

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare providers

First Quarter 2022



CAHPS[®] for Molina Complete Care (Medicaid)

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 patients' 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:

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- For additional after-hours coverage, Molina Complete Care Medicaid (MCC) members can call the 24-hour Nurse Advice Line:
 - CCC Plus: (800) 424-4524 (TTY 711)
 - Medallion 4.0: (800) 424-4518 (TTY 711)
- MCC Medicaid members can access Interpreter Services at no cost by calling Member Services:
 - CCC Plus: (800) 424-4524 (TTY 711)
 - Medallion 4.0: (800) 424-4518 (TTY 711)
- Providers can participate in online Cultural Competency trainings available at MCCofVA.com, under the Health Resources tab

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, and 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 Complete Care (Medicaid) 2021 quality improvement results

Molina 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®) Survey assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

Molina has received the CAHPS® results of how our members rated our providers and our services.

Medicaid: In 2021, Molina performed well in the following CAHPS measures: Getting Needed Care, How Well Doctors Communicate and Rating of Health Plan.

We need to make improvements in Getting Care Quickly, Customer Service/Plan Administration, Coordination of Care, Rating of Health Care, Rating of Personal Doctor and Rating of Specialist Seen Most Often.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina 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 2021, Molina achieved the target goal (66.67th percentile) for the following HEDIS® measures:

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|---|---|
| Antidepressant Medication Management (AMM) | Effective Acute Phase Treatment, Antidepressant Medication Management (AMM) |
| Effective Continuation Phase Treatment, Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) | Total Initiation of AOD Treatment and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) |
| Total Engagement of AOD Treatment | |

We need to make improvements in the following:

| | |
|---|---|
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) |
| Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | Counseling for Physical Activity, Childhood Immunization Status (CIS) |
| Combination #10, Immunizations for Adolescents (IMA) | Combination #2, Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) |
| Total, Appropriate Testing for Pharyngitis (CWP) | Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) |
| HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) | Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) |
| Blood Pressure Control (<140/90 mm Hg), Follow-Up Care for Children Prescribed ADHD Medication (ADD) | Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) |
| Continuation and Maintenance (C&M) Phase, Appropriate Treatment for Upper Respiratory Infection (URI) | Total, Prenatal and Postpartum Care (PPC) |

| | |
|--|-----------------|
| Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) | Postpartum Care |
|--|-----------------|

Culturally and linguistically appropriate services/disability resources

Molina 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.

Medicaid: Between January 1 and September 30, 2021, Molina Complete Care Medicaid members requested interpreter services 7,612 times. Spanish was the top language requested by Molina Medicaid members followed by Arabic and Swahili.

Overall, Molina found that, based on member needs, the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient. Additionally, Molina has a series of short cultural competency training videos (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available at [MCCofVA.com](https://www.mccofva.com) on the Culturally and Linguistically Appropriate Resources/Disability Resources page, listed under Health Resources. Disability resources are also 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

Progress related to the goals Molina set for the annual CAHPS® 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 [MCCofVA.com](https://www.mccofva.com).

Requirements for submitting prior authorization for Molina Healthcare

Molina Healthcare requires prior authorization (PA) for specific services. Molina offers tools on the [MCCofVA.com](https://www.mccofva.com) website to assist you in knowing what services require prior authorization.

For CCC Plus and Medallion 4.0 (Medicaid):

<https://www.molinahealthcare.com/providers/va/medicaid/claims/authorization.aspx>

For Medicare:

<https://www.molinahealthcare.com/members/va/en-us/health-care-professionals/home.aspx>

When submitting a prior authorization request, it's 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 medical need for the requested service(s)
- 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, we 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.

The urgent/expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine/non-urgent. 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, please provide that information with your appeal request. Let's work together to ensure timely and appropriate care for your patients.

Strengthening the primary care setting with trauma-informed care

Molina Healthcare is dedicated to promoting the importance of trauma informed practice. According to the National Council for Mental Wellbeing, an "individual's experience of trauma impacts every area of human functioning—physical, mental, behavioral, social, and spiritual." Implementing a trauma-informed care approach in the primary care setting can benefit providers, members and office staff alike. The National Council of Mental Wellbeing reports that trauma-informed primary care settings can:

- Create safer spaces for staff
- Improve clinical decision making
- Equip providers to identify and respond to trauma
- Build collaborative care networks to increase provider capacity to address holistic needs

Molina has adopted a guideline, *Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care* from The National Council for Mental Wellbeing. For more information, please visit our Clinical Practice Guidelines on our provider website or visit the National Council for Mental Wellbeing to access the guideline [here](#).

Secure messaging from Claim Status screen now enabled in Availity Essentials portal for Molina Medicare providers

Availity Essentials portal: We are pleased to offer our Medicare providers the Availity Essentials portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered yet? [Click here](#) to get started.

Molina Healthcare strives to offer tools to provider partners so you can get more done with less effort. Molina now offers an integrated messaging feature from the Claim Status screen in the Availity Essentials portal available to Molina Medicare providers at no cost.

You can submit secure messages from the Claim Status screen directly to Molina using Availity's messaging application.

Note: You will need the Claim Status and the messaging app roles to access this function. If you're an administrator for your organization, you can assign roles by selecting Maintain User from your account dashboard. Then, select the user and View/Edit their roles.

Accessing Secure Messaging: Go to Claims & Payments | Claims Status

- 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 two business days for a response.
- Access the Messaging Queue from the top right corner of your Availity home page.
- Conversations display 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

Availity's messaging app is a faster, more effective platform for resolving simple queries. The next time you have a question about the status of a claim, try messaging.

Customer Support: If you have questions about messaging from Claim Status, you can reach Availity Client Services at (800) 282-4548 from 7 a.m. to 7 p.m. CT, Monday through Friday.

Additional questions? We're here to help. Email your Provider Services Representative at mccva-provider@molinahealthcare.com.

MCG for Cite Guideline Transparency tool offers medical determination transparency

What is Cite Guideline Transparency? Cite for Guideline Transparency is a tool offered through MCG Health that allows providers to view all MCG guidelines Molina currently uses. MCG guidelines are proprietary to MCG, and Molina is not able to distribute them without the permission of MCG.

Access to Cite for Guideline Transparency is currently available via the Availity portal for Molina Medicare providers and will be rolled out in 3rd quarter to MCC Medicaid providers.

Within the Availity portal, providers will find a link to view the evidence-based criteria used to support member care decisions. We're excited to offer this enhancement that will provide medical determination transparency to our provider partners.



Molina Healthcare, Inc. Guidelines

- ▶ Ambulatory Care
- ▶ Behavioral Health Care
- ▶ General Recovery Care
- ▶ Home Care
- ▶ Inpatient & Surgical Care
- ▶ Recovery Facility Care

MCG Health
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Balance billing

Molina prohibits balance billing for covered services except for the member's applicable copayment, coinsurance and deductible amounts. The provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Molina member be liable for any sums owed that are the legal obligation of Molina to the provider. Examples of balance billing include:



- Holding Molina D-SNP members liable for Medicare Part A and B cost sharing
- Requiring Molina members to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees; and
- Charging Molina members fees for covered services beyond copayments, deductibles or coinsurance

Molina Healthcare's Special Investigation Unit is partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates at least three percent of the nation's health care costs, amounting to tens of billions of dollars, is lost to fraud, waste and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed several laws to improve overall program integrity, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used

appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid funds.

You and the SIU

The SIU analyzes provider claims by using software to identify questionable coding and/or billing patterns, and to determine compliance with the terms of the provider agreement. This includes investigating potential fraud, waste and abuse. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. Should you have questions, please contact your Provider Services Representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina Associate Vice President who oversees SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste and abuse, contact the Molina AlertLine toll free at (866) 606-3889 24 hours per day, seven days per week. In addition, use the website to make a report at any time at: <https://MolinaHealthcare.Alertline.com>.

Behavioral health resources for providers

To better support our network providers, Molina offers resources related to assessment and intervention for suicidal ideation through the [Behavioral Health Toolkit](#), located on the provider pages of the MCCofVA.com website.

Additionally, to support provider office staff, Molina has partnered with PsychHub, the world's most comprehensive multimedia platform for mental health education. We are excited to offer providers and provider office staff the opportunity to become a Certified Mental Health Ally. With the Mental Health Ally Certification, Molina can help equip staff with valuable tools and resources to support mental health in the provider offices and beyond. The Mental Health Ally Certification program is an eight-module training program now available to provider offices with the use of the cohort code. Through this course, you will learn about critical mental health topics and gain actionable skills to help others during difficult times.

To access the Mental Health Ally Certification program and other PsychHub education resources, please visit <https://lms.psychhub.com/> and create an account using cohort code: sGDcuXXmQXZEGsu.

Early Periodic Screening, Diagnostic and Treatment (EPSDT) program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

Molina is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of screening, diagnostic, and treatment services and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children; and
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Service authorization requests provider portal – Medicaid

Provider portal: We encourage contracted providers to use the provider portal for prior authorization submissions whenever possible. Instructions for how to submit a prior authorization request are available on the provider portal. Submitting your prior authorization request through the provider portal allows you to:

- Create and submit prior authorization requests
- Check status of prior authorization requests
- Receive notification of change in status of prior authorization requests
- Attach all supporting medical documentation

MCC and Availity are proud partners in bringing you a better way to submit service authorization requests. We are requesting all inpatient authorization requests now be submitted through our new Availity portal.

If you need training, please visit our Provider Resources -> Provider Materials -> Provider Trainings page to view our Availity provider authorization portal training.

Sign up for the Availity provider portal if you are not yet registered:

1. Go to www.Availity.com
2. Click “Register” in the upper right-hand corner
3. Follow the prompts to register your account

Call Availity at (800) 828-4548 if you have any issues registering.

If you are already submitting requests via the portal, please complete the following steps to submit for a concurrent review:

1. Go to “Auth Inquiry” OR “Clinical Update.”
2. Enter in the previous authorization number
3. Attach continued stay clinical documentation. Your pending request for concurrent review will then be routed to the Utilization Management (UM) team

<https://www.molinahealthcare.com/providers/va/medicaid/claims/authorization.aspx>

Service authorization requests provider portal – Medicare

To submit service requests/authorizations for Medicare, please sign up for the Availity provider portal at <https://Provider.MolinaHealthcare.com>.

The Service Requests/Authorizations page has 4 functionalities:

- Create service requests/authorizations
- Inquire status of service requests/authorizations
- Open incomplete service requests/authorizations
- Create service request/authorization template

Authorization timeframes Medicaid and Medicare

MCC follows review timeframe standards established by the Department of Medical Assistance Services (DMAS) and the National Committee for Quality Assurance (NCQA):

- Standard requests will be processed within 14 calendar days
- Expedited requests will be processed within 72 hours

Expedited requests must meet criteria that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function.

For behavioral health authorization requests, MCC follows the same timeframes listed above. Inpatient Concurrent requests will be processed within 72 hours.

Newborn notification form

MCC requires providers to complete the **Virginia Newborn Notification Form** for all newborns within 12 hours of delivery. The form can be found on the [Provider Forms page](#) of MCCofVA.com under the “Maternity” heading.