?

CMS defines expedited/urgent authorization requests as - “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 urgent/expedited prior authorization requests, keep the following items in mind to ensure the request is processed without delay:

- Urgent/Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition will be handled as routine/ non-urgent.
- Remember to include all the supporting clinical/documents.

CMS Coverage of the Opioid Treatment Programs

In accordance with CMS rules, effective Jan. 1, 2020, Molina Healthcare began covering opioid treatment services (OTP) for members enrolled in our Medicare Advantage and MMP plans. Opioid Use Disorder (OUD) services are covered under the Medicare Part B benefit (Medical Insurance). Covered services include:

- FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing

OTPs wishing to render services to Molina members must be certified by CMS as an OTP. Molina encourages all potential eligible providers to learn more about this program and consider their participation options by visiting the following CMS resources:

- CMS Opioid Treatment Programs (OTP) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/index>
- CMS OTP Enrollment Information <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/Enrollment>

Questions

Please contact a Molina Healthcare Provider Network Manager at:
WIProviderNetworkManagement@MolinaHealthCare.Com