

Provider Newsletter

For Molina Healthcare of Illinois, Inc. providers

Third quarter 2024

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SSI Claimsnet, LLC (SSI Group) is Molina's clearinghouse

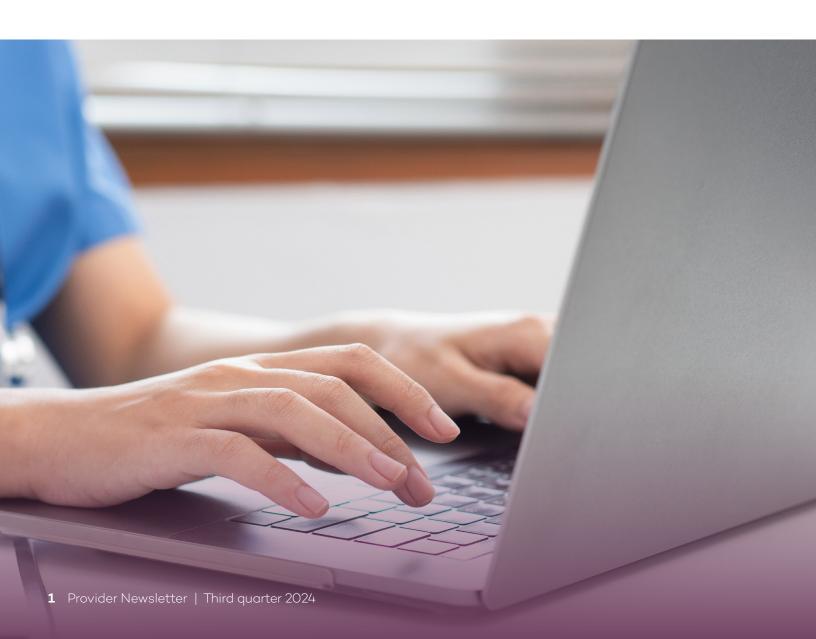
SSI Group is Molina Healthcare of Illinois, Inc.'s clearinghouse.

Submitting claims electronically through clearinghouses or the Availity Essentials portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Molina faster with the elimination of mailing time

How to submit electronic data interchange (EDI) claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, SSI Group, or use a clearinghouse of your choice. Molina offers additional options for electronic claims submissions if you do not have a clearinghouse. Log onto the Availity Essentials portal at **provider.MolinaHealthcare.com** for more information.



Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and provider network.

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Molina at least once every ninety (90) days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Molina Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Telephone and fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

The information above must be provided as follows:

Delegated and other providers that typically submit rosters must submit a complete roster that includes the above information to Molina

All other providers must log into their CAQH account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina.

If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Provider Relations Manager for assistance.

Additionally, in accordance with the terms specified in your Provider Agreement, providers must notify Molina of any changes, as soon as possible, but at a minimum thirty (30) calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

- Change in office location(s)/address, office hours, phone, fax or email.
- Addition or closure of office location(s).
- Addition of a provider (within an existing clinic/practice).
- Change in provider or practice name, Tax ID and/or NPI.
- Opening or closing your practice to new patients (PCPs only).
- Change in specialty.
- Any other information that may impact member access to care.

Provider communication survey

At Molina, we constantly strive to enhance our services to meet your needs. Your input is invaluable in helping us achieve this goal. Please take a few minutes to participate in our survey, which aims to understand how we can improve our communication methods to suit your preferences better.

Your feedback will directly influence how we engage with you, ensuring a more seamless and efficient communication experience.



Click the link below to access the survey: MolinaHealthcare.surveymonkey.com/r/VS5RGTG

Thank you for your time and contribution in making Molina the best it can be for you and your patients.

NPPES review for data accuracy

Your NPI data in the National Plan & Provider Enumeration System (NPPES) must be reviewed to ensure accurate provider data. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, telephone and fax numbers, and specialty. You should also include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you could see a patient but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare fee-for-service.

If you have any questions about NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.

Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Refresher training on cultural competency is available to review communicating with diverse patient populations. These trainings allow you and your staff to better understand and address disparities to improve health care. As our partner, assisting you is one of our highest priorities.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as established by the Office of Minority Health. We also maintain compliance with accreditation standards focused on health equity.

Cultural competency resources for your office and staff

Molina's building culturally competent health care: Training for providers and staff

Cultural competency can positively impact a patient's health care experiences and outcomes. Five short cultural competency training videos are available to providers and office staff on the Culturally and Linguistically Appropriate Resources/Disability Resources page on the Health Care Professionals site under the Health Resources tab at MolingHealthcare.com.

Training topics:

Module 1: Introduction to cultural competency

- The need for cultural competency
- How culture impacts health care
- Implicit bias
- Federal requirements related to cultural competency (Affordable Care Act, Americans with Disabilities Act)

Module 2: Health disparities

- Examples of racial health disparities and health disparities among persons with disabilities
- Health equity
- Social Determinants of Health

Module 3: Specific population focus – seniors and persons with disabilities

Social model of disability and accepted protocol and language of the independent living/Disability Rights Movement

Module 4: Specific population focus - LGBTQ+ and immigrants/refugees

- Health disparities among LGBTQ+ population
- Clear communication guidelines for health care providers interacting with LGBTQ+ patients
- Disparities among immigrant and refugee communities
- Clear communication guidelines for health care providers interacting with immigrant and refugee patients

Module 5: Becoming culturally competent

- Perspective-taking
- Clear communication guidelines
- Tips for effective listening
- Assisting patients whose preferred language is not English
- Tips for working with an interpreter
- Teach-back method
- Molina's language access services

Each training video ranges in length from five to ten minutes. Viewers may participate in all five training modules or just one, depending on topics of interest. Upon completing the training, please complete the provider attestation form available on the Culturally and Linguistically Appropriate Resources/Disability Resources page on the Health Care Professionals site under the Health Resources tab at MolinaHealthcare.com. Please contact your Provider Relations Manager if you have any questions.

Americans with Disabilities Act (ADA) resources: Provider education series

A series of provider education materials related to disabilities is now available to providers and office staff on Molina's website. To review the materials, please visit Molina's Culturally and Linguistically Appropriate Resources/Disability Resources page on the Health Care Professionals site under the Health Resources tab at MolinaHealthcare.com.

Resources consist of the following educational materials:

Americans with Disabilities Act (ADA)

Introduction to the ADA and questions and answers for health care providers (i.e., which healthcare providers are covered under the ADA; how does one remove structural communication barriers: funds available to assist with ADA compliance costs).

Members who are blind or have low vision

How to get information in alternate formats such as Braille, large font, audio or other formats that members can use

Service animals

Examples of tasks performed by a service animal; tasks that do not meet the definition of a service animal; inquiries you can make regarding service animals and exclusions, charges or other specific rules.

Tips for communicating with people with disabilities and seniors

Communicating with individuals who are blind or visually impaired, deaf or hard of hearing; communicating with individuals with mobility and/or speech impairments and communicating with seniors

Please contact your Provider Relations Manager if you have any questions.

Molina's language access services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve health care quality for patients with limited English proficiency. Molina ensures good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that receive federal funds; a member cannot be refused services due to language barriers. Molina provides the following services directly 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

In many cases, Molina will also cover the cost of a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

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.

Helping members in their language

Our health plan members speak many different languages. As of late 2023, for Medicaid members, the majority of language translation requests were for Spanish, accounting for 81% of the total. This was followed by 3% each for Arabic and Russian, 2% each for Ukrainian and Cantonese and 1% each for Mandarin, French, Polish, Vietnamese and Korean. Among Marketplace members, 88% of the language translation requests were for Spanish, followed by 2% for Russian, 1% each for Mandarin, Hindi, Vietnamese, Urdu, Polish and Bosnian, and 0.5% each for Ukrainian and Arabic. Lastly, for Medicare-Medicaid plan members, 76% of the requests were for Spanish. This was followed by 5% for Cantonese, 4% for Polish, 3% for Arabic, 2% each for Russian, Serbian and Vietnamese and 1% each for Gujarati, Mandarin and Croatian.

Please contact Molina if you need help addressing our patients' language needs.

New Medicare benefit

A 100-day supply of medications is now available.

Molina Medicare Advantage members are now eligible* to receive 100-day supplies of their medications as part of their insurance benefit for the same copay as their 90-day supply.

Recent studies have shown higher medication adherence rates across hypertension, diabetes and statin therapeutic classes for members utilizing 100-day pharmacy fills.

Providers can improve overall STAR ratings and health outcomes by writing 100-day prescriptions for the applicable RX categories and encouraging members to utilize this benefit.

The advantages:

- Maximize patients' health plan benefits
- Improve medication adherence
- Save the patient money (a 100-day supply is the same cost as a 90-day supply)
- Improve overall access to medications
- Enhance member experience

*100-day medication refills are applicable for non-specialty and non-controlled substances in-network pharmacies.

Clinical policy

Molina's clinical policies (MCPs) are located at MolinaClinicalPolicy.com. Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

Medicaid pharmacy benefit: MMR vaccine

Molina is informing providers about a valuable pharmacy benefit. Providers can refer their Molina Medicaid patients ages 19 and older who need an MMR vaccine to any in-network pharmacy that offers it. No prior authorization is required.

Note: The MMR vaccine is also covered under the medical benefit, and medical providers can administer it.

Molina believes in the importance of vaccinations to keep our members healthy, and our goal is to make it easier for your Molina patients to access the MMR vaccine.

Get automatic updates on processes, codes, live training sessions and more!

Register for provider updates curated exclusively for Molina Healthcare of Illinois providers.

Register now

See what you missed recently!

Molina reminds providers of recent news pertinent to your practice/facility.

Pro tip: Register for Illinois provider updates at MolinaHealthcare.activehosted so you don't miss any bulletins! Click below to view the memos online.

- Correct Coding for Sleep Studies Don't lose sleep over these codes!
- **CPT Code Required at Time of Admission Notification** Remember the code.
- **Medicaid Pharmacy Benefit: MMR Vaccine** Easy access for Medicaid patients.
- New Codes Added to Evolent (NCH) Oncology PA Know where to go for PA.
- Capitalize on the Knowledge of Your Provider Relations Manager We can make your job easier!
- **Removal of Codes from PA Codification List** The Matrix just got a little smaller.
- **Billing Molina for Home Modification Services** Your how-to guide.
- Monthly Memo Roundup: Recap of June Provider News See what you missed in June.
- **Rate/Fee Schedule Updates: July 2024** This is for Medicaid only.
- Diagnosis Verification for Preferred Incretin Mimetics Class (GLP-1 Receptor Agonist) Drugs - What you need to know.
- **Evolent (New Century Health) Cardio Policy Updates** What's new with cardio policies?
- **Updates to Molina Clinical Policies, June 2024** See what's new, updated and retired.

MHIL in the community





Statewide pride

MHIL cosponsored and participated in many parades and festivals celebrating Pride Month in June. Staff from all MHIL teams and across the state volunteered to participate in city festivities, including Woodstock, Springfield, Rockford, Round Lake Beach and, of course, Chicago.

We shared many Molina/pride-themed giveaways as well as information about redeterminations

These events are an awesome celebration of culture, education and community. Molina proudly serves the LGBTQ+ community and rejoices in the diverse perspectives and experiences that our LGBTQ+ colleagues, friends and families bring to the table every day. Our statewide participation with so many staff members helps us achieve our commitment to providing compassionate care to all.



You can partner with Molina in your community! Contact us to contribute goods or services, or to provide a venue.

HFS is resuming provider revalidations

Molina reminds providers that the Department of Healthcare and Family Services (HFS) will resume the provider revalidation process this quarter. CMS requires state Medicaid programs to revalidate **all** actively enrolled Medicaid providers at least every five years.

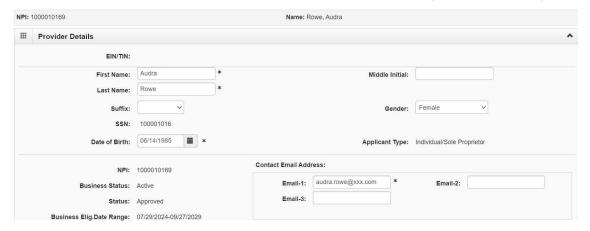
Why now?

Because of the COVID-19 Public Health Emergency (PHE), revalidations due in 2020 were paused. As HFS resumes the revalidation cycle, all providers are **required** to revalidate based on their enrollment date. Failure to revalidate will result in the provider being **removed** from Medicaid. Providers cannot bill for some of their most vulnerable patients when removed.

The process

Providers will receive a revalidation email notification 90 calendar days before their Illinois Medicaid Enrollment end date and a second notice 30 calendar days before the revalidation cycle end date. For example, notifications will be emailed to the first group of providers on September 3, 2024; these will be due in November 2024.

HFS will use the three (3) email addresses listed in IMPACT for each practice/facility.



The notification cycle will occur for a new group of providers each month. Know when to expect your first notification—your revalidation due date is shown on the basic information page of your enrollment. Your first notification should arrive three months before that date.

What this means

Providers who fail to revalidate **will be disenrolled** from the Medicaid program, and services will **not** be reimbursed. In accordance with federal regulations, retroactive reinstatements are not allowed. Providers who submit documents after the due date will get a new effective date. Claims for services provided during that gap will be **denied**.

Important: All providers are **strongly encouraged** to respond to their revalidation notices promptly and complete the process to avoid disruptions in patient care.

For more information

Visit the **IMPACT website** for step-by-step instructions and a Frequently Asked Questions document.

MolinaPalooza 2024





For the first time since the COVID pandemic, MHIL threw the doors open for an in-person event: MolinaPalooza: Provider Day 2024. We gathered with numerous providers at the DoubleTree near our Illinois headquarters in suburban Chicago. It wasn't just a day at the office! It was a day filled with fun, learning and building partnerships.

Molina's provider relations managers greeted each guest with a smile and a Molina swag bag. Vendor partners added to the fun with giveaways of their own.

Attendees represented all provider types and enjoyed mingling over a continental breakfast. A lineup of Molina's finest, from health care services, community engagement, medical affairs, and other areas, presented. The sessions continued after a networking lunch.

The real heart and soul of MolinaPalooza wasn't the presentations or the swag—it was the buzz in the air as providers and Molina staff interacted and exchanged ideas. This wasn't just another meeting on the calendar; it was a reminder of how electrifying in-person connections can be when you step out from behind the screens and the billing codes.

Plans are already underway for MolinaPalooza 2025. Next year, we're taking the show to a different Illinois metro area. Don't miss next year's bash! Get on the Illinois provider email list and let the countdown to MolinaPalooza 2025 begin!