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COVID Updates: 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.

In addition, Molina Healthcare of New York, Inc. has updated it's provided [COVID Communications Page](#). Please check here for recent updates. We recently included information regarding COVID codes for labs and vaccinations as well as guidance:

[COVID-19 Medicaid Guidance](#)
[COVID-19 Monoclonal Antibodies](#)
[COVID-19 Specimen Collection Guidance](#)

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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!fd6BCZyFuMFnLPailyiFgiOsUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm77yD7RbQ\\$](https://urldefense.com/v3/__https://www.cms.gov/COVIDvax_!!DOw_8Fim!fd6BCZyFuMFnLPailyiFgiOsUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm77yD7RbQ$)
- <https://www.cms.gov/newsroom/press-releases/trump-administration-acts-ensure-coverage-life-saving-covid-19-vaccines-therapeutics>
- [https://urldefense.com/v3/__https://www.cms.gov/files/document/covid-vax-ifc-4.pdf_!!DOw_8Fim!fd6BCZyFuMFnLPailyiFgiOsUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm6yFx5ELQ\\$](https://urldefense.com/v3/__https://www.cms.gov/files/document/covid-vax-ifc-4.pdf_!!DOw_8Fim!fd6BCZyFuMFnLPailyiFgiOsUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm6yFx5ELQ$)

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
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services
- 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 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.

Medicaid: In 2020, Molina Healthcare demonstrated opportunities for improvement in measures: getting care quickly, getting needed care, rating of health plan, overall rating of health care and rating of personal doctor.

HEDIS®

The Healthcare Effectiveness Data and Information Set or HEDIS® is a tool used to improve member care. 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.

Medicaid: In 2020, Molina Healthcare improved the HEDIS® measures timeliness of prenatal care, postpartum care, and avoidance of antibiotic treatment for acute bronchitis and bronchiolitis. We also showed improvement in pharmacotherapy management of COPD, received statin therapy for patients with cardiovascular disease and use of first-line psychosocial care for children and adolescents on antipsychotics. We need to improve on appropriate testing for pharyngitis, appropriate treatment for upper respiratory infection and follow-up for children prescribed ADHD medication.

Culturally and Linguistically Appropriate Services

Molina Healthcare also 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 members identified English (94%) as their preferred language, followed by Spanish (5%). Spanish was the most requested language for Molina's interpreter services, followed by Nepali and Karen. The percentage of requests for Nepali interpreters decreased slightly 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 short Culturally Competency training videos available via the Provider Portal: <https://provider.molinahealthcare.com/provider/login> and at www.MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. 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.

Chart Collection is Coming in February

Molina Healthcare uses the Healthcare Effectiveness Data and Information Set (HEDIS®) tool and Risk Adjustment (RA) every year for quality reporting. This is done by looking at the type of care and services provided to members in the Healthcare Plan. Along with more than 90% of American health plans, Molina Healthcare uses HEDIS® results to track quality performance from year to year and to identify opportunities for improvement. HEDIS charts are identified and collected the first two quarters of each year. Risk Adjustment (RA) is a form of predictive modeling to assess the relative risk that a patient will incur medical expenses above or below the average over a defined time; charts may be collected throughout the year. The provider offices may be contacted to submit specific medical records for review, this is an integral part of the HEDIS® data / RA collection process. RA and HEDIS® data collection are in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Molina Healthcare of New York, Inc. Partners with MCG Health, LLC

Molina Healthcare of New York, Inc. is happy to announce a new partnership with MCG Health, LLC; **effective February 1, 2021.**

MCG Health clinical criteria tool that specializes in informed clinical guidance for value-based care. This is an exciting opportunity. MCG Care Guidelines provide fast access to evidence-based best practices across the continuum of care, supporting clinical decision-making and documentation.

MCG clinical solutions that 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
- Effective healthcare with evidence-based care guidelines
- 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 [MCG Website \(http://www.mcg.com/\)](http://www.mcg.com/) or call (888)-464-4746.

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! Provider 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.

[Click here to visit PsychHub](#)

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.

Requirements for Submitting Prior Authorization for Molina All Lines of Business



Molina requires prior authorization (PA) for specific services. The newly launched [Prior Authorization Code Lookup Tool](#) has replaced the PA Matrix PDF and has simplified the ability to determine whether a procedure code requires Prior Authorization. Pharmacy Authorizations are separate, and the formularies can be found [here](#) to determine if a prior auth is needed. 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.

Reminders: -

Molina's Prior Authorization Lookup Tool has launched!

The new Prior Authorization LookUp Tool is now available on the Molina Healthcare of New York, Inc. website 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 www.MolinaHealthcare.com and select "I'm a Provider" and choose your state from the pop-up. You will see the Prior Authorization Lookup Tool on the Provider Landing page under "Need a Prior Authorization?"

Need a Prior Authorization?

[Code LookUp Tool](#)

Updated Utilization Review and Emergency Admission Notification Requirements

On December 23, 2020, the Department of Financial Services advised that the following utilization review and notification requirements be suspended for at least 60 days from the date of advisement:

Urgent or non-elective inpatient surgeries

Inpatient admissions to hospitals

Transfers between hospitals

Inpatient Rehabilitation Services following an inpatient stay

Inpatient Mental Health Services

All related information can be found on the [Department of Financial Services Website](#).

February is National Children's Dental Health Month



February is National Children's Dental Health Month. It's a good time to remind parents and children of how important dental health is to overall health and wellbeing. Tips to share on how to have a healthy smile:

- Brush 2x a day for 2-3 minutes
- Floss between your teeth 1x a day
- Snack on healthy foods like fruits, vegetables and whole grains
- Drink plenty of water, limit soda and other sugary drinks
- Visit the Dentist 2x a year for a checkup and cleaning.

Did you know?

- "Tooth Decay is the most common childhood disease and is five times more common than asthma." – **CDC**
- "On average, elementary children will miss 6 school days per year. Half of those are due to dental health issues." **Colgate**

Fraud, Waste or Abuse

If you suspect cases of fraud, waste, or abuse, you must report it to Molina. You may do so by contacting the Molina Healthcare Alert Line or submit an electronic complaint using the website listed below. For more information about fraud, waste and abuse, please see the Compliance Section of the Provider Manual located [here](#).

Molina Healthcare Alert Line

Phone: (866) 606-3889

Website: <https://molinahealthcare.alertline.com>