

Virginia July 1 transition to Molina systems Provider FAQs

Molina Complete Care (MCC) is migrating to Molina's systems effective July 1, 2022, and we'd like to make this transition as smooth as possible. We value our relationship with you and will update you as we know more. In the meantime, we'll continue to provide the quality and compassionate service we are known for.

General questions

Q: What is happening with MCC?

A: MCC will be migrating to Molina systems effective July 1, 2022.

Q: Are any benefits changing? (Regular and/or enhanced)

A: Nothing is changing at this time. In accordance with our provider and state contracts, we will notify you of any changes well in advance of their implementation.

Q: Is prior authorization/pre-approval information changing?

A: Yes, the authorization/pre-approval access information is changing. See the attached chart to see the changes effective July 1, 2022.

Q: What about the changes to rules based on COVID-19?

A: We will continue to follow all CMS and state guidelines that have been modified/put in place as a response to COVID-19.

Q: Are any processes, websites/portals or other systems changing?

A: MCC will fully migrate all systems by July 1, 2022. We'll be introducing a new and improved provider portal hosted by Availity. Members will also have access to MyMolina, a new member portal, along with a mobile app for information on the go. See the chart below for the website/portal changes.

Q: When can I get access to the Molina provider portal and other systems?

A: These will be available on July 1, 2022.

Q: Will I get a new provider relations representative?

A: Until further notice, you will continue to work with your current MCC contacts. We value our relationship with you and are committed to providing the same level of service and care we are known for.

Q: Who do I call/where can I go to get updates?

A: We will notify you in advance of any changes via email or fax blast. We also have a full list of FAQs on our health plan website at MCCofVA.com. If you have any questions, you can also give us a call at (800) 424-4524 (CCC Plus) or (800) 424-4518 (Medallion 4.0) Monday through Friday from 8 a.m. to 6 p.m. local time, or email us at MCCVA-Provider@MolinaHealthcare.com.

Q: Does anything change in the services you provide?

A: Our focus remains on providing you and our members the quality service you and they have come to expect from us. The below chart lists the changes that will take effect on July 1, 2022:

	Prior to July 01, 2022	Effective July 01, 2022
Claim payment frequency	Claim payment is once a week on Tuesday for adjudicated claims with dates of service prior to 7/1/2022 .	Claim payment is twice a week on Tuesday and Thursday for adjudicated claims with dates of service on or after 7/1/2022 .
Paper claims submission address	Paper claims with dates of service prior to 7/1/2022 should be mailed to: Molina Complete Care Claims Service Center 1 Cameron Hill Circle, Suite 52 Chattanooga, TN 37402	Paper claims with date of service on or after 7/1/2022 should be mailed to: Molina Complete Care PO Box 22656 Long Beach, CA 90801
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: <ul style="list-style-type: none">• Claims for dates of service on or before 6/30/2022• Claims for dates of service on or after 7/1/2022
Electronic claims submission:	Claims prior to 7/1/2022 use payer ID # MCCVA	All claim submissions for MCC plan members must be submitted to payer ID MCC02 . <i>Note that the MCCVA payer ID will be terminated as of July 1, 2022.</i>

Provider portal		<p>You'll get a new and improved provider portal through Availity.com.</p> <p>If you aren't registered for the Availity portal, you can call Availity Client Services at (800) AVAILITY (282-4548) Monday through Friday from 8 a.m. to 8 p.m. ET.</p> <p>Provider portal: Availity.com/molinahealthcare</p>
Website (no change)	MCCofVA.com	MCCofVA.com
Provider services phone and fax lines (no change)	<p>Our phone and fax lines for Provider Services will remain the same</p> <ul style="list-style-type: none"> • CCC Plus: (800) 424-4524 • Medallion 4.0: (800) 424-4518 	<p>Our phone and fax lines for Provider Services will remain the same.</p> <ul style="list-style-type: none"> • CCC Plus: (800) 424-4524 • Medallion 4.0: (800) 424-4518
Appeals & grievances:	<p>Phone:</p> <ul style="list-style-type: none"> • CCC Plus: (800) 424-4524 • Medallion 4.0: (800) 424-4518 <p>Mail:</p> <p>Molina Complete Care ATTN: Appeals Specialist 3829 Gaskins Rd. Richmond, VA 23233</p> <p>Email: MCCVA-Appeals@MolinaHealthcare.com</p> <p>Fax: (866) 325-9157</p>	<p>Phone:</p> <ul style="list-style-type: none"> • CCC Plus: (800) 424-4524 • Medallion 4.0: (800) 424-4518 <p>Mail:</p> <p>Appeals & Grievances Molina Healthcare, Inc. PO BOX 36030 Louisville, KY 40233-6030</p> <p>Email: MCCVA-Appeals@MolinaHealthcare.com</p> <p>Fax: (866) 325-9157</p>
Prior Authorization (PA) look-up tool		<p>The PA look-up tool is available here: molinahealthcare.com/members/va/en-us/health-care-professionals/home.aspx.</p>
Prior Authorization (PA) list		<p>The PA list is available here: molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/va/Forms/Virginia-Medicaid-Prior-Auth-Code-Matrix_508c.pdf</p>

Fax request form for authorization		The PA request form is available here: molinahealthcare.com/providers/va/medicaid/re-sources/forms.aspx
Services and their fax numbers		New fax numbers effective July 1, 2022: <ul style="list-style-type: none"> • 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 • 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 • Maternity: (866) 210-1523
Register for EFT/ERA		To register for EFT/ERA's please go to providernet.adminisource.com/Start.aspx Change Healthcare ProviderNet Registration Instructions Phone: (877) 389-1160 Email: wco.provider.registration@changehealthcare.com Website: providernet.adminisource.com/Start.aspx

Q: Is the provider manual changing? Do I need to get a new one? Can I get a copy of Molina's provider manual?

A: We will have a newly updated provider manual available to access on our website on July 1, 2022.

Q: Will my contract and/or reimbursement rates change? Will I have to sign a new contract with Molina?

A: Nothing is changing right now, and we cannot say if contracts, rates and/or paper will change in the future. If something is going to change, we'll notify you in advance per our contracts with you and the state.

Q: What will happen to my MCC patients/customers?

A: Nothing new is happening right now. Your members have the same benefits and need to follow the same program guidelines until further notice.

Q: Will my members' care managers remain the same?

A: Our members' care managers are not changing during the migration. As with any care management team, employees may choose to leave at any time, but no active changes will be made.

Q: I am in the middle of being credentialed/recredentialed. Has that stopped?

A: All credentialing and recredentialing activities are continuing, and there has been no change to the process. If something changes, our credentialing team will reach out to you.

Claims

Q: Where do I send claims now and after the migration is complete?

A: Please continue to submit claims in the same manner you currently do. The only change is to the claims address and payer ID number. Beginning July 1, 2022, you will send claims to the new address and payer ID number listed in the chart above.

Q: What happens to claims that are still pending when the migration is complete?

A: Those claims will continue to be worked as they are today, and you will continue to receive payments and EOBs as you do today for all claims with a date of service on or prior to the July 1, 2022 migration date.

Q: How do we bill outpatient dates of service that carries over to 7/1/2022?

A: All claim submissions for MCC plan members must be submitted to payer ID MCC02. The MCCVA payer ID will be terminated as of July 1, 2022.

Q: Will MCC extend timely filing waivers to allow providers to adjust to new codes/new claims set up?

A: No, there won't be any changes to timely filing. The only change will be to the claims address and payer ID number. See the chart above.

Q: How will any outstanding balances prior to closing be addressed?

A: We'll continue servicing runout activities on the legacy MCC system and processes.

Q: Will the claims payment turnaround time change?

A: Yes, the claims payment turnaround time will change. See the chart above for further clarification.

Q: Will I be able to receive EFT/ERA under the new system?

A: Yes, you have to register for EFT/ERA on the Change Healthcare ProviderNet site. See the chart above for the link.

Authorizations and referrals

Q: How do I find the status of my referrals and authorizations?

A: Please continue the same referral and authorization processes you currently use. Effective July 1, 2022, you will also be able to utilize the Availity portal to look up status of your referrals/authorizations.

Q: Can I fax prior authorization requests to MCC?

A: Yes, the chart above details where you can obtain the fax request forms and it also lists the different fax numbers for the services.

Q: When will I get new authorizations?

A: Authorizations will be submitted through the current channels that exist today, with the exception of email. Beginning July 1, 2022, you'll be able to submit authorization requests through the Availity provider portal. We're converting any open authorization requests as part of the migration efforts. We'll retain the history for these authorization requests for referencing and reporting purposes.

Please email questions to MCCVA-Provider@MolinaHealthcare.com. Thank you for being a valued MCC network provider and helping us provide high quality health care services to our members