PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2021

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Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina Healthcare members can call the 24-Hour Nurse Advice Line at: (888) 275-8750 English; (866) 648-3537 Spanish; 711 Hearing Impaired.
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services based on the members line of business:
  - For Medi-Cal members call (888) 665-4621 Mon-Fri, 7am-7pm
  - For Marketplace members call (888) 858-2150 Mon-Fri, 8am-6pm
  - For Medicare members call (800) 665-0898 Mon-Fri, 8am-8pm
  - For Cal MediConnect (Duals) members call (855) 665-4627 Mon-Fri,8am-8pm
- Providers can access the Provider Web Portal at www.MolinaHealthcare.com to:
  - Search for patients & check member eligibility
  - Submit service request authorizations and/or claims & check status
  - Review Patient Care Plan
  - Obtain CAHPS® Tip Sheets
  - Participate in Cultural Competency trainings (also available on www.MolinaHealthcare.com under "Health Resources")

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests, and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

Molina Healthcare's 2020 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey that assesses Molina Healthcare members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received the CAHPS® results of how our members rated our providers and our services.

Medi-Cal: In 2020, Molina Healthcare showed improvement in members getting care quickly, care coordination, how well doctors communicate and rating of personal doctor. We need to improve getting members needed care and rating of the specialist seen most often.

Medicare: In 2020, Molina Healthcare improved in all CAHPS areas including rating of health plan, rating of all health care, members getting care quickly and care coordination. Areas for opportunity include rating of drug plan, annual flu vaccinations and getting members needed prescription drugs.

Marketplace: In 2020, Molina Healthcare improved in the number of members who receive an annual flu vaccine, access to information and plan administration. We need to make improvements for rating of health care, rating of specialist seen most often, rating of health plan, access to care and care coordination.

Medicare-Medicaid Plan: In 2020, Molina Healthcare demonstrated improvement in all CAHPS areas including rating of health plan, members getting needed care, members getting care quickly and rating of all health care. An area for improvement is rating of personal doctor and specialist.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medi-Cal: In 2020, Molina Healthcare showed improvement in adult BMI assessment, statin therapy received for patients with diabetes and antidepressant medication management. We also showed improvement in the timeliness of prenatal care and postpartum care. Molina Healthcare needs to improve immunizations, controlling high blood pressure and diabetes care blood sugar control.

Medicare: In 2020, Molina Healthcare improved in a number of HEDIS® measures including: diabetes related care, adult BMI assessment, controlling high blood pressure, statin therapy adherence for patients with cardiovascular disease and medication reconciliation post-discharge. Areas that need improvement include functional status assessment for older adults, breast cancer screening and colorectal cancer screening.

Marketplace: In 2020, Molina Healthcare observed improvements in measures for chlamydia screening in women, controlling high blood pressure, timeliness of prenatal care and postpartum care. Areas that need improvement include cancer screening measures, medication adherence measures, appropriate testing for pharyngitis, appropriate treatment for upper respiratory infection, and initiation and engagement of alcohol and other drug dependence treatment.

Medicare-Medicaid Plan: In 2020, Molina Healthcare improved on the HEDIS® measures related to diabetes care blood sugar control, diabetes cares comprehensive eye exams, statin therapy received for patients with cardiovascular disease and osteoporosis management in women who had a fracture. Improvements are needed for medication reconciliation post-discharge, controlling high blood pressure for members with hypertension, and initiation and engagement of alcohol and other drug dependence treatment.

Culturally and Linguistically Appropriate Services/Disability Resources

Molina Healthcare assesses the cultural, ethnic, racial, and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

In 2020, the majority of Molina Medicaid members identified English (66%) as their preferred language, followed by Spanish (29%), Arabic (2%) and Vietnamese (1%). Spanish was the most requested language for Molina's interpreter services, followed by Arabic and Vietnamese. The percentage of requests for Arabic interpreters decreased slightly between 2019 and 2020.

The majority of Molina Marketplace members in 2020 identified English (56%) as their preferred language, followed by Spanish (42%), Arabic (0.1%) and Vietnamese (0.1%). Spanish was the most requested language for Molina's interpreter services, followed by Vietnamese and Mandarin. The percentage of requests for Spanish interpreters increased significantly between 2019 and 2020.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of five short Culturally Competency training videos available via the Provider Portal: https://provider.molinahealthcare.com/provider/login and at www.MolinaHealthcare.com under "Health Care Professionals," Select the Line of Business, then "Health Resources," and on the "Culturally and Linguistically Appropriate Resources/Disability Resources" page.

The five short provider trainings, "Building Culturally Competent Healthcare: Training for Healthcare Providers and Staff," cover the following topics:

- Module 1: Introduction to Cultural Competency
- Module 2: Health Disparities
- Module 3: Specific Population Focus – Seniors and Persons with Disabilities
- Module 4: Specific Population Focus – LGBTQ and Immigrants/ Refugees
- Module 5: Becoming Culturally Competent
- Provider Training Attestation Form

The following new disability resources are available at this location under Molina Provider Education Series:

- Americans with Disability Act (ADA)
- Members who are Blind or have Low Vision
- Service Animals
- Tips for Communicating with People with Disabilities & Seniors

The progress related to the goals that Molina Healthcare has set for the annual CAHPS® (QHP for Market Place) survey results and the annual HEDIS® measures can be viewed in more detail on the Molina website. You can also view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at: www.MolinaHealthcare.com.

Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)

In accordance with regulatory requirements and increased focus from the California Department of Health Care Services (DHCS), **new members must receive a comprehensive Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA) within the first 120 days of enrollment** with Molina, or within periodicity timelines established by the American Academy of Pediatrics for ages two and younger whichever is less.

A compliant Initial Health Assessment consists of:

- Comprehensive History must be sufficiently comprehensive to assess and diagnose acute and chronic conditions which includes, but is not limited to the following:
    - History of Present Illness
    - Past Medical History
    - Social History

- Review of Organ Systems (Physical Systems) and Mental Systems
- Comprehensive Physical and Mental Exam
    - The exam must be sufficient to assess and diagnose acute and chronic conditions and develop a plan of care. The plan of care must include follow-up activities.
- Dental Exam in IHA (all ages)
- Dental Referral (for age 3 to < 21 only)
- Behavioral Assessment that enables a provider of primary care services to comprehensively assess the Member's current acute, chronic, and preventive health needs and identify those Members whose health needs require coordination with appropriate community resources and other agencies for services not covered by the Molina Medi-Cal managed care benefit.

A compliant Staying Healthy Assessment consists of:

- An accurate and complete age appropriate SHA form.
    - Link: https://www.molinahealthcare.com/providers/ca/medicaid/forms/Pages/fuf.aspx
- Identifying and tracking high-risk behaviors of members.
- Prioritizing each member's need for health education related to lifestyle, behavior, environment, and cultural and linguistic needs.
- Initiating discussion and counseling regarding high-risk behaviors.

Providing tailored health education counseling, interventions, referral, and follow-up. PCPs are responsible for reviewing each member's SHA in combination with the following relevant information:

- Medical history, conditions, problems, medical/testing results, and member concerns.
- Social history, including member's demographic data, personal circumstances, family composition, member resources and social support.
- Local demographic and epidemiologic factors that influence risk status.

Periodicity	Initial SHA Administration with IHA	Subsequent SHA Administration / Re-Administration	SHA Review
Age Groups	Within 120 Days of Enrollment	1st Scheduled Exam (after entering new age group)	Annually (Intervening years between administration of new assessment)
0-6 mo.	✓		
7-12 mo.	✓	✓	
1-2 yrs.	✓	✓	✓
3-4 yrs.	✓	✓	✓
5-8 yrs.	✓	✓	✓
9-11 yrs.	✓	✓	✓
12-17 yrs.	✓	✓	✓
Adult	✓		✓
Senior	✓		✓

For billing of services associated with the completion of the Comprehensive IHA and SHA, please note the following CPT codes:

IHA:

Medi-Cal Member Population	CPT Billing Codes	ICD-10 Reporting Codes
Preventative Visit, New Patient	99381 - 99387	No Restriction
Preventative Visit, Established Patient	99391 - 99397	No Restriction
Office Visit, New Patient	99204 - 99205	No Restriction
Office Visit, Established Patient	99215	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.401, Z01.419, Z00.9, Z02.1, Z02.3, Z02.89

SHA:

Member Population	CPT Billing Codes	ICD-10 Reporting Codes
All Medi-Cal Members	96156	No Restriction

When billing, a CPT code from the IHA and SHA sections are required in order to ensure a comprehensive IHA and SHA have been conducted.

To submit a completed IHA and SHA you may:
Mail - Molina Healthcare of California
200 Oceangate, 10fl
Attention: Quality Improvement
Long Beach, CA 90802
Email - MHCHEDISDepartment@molinahealthcare.com
Fax - (562) 499-6159

COVID-19 Implicit Bias and Promoting Health Equity

The COVID-19 pandemic has made clear some of the longstanding racial and ethnic health disparities in the United States. Racial and ethnic minorities continue to contract COVID-19 at higher rates and have worse health outcomes than Whites. In California, for example, Latinx individuals make up about 39% of the population, but they account for 55% of the cases, and 46% of the deaths from Covid-19. Black Americans are dying in this pandemic at about 2.4 times the rate of White Americans.

Health disparities are a result of a complex set of factors, collectively known as the Social Determinants of Health. Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes, and are subject to structural racism and systemic inequality. During this pandemic, lower income people and people of color are more likely to work in essential fields where exposure to the virus is more likely. Increasing evidence suggests that not only are these groups more likely to contract the disease, but are also more likely to have poorer outcomes, including increased rates of hospitalization and death.
Implicit bias, or an unconscious belief about a group of people, is also contributing to these disparities. A recent study showed that on the county-level, an increase in implicit racial biases was linked with more COVID-19 deaths. In addition, overworked providers are being forced to make

difficult and critical decisions with scarce resources, which may trigger and amplify the effect of implicit bias on health disparities. For example, reporting from early in the pandemic shows that African Americans are less likely to be referred for Covid-19 testing when they show signs of an infection, and delays in testing and treatment have led to poorer outcomes. More recent reports suggest that this pattern has continued, and many Black and Latinx patients feel that their providers do not take their symptoms seriously.

To reduce health disparities and combat implicit bias, health care systems and providers must examine their policies and practices and work to provide equitable care. Some steps you can take:

1. **Know your bias:** Take an implicit bias assessment at Project Implicit
2. **Examine your atmosphere:** Does the diversity in your office and in your life reflect the diversity of the patient population you serve? Check out this video from the Institute for Healthcare Improvement for more guidance.
3. **Take action:** Implement these Five Actions to Promote Health Equity from the American Hospital Association.

Working together, healthcare systems, providers, health plans, and communities can limit the unequal impact of the COVID-19 pandemic on racial and ethnic minorities.

Electronic Funds Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Providers must be registered for EFT payments in order to access and receive the benefits of ProviderNet. Below are additional benefits and reminders:
Benefits:

- Providers get faster payment and eliminates mailing time (processing can take as little as 3 days from submission)
- Providers can search for a historical Explanation of Payment (EOP) by claim number, member number, etc.
- Providers can view, print, download and save a PDF version of the EOP for easy reference with no paperwork to store
- Transfer Protocol (FTP) and their associated Clearinghouse
- Electronic Funds Transfers ensure HIPAA compliance
- It's a free service for you!

ProviderNet Reminders:

- Providers should always login to their ProviderNet account and view their payment history before contacting Molina about a missing EFT payment.
- ProviderNet only facilitates the payments from Molina to the provider. Questions regarding claims payment should be directed to Provider Services.
- If a provider receives a Molina payment that is not on their ProviderNet account (frequently Accounts Payable payments), providers should contact Provider Services.
- Providers should be reminded to add all NPI's to their account that receive Molina payments.

Get started today! Providers that are not registered for EFT payments should contact: Electronic Funds Transfer at: (866) 409-2935 or Email: EDI.Claims@Molinahealthcare.com.

Molina Partners with PsychHub for Provider Education

PsychHub is an online platform for digital behavioral health education. Molina Providers are able to access PsychHub's online learning courses through their Learning Hub for FREE. Continuing

Education opportunities are also available to select providers through a variety of courses. Contact your local Molina Provider Services team to learn more.

Please visit PsychHub at: https://lms.psychhub.com/.

Electronic Solutions for Streamlined Credentialing

The need for a current credentialing application goes beyond initial credentialing. Following NCQA (National Committee for Quality Assurance) guidelines requires providers to be recredentialed at a minimum of every three years.

To avoid an incomplete application, consider logging into your electronic application, CAQH (Council for Affordable Quality HealthCare), for regular maintenance. A few tips to improve and streamline your credentialing process:

- Attestations are considered current for 180 days. Electronically updated attestations are acceptable and encouraged.
- Professional Liability Insurance is considered current at time of sign off; update your application or attach your new year's policy as soon as it's available.
- If you recently became board certified, update your board status. Board certifications are not only quicker to verify than residencies and fellowships, if you have one, NCQA requires that it be verified.
- DEA certifications can be verified by attaching a current copy to your application.
- Review your specialty listed on your application. Do you have the corresponding education listed on your application? If not, complete the education section.
- NCQA also requires five years of work history. Make sure your application lists the MM/YY format. Be sure to also include gap explanations for any gaps over six months.

If you have any questions on how to complete or update your electronic application, please reach out to the Specialist listed on your credentialing request.

Centers for Medicare & Medicaid Services (CMS) Guidance for the COVID-19 Vaccine Toolkits & COVID-19 Vaccine Significant Cost Determination

In preparation for the release of the COVID-19 vaccine, CMS developed centrally located COVID-19 vaccine toolkits to convey critical information to all stakeholders. As more information becomes available these toolkits will be updated as needed.

Additionally, CMS announced the legislative change in benefits to add Part B coverage of a COVID-19 vaccine, and its administration meets the significant cost threshold. Given the significant cost determination, Medicare payment for COVID vaccinations administered during calendar years 2020 and 2021 to Medicare Advantage (MA) beneficiaries will be made through the Medicare Fee for Service (FFS) program. Medicare beneficiaries enrolled in MA plans will be able to access the COVID-19 vaccine, without cost sharing, at any FFS provider or supplier that participates in Medicare and is eligible to bill under Part B for vaccine administration, including those enrolled in Medicare as a mass immunizer or a physician, non-physician practitioner, hospital, clinic, or group practice. Therefore, contracted Molina Healthcare providers should submit claims for administration of the COVID-19 vaccine to the appropriate CMS Medicare Administrative Contractor (MAC) for payment.

Links to MACs:

- https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/MedicareAdministrativeContractors
- https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs

Additional Important links:

- https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf
- https://urldefense.com/v3/__https:/www.cms.gov/COVIDvax__;!!DOw_8Fim!fd6BCZyFuMFnLPaiIyiFgi0sUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm77yD7RbQ$
- https://www.cms.gov/newsroom/press-releases/trump-administration-acts-ensure-coverage-life-saving-covid-19-vaccines-therapeutics
- https://urldefense.com/v3/__https:/www.cms.gov/files/document/covid-vax-ifc-4.pdf__;!!DOw_8Fim!fd6BCZyFuMFnLPaiIyiFgi0sUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm6yFx5ELQ$

Requirements for Submitting Prior Authorization for Molina All Lines of Business

Molina requires prior authorization (PA) for specific services. Molina offers three tools on the MolinaHealthcare.com website to assist you in knowing what services require prior authorization: The Prior Authorization Code Matrix, the Prior Authorization Guide, and the newly launched Prior Authorization Code Lookup Tool. Both the PA Code Matrix and the PA Lookup Tool offer detailed information by CPT and HCPCS code regarding PA requirements. Additional information about the new Prior Authorization Code Lookup Tool, including how to access the tool, is available in a separate article included in this Newsletter.

When submitting a prior authorization request, it is important to include all clinical information and medical records necessary to support the medical necessity of the requested service/item. The following is an example of documentation needed:

- Current (up to six months) patient history related to the requested service/item
- Relevant physical examination that addresses the problem
- Relevant lab or radiology results to support the request (include previous MRI, CT, lab, or X-ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request showing the member meets the criteria for approving the service/item

By providing all necessary clinical information with the initial request, Molina will be able to make a more timely and complete decision based on the member's current health condition while potentially avoiding a need to request additional supporting documentation. When submitting an expedited prior authorization request, be sure to submit all necessary clinical information as the timeframe to process the request is extremely short from date and time of receipt of the initial request. The goal is to have all necessary information to make the appropriate decision during the initial review of the service/item and avoid the need for an appeal if the service/item is denied.

NOTE: In the event a denial is issued and subsequently appealed, please be sure to reference the original decision. If the denial was due to missing information needed to justify coverage, not providing that information with your appeal request will not change the decision and could further

delay medically necessary covered services/items. Let's work together to ensure timely and appropriate care for your patients.

Molina's Prior Authorization Lookup Tool has launched!

A new Prior Authorization Lookup Tool is now available on www.MolinaHealthcare.com. It allows you to look by CPT/HCPCS code (along with state and line of business) to determine if Prior Authorization is/is not required. Additionally, the tool will indicate if a code is not a covered benefit, or if authorization for that service has been delegated by Molina to a vendor along with information regarding how to contact the vendor.

This helpful tool is accessible via our Provider Portal and the Molina website provider landing page. Simply go to https://www.molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx and under the "Need a Prior Authorization" section, select "Code LookUp Tool" and then choose your state from the pop-up. You will see the Prior Authorization Lookup Tool on the Provider Landing shown below.