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| To: MCC AZ Providers | From: Provider Network Relations |
| Fax: | Pages: 3, including cover page |
| Phone: | Date: November 4, 2021 |
| Re: Important Notice for All Medicare Network Providers | cc: |

Urgent For Review Please Comment Please Reply Please Recycle

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5055 E. Washington St.
Suite 210
Phoenix, AZ 85034

IMPORTANT NOTICE FOR ALL MEDICARE NETWORK PROVIDERS

Thank you for being a valued part of our Molina Healthcare of Arizona provider network. On January 1, 2021 Magellan Healthcare of Arizona was purchased by Molina Healthcare. As we integrate into the Molina organization please note the following **changes effective January 1, 2022**:

- Molina Healthcare of Arizona will be changing the name of our DSNP from Magellan Complete Care to Molina Medicare Complete Care.
- Instead of receiving a single claims check that includes Medicare and Medicaid payments for members of our DSNP beginning January 1, 2022 through the second quarter of 2022 you will receive a check for the Medicare covered payment and then shortly thereafter for the Medicaid covered payment. A note on the explanation of payment will remind you that the Medicare covered payment is not payment in full and that the Medicaid covered portion will follow. We will return to a single payment in the second quarter of 2022.
- We are moving to a new claims system as of January 1, 2022. If you have claims that cross over 2021 and 2022 you will need to split your claims submission. You will continue to submit to the same clearinghouse and with the same payer ID. For a professional claim that's 12/25/21 through 1/5/22 for example, the first claim will include DOS 12/25/21 –12/31/21 and the second claim will include DOS 1/1/22 – 1/5/2022. Please note inpatient facility claims should not be split.
- The address for paper claims will change to

Molina Medicare Complete Care
P.O. Box 22637
Long Beach, CA 90801

- Professional providers will no longer receive a denial notice for most unclean claim submissions. Effective 1/1/2022, most unclean claims submitted for professional providers will now be rejected back to you instead of appearing as denials on a remittance. For example, a claim submitted to us with a member that is not our member, will be rejected upon submission. This benefits you, the provider, in not having to wait for that claim to go through processing, payment and delivery on a remittance before having to resubmit it. Molina utilizes the standard claim status code sets for rejection responses found here <https://x12.org/codes/claim-status-codes>
- The Molina Medicare Complete Care current provider portal will no longer be available. Molina Medicare Complete Care will begin utilizing Availity for the provider portal effective January 1, 2022. Please watch for a special communication in December on how to sign up for and access Availity. You will also receive a second notice in December on trainings to be held in early January.
- The vendor will no longer be supporting the current provider portal you utilize as of 1/1/22. This means you will no longer be able to check claims status for claims with a date of service prior to 1/1/22, regardless of the date the claim was submitted. For new claims submitted, with a date of service after 1/1/22, you will utilize the new Availity portal. In order to check claims status for claims with a date of service prior to 1/1/22 please call [insert contact center phone number]
- The website URL will be www.MCCofAZ.com
- Historically, Molina Medicare Complete Care has managed the prior authorizations of requested services by service category. These categories were communicated to you, our provider partners, and it was

requested that you submit prior authorization requests for services that fell within those categories prior to rendering services to our members. Starting on January 1, 2022, Molina Medicare Complete Care, now operating as part of Molina Healthcare, Inc., will administer the prior authorization process utilizing a specific prior authorization code list. To view the **PA Guide** please go to www.MCCofAZ.com. All services listed in the guide will now require a prior authorization in order for claims to be paid. Please keep in mind, as always, that a prior authorization is not a guarantee of payment.

- Prior Authorization numbers will change to:

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| Prior Authorization: | 844-251-1450 |
| Inpatient: | 844-834-2152 |

For questions, please outreach to your Provider Relations Representative or email us at MCCAZ-Provider@Molinahealthcare.com.