Provider Services

December 2023



Updates and Reminders

DMS No Show Dashboard Complete

- This dashboard will allow providers to search no shows based on provider type and by reason for the no show and can be accessed in the KYMMIS provider system.
- For questions please reach out to: <u>DivisionofHealthCarePolicy@ky.gov</u>

DMS 2024 Holiday Calendar

DMS has posted their 2024 Holiday Calendar (Closures) that you can access here: <u>Holidays (ky.gov)</u>

DMS Provider Resources

- Billing Manual Home
- Fee and Rate Schedule Home
- Medicaid Assistance Program (MAP) Home
- Kentucky Medicaid Provider Directory
- Nurse Aid Training Program
- Provider Letter Home
- Provider Type Summaries
- Training and Webinars





Updates and Reminders – Electronic Visit Verification

Electronic visit verification (EVV) is an electronic system providers will use to record information when delivering certain in-home or community-based 1915© Home and Community Based Services (HCBS) or Home Health Care Services (HHCS).

- The use of EVV is a requirement of the Cures Act that was passed by Congress in 2016.
- DMS will transfer to EVV on January 1, 2024.
- Providers have two options for EVV
 - Therap is the state-sponsored system providers can use free of charge
 - A third-party EVV system or continue using an existing system

For additional information on provider types and service codes, registration requirements, weekly training sessions, access to FAQs, the following links can be used to access the EVV DMS and Therap's website.

- Electronic Visit Verification Cabinet for Health and Family Services (ky.gov)
- Therap for Electronic Documentation for the Kentucky Scheduling/Electronic Visit Verification (EVV)
 (therapservices.net)



Updates and Reminders

Prior Authorization Changes Coming January 1, 2024

- **Genetic Testing (0345U):** Passport requires PA for select genetic tests to evaluate the medical necessity based on MCG guidelines. Genetic testing code 0345U has been added to the PA matrix effective 1/1/2024. Access Passport's PA matrix via the PA Look-up Tool.
- Alcohol and/or Drug Abuse Halfway Houses Services (H2034): New admissions on or after 1/1/2024 for alcohol and/or drug abuse halfway house services (H2034) will require PA. Members who were receiving services prior to 1/1/2024 will not require authorization.
- Non-Emergent Gastroduodenoscopy (43239): Beginning 1/1/2024, Passport will conduct a pilot program which will require PA for non-emergent gastroduodenoscopy (43239) if the test is being performed at a hospital or hospital-owned facility. PA will not be required if the test is performed at a free-standing facility. This pilot program will only be administered to providers within Jefferson County, Kentucky.

Passport would also like to remind providers that **all NICU services require a PA regardless of length of stay.** Providers should notify ProgenyHealth directly within two (2) calendar days following any NICU admission via fax at **(888) 821-4630**. For more information about Passport's partnership with ProgenyHealth, click here.



Provider Data Management Update

Universal Enrollment Form

- New Enrollment Form will be used for all new enrollments/credentialing
- New Universal Facility Form
- Phase in beginning 11/1/23
- Must use new form effective 1/1/24
- eNews forthcoming
- Forms will be posted on our website
- Send completed forms to: <u>contracting@passporthealthplan.com</u>

Request to Add New Provider Instructions Complete this form in its entirety and submit to the contact listed on page 1. Provider will be enrolled in Medicaid lines of business, as reflected in the group's contract. Please make sure to indicate panel status and member capacity for each address in the spaces provided below. An "open panel" will Indicate a PCP provider's willingness to accept member assignment from KHA's Credentialing Alliance membership. Panels are only applicable to PCPs. Does the provider have an executed contract with: Aetha Belter Health Yes No Molina Yes No Wellcare Yes No ☐ No website Practice website*: Practice email*: ☐ No emall Does this practitioner provider face-to-face direct care services to members in an office setting? 🔲 Yes 🔲 No I fino, please explain. *website and email may be published in payer directory. 1. Provider Info Provider's Full Name (Last, First, Meddle) Start Date CAQHID# Individual NPI # Provider Type Date of Birth Gender Medicald Number - Doubles **Primary Specialty** Secondary Specialty Languages Spoken English Spanish Other **CDS** Issue State **Primary Taxonomy** Secondary Taxonomy **CDS License Number** DEA Number - ponding Affiliation Start Date Supervising Physician | NA Primary Hospital Affiliation - No hospital privileges City, State or Covering Arrangements (admitting physician or hospitalist group) Hospital Name (used by admitting physician) II. Credentialing Contact Information - Email used for notices regarding credentialing Credentialing Contact Name



Community Engagement

• OSHC's

- Expungement and Reentry Clinics with DOC in Q4
- Hispanic Baby Shower
- Holiday Open Houses

Location	Date	Time
Bowling Green	December 20 th	10:00 AM – 12: 00 PM CST
Covington	December 8 th	10:00 AM – 2:00 PM EST
Lexington	December 15 th	3:00 PM – 5:00 PM EST
Owensboro	December 15 th	2:00 PM – 6:00 PM CST



Availity Essentials: Trainings

We know you've been busy so we're offering a few more training opportunities to fit with your schedule. Join Availity and Molina for Availity Essentials Provider Portal Overview for Molina Healthcare Providers on this date.

Tuesday, December 5 @ 1:00 p.m. - 2:15 p.m. ET

We'll show you how to work with Molina on Availity and access popular Single Sign On (SSO) capabilities. Here's a preview of what you'll learn:

- View and submit claims
- Upload supporting documentation using the Send Attachments feature
- Directly message Molina Healthcare from within the Claim Status and E&B transactions
- Access these SSO capabilities through Molina's Payer Space: Appeals/Correct Claims, Authorizations, Member Roster, HEDIS® Profile, and Reports



Availity Essentials: Secure Messaging

Message directly with Molina on all your:

- Basic claim inquiries or questions
- Claim reconsiderations (Not a formal appeal)
- Enrollment denials
- Incorrect COB denials

Claims Secure Messaging should not be used for:

- Timely filing denials
- Formal Claim or Clinical Appeal/Dispute
- Appeal Status
- Request for EOPs
- Eligibility & Benefits (E&B) inquiries Use E&B Secure messaging
- Overpayments

5 tips to get started:

- Initiate a message via the message this payer option on the claim status results page. Important: The message must pertain
 to the current claim listed on the claim status results page.
- Allow up to five business days for an initial response.
- Access the messaging queue from the top right corner of your Availity home page.
- Conversations are displayed as cards. The color of the cards indicates the status.
- All users have sorting and filtering options. If a message is missing from your queue, clear your filter options.



Monthly Member Benefit Highlight – Virtual Care

Passport by Molina Healthcare has partnered with Teladoc to offer members virtual care, when needed. Now more than ever its simple to connect to a board-certified provider by phone, video or mobile app.

Members are encouraged to use Teladoc for:

- Cold and flu symptoms
- Sore throat
- Allergies
- Respiratory infection
- Sinus problems
- Skin problems

Members can choose one of three ways to signup and setup account with Teladoc:

- Online: Go to https://member.teladoc.com/molina/KY
- Mobile app: Download the app and click "Activate account." Visit Teladoc.com/mobile to download the app or
- Call Teladoc at 1-800-Teladoc (1-800-835-2362) for help registering your account over the phone.



Appendix - November eNews



New Universal Provider Enrollment Forms Effective January 1, 2024



Reminder! Verify Your Email to Continue Receiving eNews!



New! Appeals Workflow Now in Availity Essentials



Coming Soon! Enhancements to EOPs and 835s



Appendix - Payment Policies Online

Passport payment policies can be found on our website here.

- Corrected Claim Reimbursement policy
- DRG Clinical Validation
- Duplicate claim reimbursement policy
- Early Elective Delivery payment Policy
- Facility Emergency Department Evaluation and Management leveling
- Hospital Routine Supplies Services Reimbursement
- In-Office Lab Policy
- Inpatient Only Procedures
- Intensive Outpatient Therapy for Substance Use Disorders H0015
- Newborn and NICU
- Observation Reimbursement Policy
- Outpatient Definitive Presumptive Drug Testing Medicaid Medicare
- Self Help Peer Support Services H0038
- Sterilization
- Therapeutic Behavioral Health Services H2019 H2020
- <u>Timely Filing Reimbursement Policy</u>
- Treatment Plan Development Payment Policy

- Breast Cancer Genetic Testing Tier 1 vs Tier 2
- Critical Care Codes when Discharging Home
- High-Level E/M with Preventive Medicine
- Hydrolyzed Enteral Formula Diagnosis
- Psychotherapy Add-On with High Level E/M
- Split Night Sleep Study



Appendix - Resources

- Provider Contact Center
- Contracting Inquiries
- Credentialing Inquiries
- Appeals and Grievances
- Dental Inquiries
- Vision Inquiries
- Pharmaceutical Inquiries

(800) 578-0775

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KentuckyProviders@DentaQuest.com

www.marchvisioncare.com

http://kyportal.medimpact.com



Appendix - Online Tools

Provider Manual Quick Reference Guide Prior
Authorization
Look-up Tool

<u>eNews</u>

Provider
Portal: Availity

Passport Advantage

Marketplace

KHIE

