

# Provider Bulletin

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From Molina Healthcare New Mexico, Inc.  
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## **GENERAL MOLINA UPDATES**

### **Molina Healthcare Home Health Patient Driven Groupings Model (PDGM)**

#### **What's new for 2022**

**Effective 1/1/2022, the Request for Anticipated Payment (RAP) will be eliminated and replaced by submission of a one-time Notice of Admission (NOA). Will Molina be requiring the NOA?**

No. As with the RAP, Molina will not be requiring the NOA, nor will the penalty of submission within 5-calendar days be applied.

#### **General FAQs**

#### **How will Molina be implementing the Patient Driven Groupings Model (PDGM)?**

Generally, Molina will follow the Centers for Medicare and Medicaid Services (CMS) implementation of PDGM. Information on the CMS Home Health PDGM can be found at:  
[Home Health PPS](#).

Molina will have a modified implementation for Request for Adjusted Payment (RAP) processing. (For more information, see additional FAQ items below.)

#### **Does Molina have plans to adopt PDGM per Medicare Part A episodic billing requirements?**

Molina providers reimbursed under the Medicare Home Health Prospective Payment System (HH PPS) will be subject to the PDGM payment transition.

#### **When will Molina switch to a 30-day PDGM? Will this have a hard cutover date? If not, what reimbursement methodology will be used?**

Molina's transition from the current Home Health Prospective Payment System (HH PPS) to the PDGM model will be considered a "soft-cutover." For claims that span the Jan. 1, 2020 implementation date, (the "from" date of service is 2019, but the "through" date of service is 2020) payment will be under the current billing and payment rules, adjusted for calendar year (CY) 2020 national rates. For home health periods of care that begin on or after Jan. 1, 2020 (the "from" and "through" dates are both in CY 2020), payment will be under the PDGM billing and payment rules, adjusted for CY 2020 national rates.

#### **Do you anticipate payment delays due to PDGM?**

No. Molina does not anticipate any payment delays.



**Does Molina plan to change existing claim billing requirements to accommodate the new PDGM components such as the submission of a PDGM Health Insurance Prospective Payment (HIPPS) Code and/or other information on Medicare claims?**

Yes. Molina will be processing claims with a “from” date of service on and after Jan. 1, 2020 according to the PDGM billing guidelines. However; with Medicare implementing a change in the unit of payment from 60 days to 30 days as required by the BBA of 2018, Molina will no longer be paying on RAP claims. Payment will be made for each 30-day period of care on the final claim. The submission of a RAP claim will be processed as a “no pay” RAP.

**Will Molina be imposing a penalty for timely submission on the RAP claim starting Jan 1, 2021?**

No. Because Molina does not require the RAP claim, the late RAP penalty will not be applicable.

**Will Molina be following Medicare guidelines 1:1 in regard to PDGM?**

Molina will reimburse home health services according to the PDGM methodology. Molina will require home health agencies (HHAs) to bill home health services according to the new PDGM billing requirements.

**Will Molina allow the old PPS HIPPS code after 1/1/2020?**

Yes, but only for cases where the “from” date of service is prior to 1/1/2020.

**Will the PDGM changes address the four points noted below? Are there any nuances that the agencies should be aware of?**

- 1) Episodic care going from 60-day to 30-day. Yes. The Bipartisan Budget Act of 2018 requires that CMS move to a 30-day payment period from a 60-day payment period, effective Jan. 1, 2020. Molina will be following this as well.
- 2) New Scoring (HHPS) Yes. CMS is implementing a revised case-mix adjustment methodology. The intent is to shift the focus from volume of services to a more patient-driven model that relies on patient characteristics and other patient information to place home health periods of care into more meaningful payment categories. Molina will be following this model as well.
- 3) Adjusting of low utilization payment adjustment (LUPAs). Payments for 30-day periods of care with a low number of visits will not be case-mix adjusted, but instead on a per-visit basis using the national per visit rates. Each of the 432 different PDGM payment groups has a threshold that determines the minimum visit limit.
- 4) Request for Anticipated Payment (RAP) Molina will be removing the RAP payments in CY 2020 instead. The submission of a RAP claim will be processed as a “no pay” RAP. The benefit of eliminating the split-percentage payment is that it will result in automation of claim processing.

**Molina Provider Portal (Availity)**

Molina has transitioned to the Availity Provider Engagement Portal. Many of Molina’s Provider partners are already familiar with Availity and are currently using this platform. If that is the case, you’re already set to start working with Molina in Availity. If not, registration is easy and free of charge.

*Not Yet Registered for Availity?*

Please visit [Availity](#) to begin accessing Molina functions and features on the Availity Portal. After you register, you will receive a prompt that will guide you through onboarding into the new portal.

The current Molina Provider Portal will still be available throughout the transition.

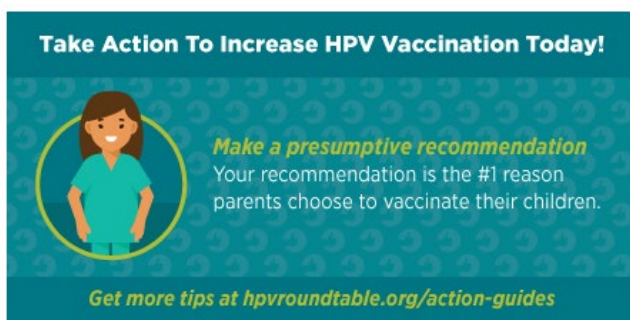
#### *Training for Molina Providers*

Training will include webinars and self-paced tutorials. Watch for additional details from both Molina and Availity on how to access these training tools. It's helpful to note that Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.

#### *Questions?*

If you have questions, please contact your MHNM Provider Services representative directly or send an email to [MHNM.ProviderServices@MolinaHealthCare.Com](mailto:MHNM.ProviderServices@MolinaHealthCare.Com). We're here to help!

## Quality



### Be a “Cancer-Preventer”!

You and your team can lead our communities in preventing Human Papillomavirus (HPV)-associated cancer! The HPV vaccine is licensed for boys and girls starting as **early as age 9 years**; a 2-dose series is recommended before the 13<sup>th</sup> birthday. Researchers have documented a **71% drop in HPV infections** among teen girls since the vaccine was licensed in 2006!

Strategies for improvement:

- First HPV dose by age 10 -11 to ensure all doses **completed** by the 13<sup>th</sup> birthday
- Patient reminder and recall systems for visits and vaccinations
- Electronic Health Record (EHR) provider prompts/patient portal reminders
- Standing orders for HPV vaccine in appropriate age groups
- Identify a practice vaccination champion and track results

**Your voice matters:** A patient who receives a recommendation for HPV vaccine from a provider is 4-5 times more likely to get the vaccine!

For more information and resources for clinicians, see:

<https://www.cdc.gov/std/hpv/facts-brochures.htm>

<https://hpvroundtable.org/>

<https://www.nccc-online.org/cervical-health-awareness-month/>



## Provider Reminders from NM Utilization Management

Effective January 31<sup>st</sup> Molina NM Utilization Management fax numbers have changed. Please take note of the updated numbers below:

All **NM MARKETPLACE** Physical Health and Behavioral Health prior authorization and/or admission notification /concurrent review can be faxed to:

- **Marketplace Fax Number: 1-833-322-1061**

All **NM MEDICARE** Physical Health and Behavioral Health inpatient auths / concurrent reviews / admission notifications / discharge notifications fax to:

- **Medicare Fax Number: 1-844-834-2152**

All **NM MEDICARE** Physical Health and Behavioral Health Prior Authorizations fax to:

- **Medicare Fax Number: 1-844-251-1450**

The following numbers have been disconnected and can no longer accept faxes:

- Disconnected Marketplace PA fax: 888-802-5711
- Disconnected Marketplace BH fax: 888-295-5494 & 505-924-8237
- Disconnected NM Medicare fax: 855-278-0310 & 505-924-8258

## Provider Reminders from NM Case Management

Living with health problems can be hard. Molina has a program which can help. The Complex Case Management program is for Members with difficult health problems. It is for those who need extra help with their health care needs.

The program allows the Member to talk with a Case Manager about their health problems. The Case Manager can help the Member learn about those problems and how to manage them. The Case Manager may also work with the Member's family or caregiver to make sure the Member gets the care they need and also works with the Member's doctor. There are several ways the Member can be referred for this program. There are certain requirements the Member must meet. This program is voluntary. The Member can choose to be removed from the program at any time.

If you have a Member who would benefit from Complex Case Management, please submit your referrals using the referral form provided.

## Telehealth Claims and Billing

Providers must follow CMS guidelines as well as State-level requirements.

All telehealth Claims for Molina Members must be submitted to Molina with correct codes for the plan type. Use the telehealth Place of Service (POS) Code 02, which certifies that the service meets the telehealth requirements. By coding and billing a place of service 02 with a covered telehealth procedure code, the Provider is certifying the Member was present at an eligible originating site when the telehealth services were performed. Modifier GQ/GT/95 is required when applicable. GQ represents services provided not in real time such as remote patient monitoring or "store-and-forward" of information like photographs. GT represents services provided in real time (such as through video consultations). Modifier 95 is used for commercial insurance in place of GT for a set of specific E&M codes as Medicare limits originating site to rural areas. Place of service 02 (telehealth) indicates that telehealth was the place of service. Qualifying telehealth units of service for an originating site must be billed with Q3014 for reimbursement of facility fee.

## New benefits for our Medicare members in 2022!

Molina Medicare members have more *flexibility* this year in how they can purchase dental, vision, OTCs, and transportation. We have introduced our new Molina My Choice Card. It is a MasterCard that is loaded with dollars to use for dental, vision, OTCs, and transportation. Dollars available on their card to spend is dependent on which Molina Medicare plan they enrolled into.

It is important to know that certain MCC codes are accepted by this card. For dental and vision, they are as follows:

### Dental

MCC 8021 - Dentists, Orthodontists - Professional Services and Membership Organizations

MCC 5047 - Dental/Laboratory/Medical/Ophthalmic Hospital Equipment and Supplies - Wholesale Distributors and manufacturers

MCC 8071 - Dental and Medical Laboratories - Professional Services and Membership Organizations

### Vision

MCC 8043 - Opticians, Optical Goods, and Eyeglasses - Professional Services and Membership Organizations

MCC 8042 - Optometrists, Ophthalmologists - Professional Services and Membership Organizations

Please feel free to contact our member experience team with any questions. If you wish to receive the full list of codes, which includes transportation and over the counter medications, please email:

[buffie.saavedra@molinahealthcare.com](mailto:buffie.saavedra@molinahealthcare.com)

## Provider Gallery

We are excited to rollout **Provider Gallery** which highlights Molina network providers and the services they provide. If you are interested in sharing news about your practice or facility, please submit your request directly to [MHNM.ProviderServices@MolinaHealthCare.com](mailto:MHNM.ProviderServices@MolinaHealthCare.com), and you will hear from our Communication Representative. We can share this in a future Molina Provider Bulletin. We are pleased to highlight this month's provider, **Lovelace Health System**. Thank you, Lovelace for providing this valuable information.



## Lovelace Medical Group

Lovelace Medical Group provides your patients with exceptional care with the support of Lovelace Health System. Lovelace Medical Group doctors and providers work closely with our hospitals and our health partners to provide your patients better coordination of care, improved communication between facilities and providers, and improved patient flow throughout our comprehensive health system.

Lovelace Medical Group is one of the area's most respected physician groups, placing great emphasis on building relationships with referring providers and patients, offering exceptional customer service and delivering unsurpassed quality care.



Lovelace Medical Group doctors and providers are committed to quality and the delivery of compassionate health care. The group is comprised of experienced, skilled providers who embrace advanced medical care.

To refer a patient or for scheduling, call 505.727.2727

Lovelace Medical Group offers the following clinical and hospital-based services:

Breast care	Family practice	Midwifery	Plastic Surgery
Cardiology	Gastroenterology	Neurology	Pulmonology
Dermatology	General surgery	Neuropsychology	Radiation Oncology
Diabetes Care	In Hospital Care (Hospitalists)	Neurosurgery	Sleep Medicine
Ear, Nose & Throat	Internal medicine	OB-GYN	Urgent Care
Endocrinology	Medical Oncology	Orthopedics	Urology

To learn more visit [Lovelacemedicalgroup.com](http://Lovelacemedicalgroup.com)

### Cardiology

Together with the Heart Hospital of New Mexico, the cardiologists at New Mexico Heart Institute/Lovelace Medical Group specialize in diagnosis, treatment, research and education. We believe in exceptional care through collaboration with our associates, physicians and community partners. Our highly regarded inpatient cardiology care shows we are dedicated to continuously improving safety and quality of care by complying with the latest industry standards. With the only board-certified provider in Adult Congenital Heart Disease in the state and our multidisciplinary team of cardiac providers, we help ensure that patients living with this disease and others receive the personalized care they deserve.

The Heart Hospital of New Mexico is proud to offer the only emergency department in the state that is 100% dedicated to cardiac care and the state's only accredited heart attack receiving center. The STEMI team at Heart Hospital of New Mexico participates in the American Heart Association Mission: Lifeline and our hospital leads the state for rate of survival after a heart attack.

New Mexico Heart Institute providers offer a full range of Inpatient and outpatient cardiac services for your patients including:

- General Cardiology
- Electrophysiology
- Cardiothoracic Surgery
- Vascular Surgery
- Interventional Cardiology
- Cardiac imaging and radiology services

To learn more visit [Lovelace.com/Cardiology](http://Lovelace.com/Cardiology)

### Notify Us of Changes

It's important that we know about any changes to your practice as soon as possible.

We need demographic changes, such as a new address or phone number, to update our provider directory and systems.

- Members need to be notified of any address changes before their next appointment.
- New Members want to see a list of providers close to them.



- We need to update systems to ensure that we mail checks and correspondence to your correct address.

For changes, like PCP termination, provider affiliation and reassignment to a new PCP, CMS requires that we send a written notice or call the Member at least **30 calendar days** before the effective date of the change.

So, whether you move to a new location, contract with a new medical group or retire, it's important that you give us at least **30 calendar days** written notice so that we can make the necessary changes, and notify affected Members. In addition, this will assist in ensuring payment is not disrupted and you could possibly avoid having to go through the credentialing process again.

### Helpful Resources

- **Molina Provider Websites**
  - [MARKETPLACE](#) and
  - [MEDICARE ADVANTAGE](#)
- **Molina Provider Manuals**
  - [MEDICARE ADVANTAGE](#)
  - [MARKETPLACE](#)

Please send your general inquiries directly to [MHNM.ProviderServices@MolinaHealthCare.com](mailto:MHNM.ProviderServices@MolinaHealthCare.com), and your inquiry will be forward onto the appropriate point-of-contact for a response.

***Thank you for your commitment to serving  
Molina Healthcare of New Mexico Members and the community!***