The Molina Messenger

News for Molina Healthcare of Florida Providers

MARCH 2021

COVID-19 NOTICE Molina Healthcare is monitoring COVID-19 developments on a daily basis. Our corporate Chief Medical Officer (CMO) is working closely with our health plan CMOs across the country to ensure that we are prepared to assist our members and providers. We encourage you to monitor the CDC website for additional clinical information. We will update you of any changes as things change with this rapidly developing public health matter. For more specific information for MFL Providers on COVID-19 please visit: https://www.molinahealthcare.com/providers/fl/medicaid/comm/COVID-19.aspx

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Electronic Medical Records (***REMINDER***)

Molina Healthcare strives to improve HEDIS scores year-round through the collection and reporting of data. To achieve high HEDIS scores, the collection of medical records must occur multiple times throughout the year. Molina is interested in strengthening our relationship with provider groups by utilizing EMR Remote Access method to efficiently retrieve the necessary records to meet HEDIS requirements.

Benefits from EMR Remote Access:
- Reduction in time and office resources
- Removing the need for multiple outreaches from our team to yours
- Mitigating COVID-19 risks associated with going on-site

In order to fulfill our state and federal accreditation requirements regarding HEDIS and Risk Adjustment quality reporting, it is necessary for Molina to collect medical record data year-round.

PAPER REFERRALS ARE STILL BEING ACCEPTED
(Electronic Referrals are preferred)

Please do not reschedule or refuse service to any MFL enrollee due to not having an electronic referral.

For any referral issues, please contact your Networking Manager or email us at:

MFLProviderNetworking@MolinaHealthcare.com

By providing Molina Remote Access to HEDIS data, Molina can simplify the record collection process for the office staff. EMR access ensures Molina receives the required records in a timely manner to properly obtain HEDIS and contract compliance for the selected members.

We are striving for a collaborative relationship; therefore, your Intervention specialist is readily available to offer any help. You can also reach out to a HEDIS Specialist at RegionDHEDIS@MolinaHealthCare.Com.

Interim Hospital Claims

Molina providers will be able to submit interim claims, for inpatient stays that are exceeding 100 consecutive days for Dates of Services on or after February 1, 2021.

 Please review the update to our Interim Claims process requirements at: https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/fl/medicaid/Interim-Claims-Process-DRAFT-100-Days-FINAL-AHCA-Approved-021121.pdf

Professional Emergency Room Services Leveling

Effective March 1, 2021 Molina's new policy for the professional component of emergency room claims will begin applying for Level 4 and 5 (CPT codes 99284 & 99285) E&M claims billed with a non-emergent diagnosis. These claims will be reimbursed at the level 3 (CPT code 99283) rate as a result of the non-emergent diagnosis. Molina utilizes a list of diagnosis codes developed by medical professionals to determine what is classified as a non-emergent visit. These diagnosis codes are a lower level of complexity and severity. Diagnosis coding must support the billed CPT codes for complexity and severity of services rendered in accordance with coding guidelines.

This policy only applies to the professional component of emergency room claims and is intended to ensure emergency department providers are accurately reimbursed based on the level of services provided. All other contracted terms and conditions not referenced in this policy remain in full force and effect

Private Duty Nursing (PDN) Tips

Missed Services:

When care is or scheduled to be missed, providers must notify Molina Healthcare's Case Management Department upon discovery for collaboration and missed service resolution.

PDN Claims Submission Requirements:

- Claim Type- Professional CMS 1500 (837P/ CMS 1500)
- Claims may contain multiple dates of service, but each detail line must be for a single date of service (Single claim lines with multiple dates of service will be denied)
- Each unit of service = 1 hour
- Individual claim lines may not exceed 24 units (Claim lines exceeding 24 units will be denied)

Please Note: Claims that do not meet the requirements stated above will be denied.

Milliman Care Guidelines (MCG) Clinical Solutions

Effective February 1, 2021, Molina Healthcare has partnered with MCG Health, a clinical criteria tool that specializes in informed clinical guidance for value-based care.

MCG clinical solutions will include but are not limited to:

- Inpatient & Surgical Care Guidelines
- General Recovery Care Guidelines
- Multiple Condition Management Guidelines

- Behavioral Health Care Guidelines
- Ambulatory Care Guidelines
- Home Care Guidelines
- Recovery Facility Care Guidelines
- Cite for Collaborative Care Guidelines

The benefits of this partnership include but are not limited to:

- Effective healthcare with evidence-based care guidelines
- Increase in provider satisfaction via standardized clinical criteria review process
- Improved Quality of Care
- Better health outcomes through more effective utilization management

The adoption of these new guidelines will not affect your process for notifying Molina Healthcare of admissions or for seeking prior authorization approval. If you wish to learn more about MCG, visit (http://www.mcg.com/) or call 888-464-4746.

Outpatient Definitive Drug Testing Update

Effective February 1, 2021, Molina Healthcare has implemented a new "Outpatient Definitive Drug Testing" policy regarding the reimbursement for definitive drug testing performed in an outpatient setting. It is the responsibility of the provider to perform medically necessary drug tests based on current evidence and clinical guidelines. *Outpatient definitive drug testing is considered medically necessary when testing does not exceed **seven (7)** drugs/drug classes per member per day **AND** when either of the following three criteria is met:*

1. Presumptive test results are inconsistent with expected results based on the individual's condition, medical history, examination, and/or individual's own statement, and both the following criteria are met:
   - Tests are only for specific drugs or drug classes for which the presumptive test yielded unexpected results
   - Results of testing will impact treatment planning

2. Presumptive test results are consistent with expected results, but drug class-specific assays are needed to identify the precise drug(s) that resulted in the positive test result
3. Reliable presumptive drug test is not available for the drug, and the results of testing will impact treatment planning

All other drug testing policies, procedures, and contracted terms not referenced in this policy will remain in full force and effect. **Outpatient drug testing that is not medically necessary will not be reimbursed.**

J-Code Requests for Medicare

Prior authorization requests for Medicare Medical Part B injectable drugs (HCPCS J codes) must now be submitted through:

1. A new fax number at **800-391-6437** or

2. Through a CVS Caremark powered by NovoLogix's web-based application via the Molina Provider Portal.

The fax number and web application are to be used only for Medicare J codes requests. Prior authorization forms for faxing can be found on the MFL website at: https://www.molinahealthcare.com/providers/fl/medicaid/forms/fuf.aspx.

The CVS Caremark powered by NovoLogix Prior Authorization system provides streamlined process for your medicines through the following online Prior Authorization management services:

- Efficient intake process through the utilization of a web-based authorization system
- Real-time status updates

MFL Service Area

As a reminder, as of January 2021, MFL covers the following Regions/Counties:

County	Region	Medicaid	Medicare	MP
Miami-Dade	11	✓	✓	✓
Monroe	11	✓		
Broward	10		✓	✓
Palm Beach	9		✓	✓
Collier	8	✓		
DeSoto	8	✓		
Glades	8	✓		
Lee	8	✓		
Sarasota	8	✓		
Hendry	8	✓		
Charlotte	8	✓		
Pinellas	5		✓	✓
Pasco	5		✓	✓
Hillsborough	6		✓	✓
Polk	6		✓	✓
Osceola	7			✓
Seminole	7			✓
Orange	7			✓
Clay	4			✓
Duval	4			✓

Molina is now on Availity!

Molina now is live on the Availity portal. Benefits to using Availity are:

- Claim Submission
- Claim Status
- Remittance Viewer
- Eligibility & Benefits
- Prior Authorizations via Molina's Payer Space
- And much more!

For more information on the Availity Provider Portal, please visit: https://www.availity.com/Provider-Portal

Healthcare Services Updates & Reminders

Access to a PCP Toolkit for Patients' Emotional Support & Early Intervention

Oftentimes, members may need some additional support with their emotional health as much as they do with their physical health. Studies have shown a strong correlation between emotional and physical health and how one can easily impact the other. Primary care physicians are often the first to identify additional behavioral health or substance use issues that members may be experiencing. Do you know that there is a place you can access different tools and information to help further support a member when they may be experiencing these issues? The link below provides trainings, assessment tools and resources with additional information. It also provides easily accessible releases of information to support coordination between all providers involved in a member's care.
https://providertoolkit.beaconhealthoptions.com/

Nurse Advice Line

Molina Patients with Questions About Their Health?

Call Our Nurse Advice Line!!

- English: (888) 275-8750
- Spanish: (866) 648-3537

OPEN 24 HOURS!

Your family's health is our priority!

For the hearing impaired, please call:

- TTY (English): (866) 735-2929
- TTY (Spanish): (866) 833-4703
  or
  711

MFLProviderNetworkManagement@MolinaHealthcare.com · Ph: 855-322-4076