

MOLINA COMPLETE CARE VIRGINIA

July 1, 2022 Medicaid Provider Updates

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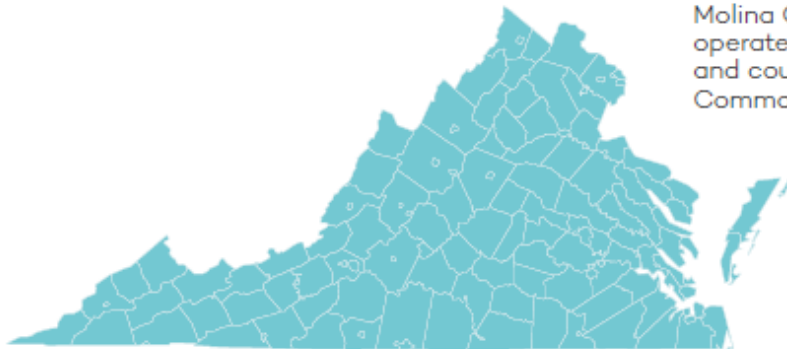
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Who we are





Molina Complete Care operates within all cities and counties in the Commonwealth of Virginia.

Molina's Commitment to Our Community

Molina Complete Care (MCC) provides government-sponsored care for qualifying individuals. Our Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 Medicaid programs, and our MCC of VA (HMO SNP) Medicare Advantage Special Needs Plan provide coverage to thousands of Virginians.

Molina Complete Care (MCC) received National Committee for Quality Assurance (NCQA) Accreditation for Medicaid HMO and an NCQA Distinction for Long Term Services and Supports.

MCC was accredited for service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement. Our Long-Term Services and Supports program was recognized for delivering efficient, effective person-centered care.

Covid-19 Relief Efforts:

Molina Complete Care (MCC) has provided over \$200k in Personal Protective Equipment (PPE) to various hospitals, FQHCs, community-based/faith-based organizations during the pandemic. MCC donated funds to support various organizations that provided childcare and school-assistance to families of essential workers. Additionally, MCC has partnered with local health districts and hospitals to provide interpreter services and assistance during COVID-19 vaccine clinics in some of the underserved areas of Virginia and assisted with the delivery of meals and toiletry items to homeless individuals.



MCCVA-ALL-WEBM-19689-21

Key Health Plan Facts

Membership
123K

Employees
235

Lines of Business
CCC Plus
Medallion 4.0
MCC of VA (HMO SNP)

Provider Network
415 Hospitals
42,012 Providers

Molina Community Events & Programs

Back to School Events, Regional Baby Showers, Remote Area Medical (RAM), Community Resource Fairs, Calming Rooms, Healthy Kids/Senior Bucks for fresh produce.

Health Plan Leadership

Darrin Johnson, Plan President
James Johnson, VP, Health Plan Operations
Ann Vaughters, MD, Chief Medical Officer
Mike Fotinos, Market Chief Financial Officer
Pamela Daniels, AVP, Market Compliance Officer
Lisa Johnston, VP, Healthcare Services
Angela Taylor, Director, Growth and Community Engagement
Jennifer Bowden, Director, Long-Term Services and Supports
Jeanne Bellucci, Director, Provider Relations
Carrie Becker, Director, Network Development
Kimberley Harshman, Director, Healthcare Services
Rob Berringer, Director, Health Plan Pharmacy Services
Vikki Rumph, Director, Quality Improvement and Risk Adjustment
Theodora Appiah-Acheampong, Director, Healthcare Services
Pamela Aldridge, Director, Health Services

Corporate Facts

Established in 1980, Molina now serves 4 million members across 18 states.

All information as of 12/31/2021

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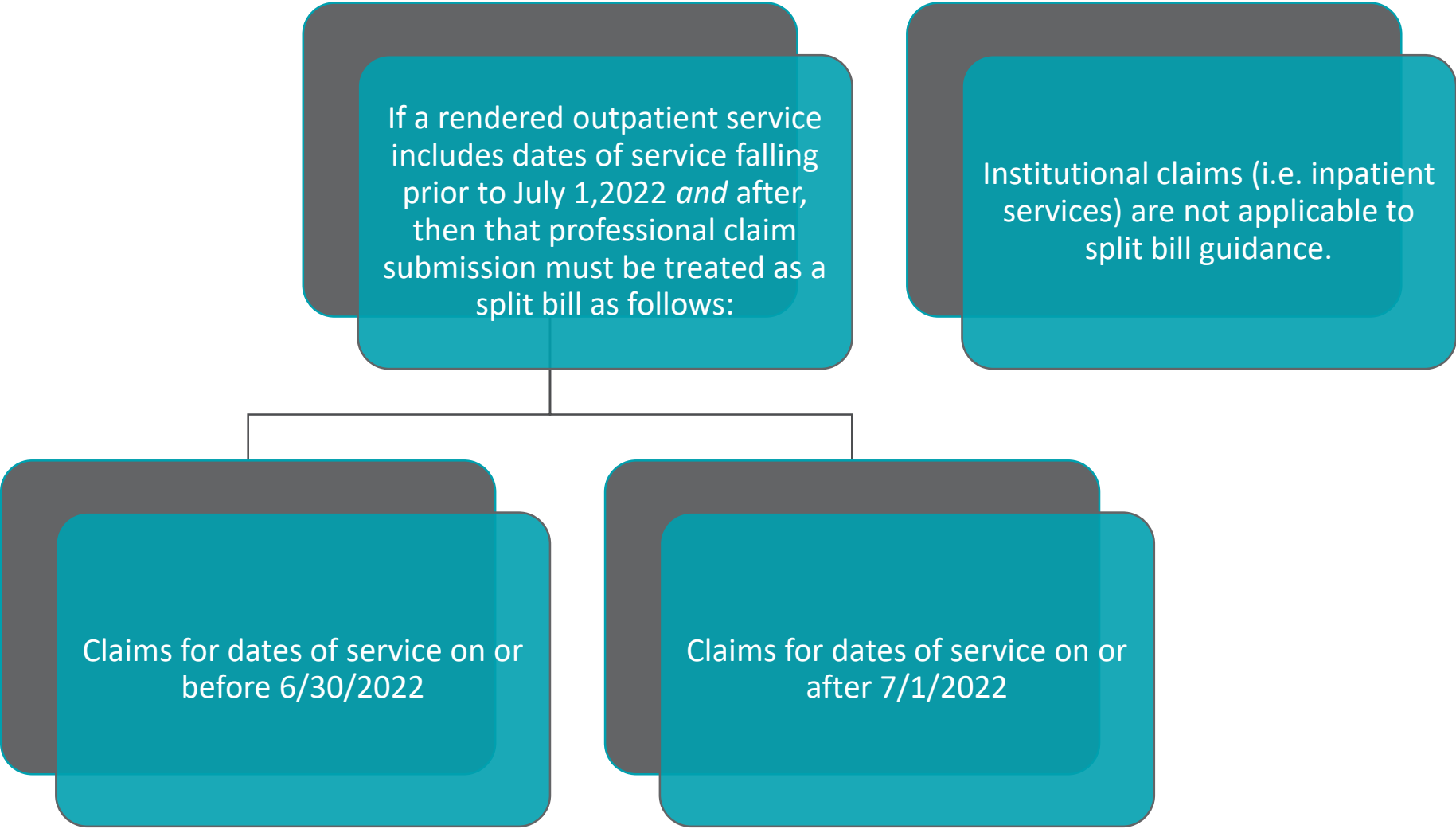
Claims process update



Electronic claims

New payer ID	Effective July 1, 2022, all claim submissions for MCC plan members must be submitted to payer ID MCC02. Note that the MCCVA payer ID will be terminated as of July 1, 2022.
Split bill guidance	If a rendered outpatient service includes dates of service falling prior to July 1, 2022 <i>and</i> after, then that professional claim submission must be treated as a split bill as follows: • Claims for dates of service on or before 6/30/2022 • Claims for dates of service on or after 7/1/2022
Availity	Effective July 1, 2022, claims with dates of service on or after 7/1/2022 can also be submitted directly to MCC via Availity at availity.com/molinahealthcare .

Split bill guidance



Paper claims address

Date of service prior to 7/1/2022	Date of service on or after 7/1/2022
Molina Complete Care Claims Service Center 1 Cameron Hill Circle, Suite 52 Chattanooga, TN 37402	Molina Complete Care PO Box 22656 Long Beach, CA 90801

Payment frequency process update



Payment frequency process update

	Date of service prior to 7/1/2022	Date of service on or after 7/1/2022
Frequency	Once weekly (Tuesday)	Twice weekly (Tuesday, Thursday)

- *Remittance [advice](#) will accompany each payment. Claims for dates of service before and after July 1, 2022 will be processed by different claims platforms so their remit advice will look different.*
- *You may receive three payments in weeks where claims for dates of service before and after July 1, 2022 are processed.*

EFT/ERA



Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA)

Effective July 1, 2022, Molina Complete Care will utilize **ProviderNet (by Change Healthcare)** for electronic payments. In-network providers are encouraged to register for ProviderNet to take advantage of the following benefits:

- **Quicker payment** – processing can take as little as 3 days from the day the claim was submitted
- **Ability to search historical ERAs** by claim number, member name, etc.
- **View, download, print and save** ERA for quick reference

To register for EFT/835s, please go to providernet.adminisource.com/Start.aspx.

[Change Healthcare ProviderNet registration instructions](#)

Change Healthcare ProviderNet contact information

Phone: (877) 389-1160

Email: wco.provider.registration@changehealthcare.com

Website: providernet.adminisource.com/Start.aspx

Availity



Availity

Molina Complete Care Medicaid is partnering with Availity to help reduce administrative resources by eliminating paperwork and phone calls. Availity Essentials is a secure, multi-payer site where providers can **check eligibility** and **benefits**, manage **claims**, single sign on to a **Prior Auths** app, and complete other secure administrative tasks for Molina Complete Care.

Here are a few things you can do with your own secure Availity Essentials user ID and password:

- View and submit claims and check **eligibility and benefits**
- Upload supporting documentation with your claims using **attachments**
- Save time and prevent errors with an **Add Provider** tool that pre-populates provider information across the Essentials platform
- Access **Remittance Viewer** for all remittance advice including claim, check, and EFT
- Use the **Prior Auths** app in Molina Complete Care's payer space and keep it handy by adding it to **My Favorites**

Availity (cont'd)

To get started with Availity, your organization must first designate an administrator for your office. The administrator is required to register the organization and is responsible for adding new users to the group's account.

Already registered with Availity? You're good to go! You're ready to start working with MCC Medicaid or register for training in the Availity Learning Center.

If you are the designated administrator for your organization, follow these steps to register with Availity:

1. First, you will need to register a user account. Go to Availity Essentials (Essentials) at [availity.com](https://www.availity.com) and select **Register** in the top right.
2. Once you review and submit your user information, select **Create Account**. You will receive an email from Availity. Confirm your email address within 24 hours.
3. Log in to Essentials where you will receive a prompt to enroll in 2-step (multi-factor) authentication.
4. Once you confirm your 2-step method, log in to Essentials. You will have a notification to register your organization.

Availability (cont'd)

5. Select the blue button, **Go to Manage My Organization**. Select **Register an Organization** and **Register a Provider/Billing Service**.
6. You will need to verify your identity either online or manually. Choose your preferred method and follow the instructions.
7. You can check the status of your registration any time by going to **Manage My Organization**. When your organization is approved, you will receive a message in Manage My Organization. You will also receive an email to the address you used during registration.
8. You can now add new users for your organization by going to **My Account Dashboard** from the Essentials home page.

Availity (cont'd)

Once your organization is registered and your administrator has set up your user account, you can register for training in the Availity Learning Center. From the Essentials home page, select **Help & Training > Get Trained**. Look for live training sessions for Molina Complete Care providers on **July 6** or **July 12**.

Need more registration help? Check out these online resources:

Registration Training Options

Apps.availity.com/availability/Demos/LP_AP_GetStarted/index.html#/

Availity Reference Guide for New Users

Availity.com/-/media/Files/Misc/Availity-Essentials-User-Guide.ashx

Utilization management / authorization updates



Utilization management/authorization updates

Provider portal

Please use this new link to access your Molina payer spaces in the Availity Essentials portal as of July 1, 2022: availity.com/molinahealthcare.

Prior authorization look-up tool

The prior authorization (PA) look-up tool is an interactive tool to help providers, members and MCC staff determine prior authorization requirements, including whether a code requires prior authorization. You can find this tool on our provider website on July 1, 2022: molinahealthcare.com/members/va/en-us/health-care-professionals/home.aspx.

Prior authorization list

As part of our effort to ease provider administrative work and help our members live healthier lives, we continue to refine our PA requirements. We do this by adding and removing PA requirements for certain medications and services. Due to the number of changes that will go into effect July 1, 2022, we are making the entire PA list available here:

molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/va/Forms/Virginia-Medicaid-Prior-Auth-Code-Matrix_508c.pdf

Utilization management/authorization updates (cont'd)

On July 1, 2022, you'll access this list on our provider site under the "Authorizations/Utilization Management" heading at molinahealthcare.com/providers/va/medicaid/resources/forms.aspx.

Fax requests for authorization

We have reconfigured our fax intake process based on services requested versus a member's plan in preparation for Cardinal Care. Please use the prior authorization request form for all fax requests, which you can find at molinahealthcare.com/providers/va/medicaid/resources/forms.aspx

Decisions on routine prior authorizations will be rendered within 14 calendar days from the date of receipt of the request. Decisions on expedited prior authorizations requests will be rendered within 72 hours from the date we receive the request if we determine that the request qualifies for expedited consideration.

Contact Provider Services if you have not received a response after waiting the required number of days.

- CCC Plus (800) 424-4524
- Medallion 4.0 (800)424-4518

Utilization management/authorization updates (cont'd)

These new fax numbers are effective July 1, 2022:

Service requested for CCC Plus & Medallion 4.0 plans	Fax number effective 7/1/2022
Inpatient physical health	(866) 210-1523
Outpatient physical health	(855) 769-2116
Long Term Support Services (LTSS)	(800) 614-8207
Behavioral health	(855) 339-8179
Maternity	(866) 210-1523
Advanced imaging	(877) 731-7218
Transplant	(877) 813-1206
Pharmacy	(844) 278-5731
Virginia DSNP Medicare	(888) 656-2389
Care coordination documents (newborn notification, UAI, IFSP, etc.)	(800) 614-7934

Quality improvement team overview



Quality Improvement team overview

Quality Operations Team

Supporting providers and members to improve health outcomes



What is the Quality Improvement Program?

Through the MCC of VA Quality Improvement (QI) Program, we continuously strive to facilitate better health outcomes through provider partnerships and member satisfaction.

Overview

The QI program uses a targeted approach in the identification and remediation of health care barriers based off monthly provider score cards. This program provides assistance in addressing health care needs and promoting wellness and preventive care.

QI Specialists can help:



Schedule appointments and transportation to provider offices



Collaborate to identify strategies to close gaps in care (host Molina Clinic Days)



Provide education and drive improvement opportunities



Distribute monthly reports to providers to provide operational efficiency and member support

Help is just a connection away. Please email the QI team at QualityVA@molinahealthcare.com

Description of services:

Support provider and member concerns regarding barriers to health. Anticipate provider service needs to proactively remove obstacles. Provide education and additional resources.

Criteria for success:

- **Target approach to identify patient gaps in care**
- **Effectively address challenges and questions in effort to promote better health outcomes.**

Appeals & grievances update



Appeals & grievances address

New mailing address effective July 1, 2022:

Appeals & Grievance
Molina Healthcare, Inc.
PO Box 36030
Louisville, KY 40233-6030

Provider Medicaid refund payment update



Provider Medicaid refund payments

New mailing address effective July 1,2022:

Attn: Recoveries Lockbox

401 Market Street

Box 780192

Philadelphia, PA 19178-0192

New Doula benefit



Doula benefit

New Medicaid Doula benefit

- Effective July 1, 2022
- Licensed provider must refer member
- Doulas must have state certification and NPI
- Enroll in Medicaid as a provider and contract with MCOs

The DMAS Doula care recommendation form can be found here:

molinahealthcare.com/providers/va/medicaid/resources/forms.aspx

Incentive program



Incentive program

Pay for Quality

Molina's gap closures *incentive* program

One of our top priorities is ensuring our members have access to and receive high-quality complete and timely care. We're pleased to announce our 2022 Pay for Quality program for primary care providers (PCPs).

- MCC has chosen a set of select, but critical, quality measures for 2022 that will be included in this incentive program.
- MCC will pay the primary care group of record a dollar amount per compliant member **after** that provider achieves the 50th percentile benchmark for that measure for their assigned panel.
- No special authorization is needed for you to send the records to MCC. The form you obtain from the patient permitting you to bill us or your contracted provider medical group for the care you have rendered is sufficient under HIPAA regulations.

If you have any questions about this program, please call Provider Services from 8 a.m. through 6 p.m. local time, Monday through Friday.

- Carrie Edge, Regional Risk Specialist: (804) 640-6707
- Commonwealth Coordinated Care Plus: (800) 424-4524 (TTY 711)
- Medallion 4.0: (800) 424-4518 (TTY 711)

Clinic day



Clinic day

What is clinic day?

Clinic days occur when a network provider agrees to hold open appointments over the course of one or more days for MCC members. This is usually done in blocks of four or eight hours.

About clinic days

Molina Complete Care launched a program in 2019 to improve health status and outcomes. HEDIS® measures members' utilization of health care services. This program engages members and providers to improve access to care. Working with our network providers, we reach out to members who have not completed specific recommended health services.

What are the benefits of hosting a clinic day event?

Clinic days offer a way to encourage MCC members to obtain the health services they need while improving your HEDIS® rates and decreasing no-shows. They also allow open communication for everyone.

How MCC can help

We can:

- Measure and improve performance
- Identify and manage patient populations in need of care
- Reduce administrative burden on office staff
- Reduce number of no-shows

What support will MCC provide?

When hosting a clinic day event, MCC will:

- Work with your office to reach out to MCC members to schedule appointments
- Distribute member invitations and appointments

Where will the event take place?

The event will take place at the office of the network provider(s) who agree to hold open appointments for our members.

Open appointments are scheduled appointments for MCC members. They are held during the time a provider make available for the event.

Pharmacy: CVS/Caremark



Pharmacy: CVS/Caremark

On January 1, 2022, Molina Complete Care (MCC) switched 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 switched to better serve you and improve your overall pharmacy experience.

What stayed the same?

There was 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 did not change.

What changed?

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

Pharmacy: CVS/Caremark (cont'd)

January 1, 2022 changes:

- Member ID cards
 - The member ID cards for CCC Plus and Medallion 4.0 members 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.
- Retail pharmacy network
 - MCC is 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 home that may be used. Members received a letter from MCC identifying in-network pharmacies close to home.
- Specialty pharmacy network
 - MCC is 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.

Pharmacy: CVS/Caremark (cont'd)

Formulary

There was 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. We sent impacted members a Negative Formulary Change letter in November 2021.

The Molina UM Pharmacy team will review service authorization requests for all medications. Call or fax the service authorization request form to:

- Phone:
 - CCC Plus: (800) 424-4524
 - Medallion 4.0: (800) 424-4518
- Fax: (844) 278-5731

Service authorization forms may be obtained at molinahealthcare.com/providers/va/medicaid/resources/forms.aspx.

Provider Service Managers



Provider Service Managers

William “Beau” Thompson – Home Health, Personal Care, LTSS, Adult Day Care, Hospice

- Statewide
- Email: William.Thompson@MolinaHealthcare.com
- Phone: (804) 258-2747

Tongela Robinson – Behavioral Health Specialties

- Northern VA, Roanoke/Allegheny, Far SWVA, Central Counties
- Email: Tongela.Robinson@MolinaHealthcare.com
- Phone: (804) 239-8557

Kimberly Hudson – Behavioral Health Specialties

- Tidewater, Charlottesville/Western, Central Counties
- Email: Kimberly.Hudson@MolinaHealthcare.com
- Phone: (804) 221-6148

Provider Service Managers

Kishwar Johnson

- Northern/Winchester
- Email: Kishwar.Johnson@MolinaHealthcare.com
- Phone: (571) 232-9127

Oana Smith

- Roanoke/Allegheny — Far SW, Border TN, WV, KY, NC
- Email: Oana.Smith@MolinaHealthcare.com
- Phone: (540) 204-5144

Charlene Taylor

- Central counties
- Email: Charlene.Taylor@MolinaHealthcare.com
- Phone: (804) 658-8407

Provider Service Managers

Rita Darden

- Tidewater – Border NC (where borders Tidewater)
- Email: Rita.Darden@MolinaHealthcare.com
- Phone: (757) 352-8384

Shana Collier

- Charlottesville, Western regions
- Email: Shana.Collier@MolinaHealthcare.com
- Phone: (804) 495-7005

Kenishia Harris (Sr. Rep. Provider Network)

- Central counties
- Email: Kenishia.Harris@MolinaHealthcare.com
- Phone: (804) 762-3531

Q&A



Q&A

Thank you for being a valued MCC network provider and helping us provide high quality health care services to our members.

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