



PROVIDER NEWSLETTER

A Newsletter for Senior Whole Health Providers

Third Quarter 2022

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NPPES Review for Data Accuracy

Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

Centers for Medicare & Medicaid Services (CMS) encourages Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to our members.

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, to name a few. You should also make sure to include all addresses where you practice

The Provider Newsletter is a newsletter available to all network providers serving Senior Whole Health by Molina Healthcare.

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 will need to 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 pertaining to NPPES, you may reference NPPES help at [NPPES.cms.hhs.gov](https://www.nppes.cms.hhs.gov).

Payment Solutions

Senior Whole Health has partnered with our payment vendor, Change Healthcare to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is *free* to providers and we encourage you to register after receiving your first payment from Senior Whole Health.

The ECHO payment platform offers enhanced functionality to better serve Senior Whole Health providers such as e-check and virtual card (where available). Additionally, 835's will be generated and available to you for every transaction. You will also have access to yearly 1099's directly through your account.

ECHO support is available to answer questions regarding registration and 835's. They can be contacted at (888) 834-3511.

Login or register for the ECHO payment platform today: providerpayments.com/Login.aspx

Posttraumatic Stress Disorder (PTSD) Awareness

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder developed by some people who have been exposed to an event that threatened serious harm or death. It can present with sleep disturbance, irritability and angry outbursts, avoidance of places or events that are reminders, recurrent dreams about the event, intense reactions to reminders of the event and can lead to relationship issues and isolation. This was initially noticed primarily in veterans however can affect anyone at any age, generally affecting approximately 12.5% of the population in primary care. Younger children can present differently, exhibiting symptoms such as wetting the bed after toilet training, regressions in speech, reenacting the event during playtime and being atypically clingy to parents and other adults. Symptoms typically arise within 3 months of the event occurrence but can be delayed.

Medication and psychotherapies are the primary forms of treatment for PTSD and often the primary care provider (PCP) is the first professional that people talk to about these symptoms arising. If you have a patient who needs screening for PTSD, the National Center for PTSD offers this five question screening tool: [Primary Care PTSD Screen for DMS-5 \(PC-PTSD-5\)](#)

Additionally, the American Psychological Association provides information for patients and families that can help them understand what they are going through available [HERE](#)

References:

1. [VA PTSD Reference](#)
2. [Youth.gov PTSD Reference](#)

3. [Harvard Review of Psychiatry PTSD in Primary Care: Summary of Recommended Care](#)
4. [NIMH.nih.gov](https://www.nimh.nih.gov)

Helping Your Patients Shouldn't Stop When You Leave Your Office



Now it doesn't have to.

Senior Whole Health by Molina Healthcare is proud to introduce Molina Help Finder – a new, one-stop resource, powered by findhelp – that assists Senior Whole Health members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, providers can also refer patients in real time right from your [provider portal](#). Simply search by category for the types of services needed, like food, childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your local provider relations team. You can also visit MolinaHelpFinder.com to learn more.

Importance of Metabolic Monitoring of Antipsychotic Medications

The Molina Healthcare National Pharmacy and Therapeutics committee would like to remind providers about the importance of metabolic monitoring of antipsychotic medications.

Patients taking antipsychotic medications are a population at increased risk for metabolic problems such as diabetes, hyperlipidemia, hypertension, or obesity. These metabolic effects may occur in any patient but are particularly concerning in children and adolescents, drug-naïve patients, or patients with first-episode schizophrenia. The first consensus guideline was released in 2004, by the American Diabetes Association and endorsed by the American Psychiatric Association (APA), and the American Association of Clinical Endocrinologists. It recommended metabolic screening for children and adolescents. Since that time, there have been several data reports to suggest metabolic monitoring of antipsychotic medications is only occurring in roughly 35% of patients.

Based on recommendations from the APA, patients should have the following assessments four months after initiating a new treatment, and annually thereafter: fasting blood glucose, or hemoglobin A1C and lipid panel. Some reasonable strategies to overcome the barriers associated with adherence to monitoring include engaging patients or caregivers in a self-management strategy to enhance their own monitoring. Ensuring patients have a scale and encourage healthy behaviors. Ordering laboratory tests in a timely manner and communicating these expectations with the patient and/or caregiver during the visit may help to increase patient adherence as well.

Within the past year you may have received educational notifications from Senior Whole Health to support metabolic monitoring where Senior Whole Health believes a member can benefit from an improved quality of care.

References:

1. American Psychiatric Association. (2020). The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. doi: 10.1176/appi.books.9780890424841

2. R.L. Finding et al. (2011) American Academy of Child and Adolescent Psychiatry: Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. AACAP.org
3. Agency for Healthcare Research and Quality: Metabolic Monitoring for Children and Adolescents on Antipsychotics. AHRQ Publication No. 14(18)-P011-2 (2/2018) AHRQ.gov

2022 Senior Whole Health Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid & Medicare Services (CMS), Senior Whole Health requires PCPs and key high-volume specialists including Cardiology, Ophthalmology/Optomety, and Podiatry to receive training about Senior Whole Health Special Needs Plans (SNPs) Model of Care (MOC).

The SNPs MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, Managed Care Organizations (MCOs) are responsible for conducting their own MOC training, which means you may be asked to complete separate trainings by multiple insurers.

MOC training materials and attestation forms are available at <https://www.molinahealthcare.com/providers/ma/swh/resources/training.aspx> The completion date for this year's training is 10/1/2022.

If you have any additional questions, please contact your local Senior Whole Health Provider Services Representative at: 855-838-7999.

Is Your Authorization Request Urgent?

Senior Whole Health renders decisions on prior authorization requests as quickly as a member's health requires. In accordance with CMS and state guidelines, providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a member's life or health.

When submitting prior authorization requests, keep the following items in mind:

- An urgent/expedited service request designation should be used only when "applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function." When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Senior Whole Health Prior Authorization Request Form if requesting via fax.
- By requesting an expedited/urgent authorization, providers are asking Senior Whole Health to make a decision within mandated timeframes. Because these timeframes are measured in hours rather than days, the provider or provider's office staff must be available to answer any potential questions about the request in a timely manner.
- Submit all necessary information with the request. Failure to do so will require Senior Whole Health to ask for additional information, which could delay the decision. If Senior Whole Health requests more information, we urge providers to respond immediately to allow Senior Whole Health to render a decision within the mandated expedited timeframe.
- Senior Whole Health will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines which may include verbal and written decisions.

Cultural Competency Resources for Providers and Office Staff

Senior Whole Health is committed to improving health equity by being 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. Additionally, we work to achieve NCQA's [Health Equity Accreditation](#) in the markets we serve. Cultural and linguistic competency is the ability to provide respectful and responsive care to members with diverse values, beliefs, and behaviors, including tailoring health care delivery to meet members' social, cultural, and linguistic needs.



Senior Whole Health's Building Culturally Competent Healthcare: Training for Providers and Staff

Cultural competency can positively impact a patient's health care experience and outcomes. A series of five short cultural competency training videos are available to providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at [SWHMA.com](https://www.swhma.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 healthcare providers interacting with LGBTQ patients
 - Disparities among immigrant and refugee communities
 - Clear communication guidelines for healthcare 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
 - Senior Whole Health's language access services

Each training video ranges in length from five to ten minutes each. Viewers may participate in all five training modules, or just one, depending on topics of interest. Molina Healthcare is required to annually provide training to our Providers regarding Cultural Competency and available resources for Molina members. Upon completion of the trainings, please complete the provider attestation form that is available on the Culturally and Linguistically Appropriate Resources/Disability Resources page under Health Resources at www.MolinaHealthcare.com. Please contact your Provider Services Representative 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 Senior Whole Health's website. Please visit Senior Whole Health's *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab at SWHMA.com to view the materials.

Resources consist of the following educational materials:

- American 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 communication barriers that are structural in nature; is there any money 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 service animal; inquiries you can make regarding service animals; and exclusions, charges, or other specific rules.
- Tips for Communicating with People with Disabilities & Seniors
 - Communicating with individuals who are blind or visually impaired; deaf or hard of hearing; Communicating with individuals with mobility impairments; speech impairments; and communicating with seniors.

Please contact your Provider Services Representative if you have any questions.

Senior Whole Health's Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for limited English proficiency patients. Senior Whole Health strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Senior Whole Health 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, Senior Whole Health will also cover the cost for a language or sign language interpreter for our members' medical appointments. Senior Whole Health members and providers are instructed to call Member and Provider contact centers to schedule interpreter services or to connect to a telephonic interpreter.

Also, Senior Whole Health's materials are always written simply in plain language and at required reading levels. For additional information on Senior Whole Health's language access services or cultural competency resources, contact Provider Services or visit [SWHMA.com](https://www.swhma.com).

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through 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 Senior Whole Health faster with the elimination of mailing time

How to submit EDI claims:

A clearinghouse is the easiest way to submit EDI claims to Senior Whole Health. You may submit EDI transactions through Senior Whole Health's gateway clearinghouse or use a clearinghouse of your choice. If you do not have a clearinghouse, Senior Whole Health offers additional options for electronic claims submissions. Log onto the Availity Essentials portal at [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare) for more information.

Frequently Asked Questions:

- Can I submit COB claims electronically?
 - Yes, Senior Whole Health and our connected clearinghouses fully support electronic COB.

- Do I need to submit a certain volume of claims to send EDI?
 - No, any number of claims via EDI saves both time and money.
- Which clearinghouses are currently available to submit EDI claims to Senior Whole Health?
 - Senior Whole Health uses Change Healthcare as our channel partner for EDI claims. You may also use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.
- Which claims EDI transactions Senior Whole Health Utilize?
 - 837P (Professional claims) and 837I (Institutional claims)
 - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
 - 278 (Health Care Services Review - Request for Review and Response)
 - 276/277 (Health Care Claim Status Request and Response)
 - 835 (Health Care Claim Payment/Advice)
- What is Senior Whole Health's Payer ID?
 - Senior Whole Health of MA Payer ID is SWHMA.
- What if I still have questions?
 - More information is available at [SWHMA.com](https://www.swhma.com) under the EDI tab.

Increasing Flu Vaccination Rates!

With all the hype over the COVID-19 vaccine, Senior Whole Health would like to ask our Providers to take this opportunity to promote FLU Vaccination. Our member population is elderly with multiple health conditions, leaving them at high risk for complications during flu season. Our members also come from diverse cultural backgrounds and speak many different languages, making it important to use every opportunity to encourage patients to get the flu shot.

As part of our MassHealth Performance Improvement Project (PIP), Senior Whole Health is working to increase flu vaccination rates, with a special focus on members in disparate communities with low vaccination rates. We understand the challenges in vaccination efforts among our members and know that messaging is important throughout the year. We have posted educational materials including a Flu Infographics flyer in the five top member languages on our Member website under Flu Resources located here: [Health Promotion- Senior Whole Health](#)

Please download, print, and share this information with your patients.

Transitions of Care PIP

For our Transitions of Care Performance Improvement Project (PIP), we are focusing on the HEDIS measure related to Transitions of Care - Patient Engagement After Inpatient Discharge. The focus of this measure is to improve rate of member follow up with their PCP within 30 days of discharge to home from a healthcare facility such as LTAC, hospital inpatient, SNF, etc. We are hoping to focus in on the population of members who are least likely to engage. Specific areas of

focus, which were determined by member and provider surveys, include enhancing communication with members and providers, educating members on the importance of follow up, and mitigating barriers to follow up such as transportation challenges. We plan to modify and improve the members' care plans to coincide with these areas of focus. In addition, we plan to modify and improve the member outreach questions conducted by nurse care managers during the transition of care call to ensure inclusion of the areas of focus.

As a part of this project, SWH would like to remind providers of the Interpreter Services available for you when working with our members. This is a complimentary resource available to all Molina network providers for use with members during visits in their office practices. This service is also available to you for telephonic and virtual/video visits when needed for communicating with our non-English speaking members. The interpreter service may be reached by calling SWH Member Services at 888-794-7268 (TTY: 711) and requesting an interpreter for the language needed. More information can be found on our website at: [Culturally and Linguistically Appropriate Resources | SWH \(molinahealthcare.com\)](https://www.molinahealthcare.com/Culturally-and-Linguistically-Appropriate-Resources)

ARPA Temporary Rates

American Rescue Plan Act (ARPA) Temporary Rates - In April 2022, MassHealth issued Managed Care Entity Bulletin 87, [MCE 87 2022.04](#), instructing Senior Care Options plans to extend enhanced rates for certain behavioral health outpatient and diversionary services as part of the American Rescue Plan Act (ARPA). Senior Whole Health continues to process claims to ensure providers delivering behavioral health services outlined in MassHealth Managed Care Entity Bulletin 87, April 2022, are paid accordingly.

Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring

The documentation in the progress notes must reflect medical necessity for the service.

External Mobile Cardiac Telemetry Monitors

CPT codes 93228 and 93229 describe wearable mobile cardiovascular telemetry services. Providers are instructed to bill one (1) unit of procedure code 93228 and/or 93229 per a course of treatment that includes up to 30 consecutive days of cardiac monitoring.

CPT code 93229 is the technical component of this service and includes all the following within a course of treatment that includes up to 30 consecutive days of cardiac monitoring:

- a. Patient hook-up and patient-specific instruction and education
- b. Transmission and receipt of ECG
- c. Analysis of ECG by nonphysician personnel
- d. Medical chart documentation including daily report, patient and/or physician interaction and response, and summary report at the end of the monitoring episode
- e. Equipment maintenance
- f. All supplies necessary for completion of the monitoring.

CPT code 93228 is the professional component of this service and includes review and interpretation of each 24-hour cardiac surveillance as well as 24-hour availability and response to monitoring events within a course of treatment that includes up to 30 consecutive days of cardiac monitoring.

The following documentation requirements apply to all claims reporting CPT code 93228 and/or 93229:

- a. The date of service must be reported as the date the patient was initially placed on the monitor.
- b. A monitoring episode (one to 30 consecutive days) is reported as a unit of one.
- c. Any additional claims reporting procedure code 93228 or 93229 for ECG arrhythmia detection and alarm system within an episode of care (one to 30 days after an initial service) will be denied.

*Article - Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) (A57476) The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the associated LCD Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) L34636

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