

PROVIDER NEWSLETTER

A newsletter for Molina Complete Care (MCC) providers

Fall 2021



In this issue

Molina Healthcare and PsychHub partner for mental health resources	1
Naloxone Saves Lives!	2
Is Your Authorization Request Urgent?	3
Cultural Competency Resources for Providers and Office Staff	4
Nurse Advice Line	5
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	6
D-SNP Annual Model of Care Training ...	6
New pharmacy benefits for Molina Complete Care Medicaid members	6
Behavioral Health.....	8
Availity Provider Training	8
Dental Benefits Changes in 2021	8

Molina Healthcare and PsychHub partner for mental health resources

Because good behavioral health is vitally important for everyone, Molina Healthcare is committed to doing all we can to support member and provider mental well-being. By joining PsychHub's coalition partnership, Molina can now offer providers and members access to the Mental Well-being Resource Hub. This free library of resources helps address mental health issues during the COVID-19 pandemic and beyond. Providers and members can search for resources by keyword, topic and audience.

To access the Mental Wellbeing Resources Hub, go to: <https://psychhub.com/initiatives/resource-hub/>

MASK COVID... NOT YOUR EMOTIONS.



Mental Health Ally Certification (MHAC) program

Through partnership with PsychHub, network primary care and specialty providers are offered free continuing education credits, Mental Health Ally Certifications and additional learning opportunities. The MHAC library offers micro-certification tracks focused on critical topics like mental health competency foundations, substance use awareness, safety planning, diversity and motivational interviewing basics. The MHAC program is made up of eight one-hour, self-paced modules that can be taken in any order, as well as supplemental videos, podcasts and downloadable PDF files. This certification program is available to all providers and provider offices and is recommended for those interested in strengthening their knowledge and competency of behavioral health issues and concepts like primary care, office management and nursing.

To access learning hub resources, go to <https://lms.psychhub.com/> and create an account by clicking **Dashboard** and then **Create New Account**. Once you're signed in, click **Dashboard** on the navigation toolbar and select **Join Cohort with Code**. Use the following provider cohort code: **sGDcuXXmQXZEGsu**.

Please reach out to your local Provider Services Representative for any additional questions!

Naloxone saves lives!

On July 23, 2020, the Food and Drug Administration (FDA) issued updated recommendations regarding the use and availability of naloxone. The FDA recommends that health care professionals consider prescribing naloxone to patients taking prescribed opioid pain medicine who are at increased risk of opioid overdose and discuss the availability of naloxone both when beginning and renewing treatment.

Health care professionals should consider prescribing naloxone to at-risk patients who are not receiving a prescription for an opioid pain



reliever or medicine to treat opioid use disorder (OUD).

Patients considered high risk include those prescribed opioids who:

- Receive a dosage of 50 morphine milligram equivalents (MME) per day or greater
- Receive opioids with concurrent benzodiazepine (regardless of opioid dose)
- Have a history of overdose
- Have a history of substance use disorder

If your patients are considered high risk, please consider submitting a prescription to their pharmacy for one of the preferred naloxone products listed below.

Preferred Naloxone products:

- NALOXONE SOLUTION PREFILLED SYRINGE FOR INJECTION 2MG/2ML
- NARCAN NASAL SPRAY 4MG

For naloxone to be effective, members and their friends and family must learn how to use it, put it in an easily accessible place and inform family and friends where it is located.

Is your authorization request urgent?

MCC 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 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 on the MCC Prior Authorization Request Form.
- By requesting an expedited/urgent authorization, providers are asking MCC 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 MCC to ask for additional information, which could delay the decision. If MCC requests more information, we urge providers to respond immediately to allow MCC to render a decision within the mandated expedited timeframe.
- MCC 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



MCC is committed to 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 the National Committee for Quality Assurance's (NCQA) Multicultural Health Care Distinction 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.

Building culturally competent health care: training for providers and staff

Cultural competency can positively impact a patient's health care experience and outcomes. As part of our ongoing commitment to cultural competency, we've provided a series Cultural Competency Training videos on our Culturally and Linguistically Appropriate Resources/Disability Resources page: MolinaHealthcare.com/providers/va/medicaid/health/cme

Training topics:

- Video 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)
- Video 2: Health Disparities
 - Examples of racial health disparities and health disparities among persons with disabilities
 - Health equity
 - Social determinants of health
- Video 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
- Video 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
- Video 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

Training videos range from five to ten minutes each. Viewers may participate in all five or just one of the training modules, depending on topics of interest. Please contact your Provider Services Representative if you have any questions.

Language access services

Accurate communication strengthens the understanding of illness and treatment, increases patient satisfaction, and improves the quality of health care. 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. When needed, MCC provides the following services directly to members at no cost:

- 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, MCC will also cover the cost for a language or sign language interpreter for our members' medical appointments. MCC members and providers are instructed to call Member Services or Customer Care to schedule interpreter services or to connect to a telephonic interpreter.

MCC's materials are always written in plain language and at required reading levels. For additional information on MCC's language access services or cultural competency resources, contact Customer Care or visit molinahealthcare.com/providers/va/medicaid/home.

Nurse Advice Line

We know you're keeping the focus on delivering excellent patient care, and we understand it may be challenging to ensure your patients' needs are being met. One of the resources available to members is our Nurse Advice Line. Registered nurses are available 24 hours a day, 7 days a week to assess symptoms and help members make good health care decisions. These registered nurses do not diagnose; they assess symptoms and guide the patient to the most appropriate level of care following specially designed algorithms unique to the Nurse Advice Line. Our Nurse Advice Line can assist in:

- Helping members navigate through the health care system
- Better coordination of member's care
- Reducing unnecessary emergency department utilization
- Encouraging the member to follow-up with their primary care provider (PCP) and make appointments
- Lowering members' stress levels when they know they can call for advice

Please share the Nurse Advice Line numbers below with your MCC patients:

- CCC Plus: 1-800-424-4524 (TTY 711)
- Medallion 4.0: 1-800-424-4518 (TTY 711)

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Each year our members are asked to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. This survey asks adult Medicaid members and parents of child members to rate and evaluate their experiences from the past six months. Please consider these tips for improvement in the following areas:

Getting care quickly

- Offer weekend and evening appointments to accommodate patients' schedules
- Provide clear instructions on how to access after hour care

Getting needed care

- Offer appointment agendas to help patients discuss concerns or questions during their visits
- Leave appointments available each day for urgent visits, if possible

How well doctors communicate

- Measure members' perceptions of how well you communicated with them
- Advise patients to write a list of their questions or concerns and bring them to their appointments
- If your office uses an online portal to communicate with patients, offer a short tutorial with login instructions

If you have any questions about CAHPS, please email Shilpa.thimmegowda@molinahealthcare.com or call at 732-570-7727.

D-SNP annual Model of Care training

The Centers for Medicare and Medicaid Services (CMS) requires that all contracted Medicare medical providers complete a basic training on the Dual Eligible Special Needs Plan (D-SNP) Model of Care (MOC) by Dec. 31, 2021.

This includes the following:

- Primary care provider (all specialties for PCP physicians)
- Cardiologists (cardiovascular diseases, interventional cardiology, cardiology—interventional & hypertension specialist)
- Pain management (pain medicine, interventional pain medicine)
- Psychiatry (child and adolescent psychiatry, geriatric psychiatry)

Note: providers only participating in Medicaid do not need to complete this training.

Model of Care training is on our website under Provider Materials:

<https://dsn.mccofva.com/providers/provider-materials-2/>. The Model of Care Attestation Form needs to be signed and returned via fax to 888-656-2382, or via email to MCCVA-Provider@molinahealthcare.com.

New pharmacy benefits for Molina Complete Care Medicaid members

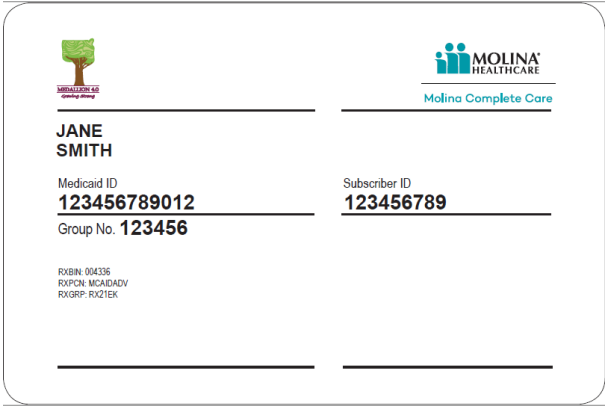
On January 1, 2022, we'll be switching our pharmacy benefits manager (PBM) to CVS/Caremark™. CVS/Caremark is one of the largest PBMs with first-in-class pharmacy services and the capacity to help provide your pharmacy benefit needs. We are switching to better serve you and improve your overall pharmacy experience.

What's staying the same?

Don't worry, there will be little or no impact for most providers and members. All medications and service authorization requirements included on the Virginia Medicaid Preferred Drug List (PDL)/Common Core Formulary will not change.

What's changing?

We're excited about the positive changes you'll see with CVS/Caremark™. Remember, these changes will go into effect January 1, 2022 and are for the Medicaid plans: Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0.

1/1/22 changes	MCC DMAS Medicaid plan
ID card (example)	<p>Please note that member ID cards for CCC Plus and Medallion 4.0 members will all have new pharmacy processing information (RXGROUP, BIN, and PCN) in the bottom left corner. This information will need to be updated by your member's respective pharmacy and there is nothing you need to do regarding this change.</p> 
Retail pharmacy network	<p>MCC will be using the Advanced Choice CVS/Caremark™ pharmacy network which does not include Walgreens pharmacies. This network meets Virginia time and distance requirements, so members can find pharmacies close to his/her home that may be used. Members will receive a letter from MCC identifying in-network pharmacies close to your home.</p>
Specialty pharmacy network	<p>MCC will be using the Advanced Choice CVS/Caremark™ pharmacy network which includes CVS Specialty Pharmacy as our preferred specialty pharmacy. CVS Specialty Pharmacy will work with you and your members to get prescriptions transferred to avoid medication access issues.</p>

Formulary	There will be no change to medications and service authorization requirements for those medications included on the Virginia Medicaid Preferred Drug List (PDL)/Common Core Formulary. For other medications, some members may have changes to preferred medications and service authorization requirements. If members are impacted, we'll send you a Negative Formulary Change letter in November.
Website	www.MCCofVA.com
Phone and fax lines *No change	<p>Our phone and fax lines for Member Services and Customer Care will remain the same. Additionally, the lines associated with prior authorization requests and appeals and grievances won't change.</p> <p>Our phone numbers are:</p> <ul style="list-style-type: none"> • CCC Plus: 1-800-424-4524 (TTY 711) • Medallion 4.0: 1-800-424-4518 (TTY 711)
Fax number for pharmacy service authorizations	<p>The Molina UM Pharmacy team will review service authorization requests for all medications.</p> <ul style="list-style-type: none"> • Outpatient (e.g., retail, mail order, specialty) prescriptions: 1-844-278-5731 • HCPCS (e.g., JCode) medications: 1-866-236-8531 <p>Service authorization forms may be obtained at https://www.molinahealthcare.com/providers/va/medicaid/resources/forms.aspx.</p>

Behavioral health

On January 1, 2022, Molina Complete Care (MCC), formerly known as Magellan Complete Care of Virginia (*MCC of VA*), will begin directly managing behavioral health provider contracts for our MCC members. This includes our Commonwealth Coordinated Care Plus (CCC Plus), Medallion 4.0, and Medicare memberships. Our contractual relationship with Magellan Health, Inc., for behavioral services, will terminate on December 31, 2021. At that time, Magellan Health will no longer manage any lines of business for MCC.

In order to participate and continue seeing MCC members in 2022, you must both sign a contract with Molina and complete credentialing with Molina. If you perform behavioral health services and wish to continue treating active MCC members, please contact MCCVA-Provider@molinahealthcare.com to obtain an onboarding packet, including contract and credentialing material.

Availity provider training

Visit our Provider Materials page (<https://www.molinahealthcare.com/providers/va/medicaid/resources/provider-materials.aspx>) and click on 'Provider Trainings' to find a training presentation on how to use our Availity provider portal.

Learn how to get signed up, view authorizations and claims, and pull a variety of reports to monitor and track your business operations.

Dental benefits changes in 2021

On July 1, 2021, adults with full Medicaid benefits began getting dental coverage through DentaQuest.

Covered dental services for adults include:

- Cleanings and preventive care
- X-rays and exams
- Fillings
- Dentures
- Root Canals
- Gum-related treatment
- Oral surgeries
- And more!

Call DentaQuest at 1-888-912-3456, or visit www.dentaquest.com, to learn more about the new dental benefits for adults, or to find a dentist near you.

View the DMAS member fact sheet on adult dental benefits here:

<https://dmas.virginia.gov/media/3202/member-fact-sheet-on-new-adult-dental-benefit.pdf>