

# PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks



## Important Message – Updating Provider Information

It is important for Molina Healthcare of Washington (Molina Healthcare) to keep our provider network information up to date. Current provider information allows Molina Healthcare to accurately generate provider directories, process claims and communicate with our network of providers. Providers must notify Molina Healthcare in writing at least 30 days in advance, when possible, of changes such as:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers Only: If your practice is open or closed to new patients
- When a provider joins or leaves the practice

Changes should be submitted on the “Provider Information Change Form” located on the Molina website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) under the Provider Forms section.

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**Send changes to:**

**Email:** [MHWPProviderInformation.QNXTChanges@MolinaHealthcare.com](mailto:MHWPProviderInformation.QNXTChanges@MolinaHealthcare.com)

**Fax:** (877) 814-0342

**Mail:** Molina Healthcare of Washington  
P.O. Box 4004  
Bothell, WA 98041-9922  
ATTN: Provider Services Department

## Practitioner Credentialing Rights: What You Need to Know

Molina Healthcare has a duty to protect its members by assuring the care they receive is of the highest quality. One protection is assurance that our providers have been credentialed according to the strict standards established by the state regulators and accrediting organizations. Your responsibility, as a Molina Healthcare provider, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Molina Healthcare also has a responsibility to its providers to assure the credentialing information it reviews is complete and accurate. As a Molina Healthcare provider, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process
- Nondiscrimination during the credentialing process
- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, with the exception of references, recommendations or other peer-review protected information
- Correct erroneous information
- Be informed of the status of your application upon request by calling the Credentialing Department at (800) 423-9899
- Receive notification of the credentialing decision within 60 days of the committee decision
- Receive notification of your rights as a provider to appeal an adverse decision made by the committee
- Be informed of the above rights

For further details on all your rights as a Molina Healthcare provider, please review your Provider Manual. You may also review the provider manual on our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) or call your Provider Services Representative for more details.

## Molina Healthcare's Utilization Management

One of the goals of Molina Healthcare's Utilization Management (UM) department is to render appropriate UM decisions that are consistent with objective clinical evidence. To achieve that goal, Molina Healthcare maintains the following guidelines:

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances (minimum age, comorbidities, complications, progress of treatment, psychosocial situation, and home environment, when applicable) and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Molina Healthcare's clinical criteria includes Change Healthcare InterQual<sup>®</sup> criteria, Hayes Directory, Medicare National and Local Coverage Determinations, applicable Medicaid

Guidelines, Molina Medical Coverage Guidance Documents (developed by designated Corporate Medical Affairs staff in conjunction with Molina Healthcare physicians serving on the Medical Coverage Guidance Committee) and when appropriate, third party (outside) board-certified physician reviewers.

- Molina Healthcare ensures that all criteria used for UM decision-making are available to practitioners upon request. **To obtain a copy of the UM criteria used in the decision-making process, call our UM Department at (800) 869-7185.**
- As the requesting practitioner, you will receive written notification of all UM denial decisions. The notification will include the name and telephone number of the Molina Healthcare physician that made the decision. Please feel free to call him or her to discuss the case. If you need assistance contacting a medical reviewer about a case, please call the UM Department at (800) 869-7185.

It is important to remember that:

- UM decision making is based only on appropriateness of care and service and existence of coverage
- Molina Healthcare does not reward practitioners or other individuals for issuing denials of coverage or care
- UM decision makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization
- Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage
- Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network, Molina Healthcare will arrange for a member to obtain the second opinion out-of-network at no additional cost to the member than if the services were obtained in-network.
- Some of the most common reasons for a delay or denial of a request include:
  - Insufficient or missing clinical information to provide the basis for making the decision
  - Lack of or missing progress notes, or illegible documentation
  - Request for an urgent review when there is no medical urgency

Molina Healthcare's UM Department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call (800) 869-7185. You may also fax a question about a UM issue to (800) 767-7188. A Medical Director is available for more complex medical decision questions and explanations of medical necessity denials. For information about pre-authorization and the exception process, please refer to the *Drug Formulary and Pharmaceutical Procedures* article.

Molina Healthcare's regular business hours are Monday – Friday (excluding holidays) 7:30 a.m. – 5:00 p.m. Voicemail messages and faxes received after regular business hours will be returned the following business day. Molina Healthcare has language assistance and TDD/TTY services for members with language barriers or with hearing and/or speech problems.

## Drug Formulary and Pharmaceutical Procedures

At Molina Healthcare, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the Pharmacy and Therapeutics (P&T) Committee. This committee usually meets on a quarterly basis or more frequently if needed. It is composed of your peers – practicing physicians (both primary care physicians and specialists) and pharmacists. The

committee's goal is to provide a safe, effective and comprehensive Drug Formulary/PDL. The P&T Committee evaluates all therapeutic categories and selects the most cost-effective agent(s) in each class. In addition, the committee reviews prior authorization procedures to ensure that medications are used safely, and in accordance with the manufacturer's guidelines and FDA-approved indications. The committee also evaluates and addresses new developments in pharmaceuticals and new applications of established technologies, including drugs. Molina Healthcare has two PDLs, one is for over-the-counter (non-prescription drugs) and the other for prescription drugs.

Medications prescribed for Molina Healthcare members must be listed in the Drug Formulary/PDL. The Drug Formulary/PDL also includes an explanation of limits or quotas, any restrictions and medication preferences, and the process for generic substitution, therapeutic interchange and step-therapy protocols. Select medications listed on the Drug Formulary/PDL may require prior authorization, as well as any medication not found on the listing. When there is a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by submitting, via fax, a Medication Prior Authorization Form or by calling the Pharmacy Prior Authorization Department. The Drug Formulary/PDL is available online at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) and printed copies may be obtained by calling the Provider Services Department at (855) 322-4082.

The Drug Formulary/PDL processes for requesting an exception request and generic substitutions, therapeutic interchanges and step-therapy protocols are distributed to our network providers through fax and/or mail once updates are made. These changes and all current documents are posted on the Molina Healthcare website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

When there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by Molina Healthcare within 30 calendar days of the Food and Drug Administration notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax, mail and/or telephone.

## Case Management

Molina Healthcare offers you and your patients the opportunity to participate in our Case Management Program. Patients appropriate for this voluntary program are those who have the most complex service needs. This may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties and/or have additional social, psychosocial, psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

The purpose of the Molina Healthcare Case Management Program is to:

- Conduct a needs assessment of the patient, patient's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our members to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and on-going care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family

If you would like to learn more about this program, speak with a Case Manager and/or refer a patient for an evaluation for this program, please call (855) 322-4082.

## Website

Featured at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com):

- Clinical Practice and Preventive Health Guidelines
- Health Management Programs
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Provider Manual
- Current Formulary & Updates
- Pharmaceutical Management Procedures
- UM Affirmative Statement (re: non-incentive for under-utilization)
- How to Obtain Copies of UM Criteria
- How to Contact UM Staff & Medical Reviewer
- New Technology
- Provider Resources for Behavioral Health, Culturally and Linguistically Appropriate Services, Diabetes and Opioid Prevention
- Cultural Competency Provider Trainings
- How to Access Language Services

If you would like to receive any of the information posted on our website in hard copy, please call (855) 822-4082.

## Translation Services

We can provide information in our members' primary language. We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Molina Healthcare's Provider Services Department at (855) 322-4082. You can also call TTD/TTY:711, if a member has a hearing or speech disability.

## Patient Safety

Patient Safety activities encompass appropriate safety projects and error avoidance for Molina Healthcare members in collaboration with their primary care providers.

### Safe Clinical Practice

The Molina Healthcare Patient Safety activities address the following:

- Continued information about safe office practices
- Member education; providing support for members to take an active role to reduce the risk of errors in their own care
- Member education about safe medication practices
- Cultural competency training

- Improvement in the continuity and coordination of care between providers to avoid miscommunication
- Improvement in the continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribution of research on proven safe clinical practices

Molina also monitors nationally recognized quality index ratings for facilities from:

- Leapfrog Quality Index Ratings ([www.leapfroggroup.org](http://www.leapfroggroup.org))
- The Joint Commission Quality Check® ([www.qualitycheck.org](http://www.qualitycheck.org))

Providers can also access the following links for additional information on patient safety:

- The Leapfrog Group ([www.leapfroggroup.org](http://www.leapfroggroup.org))
- The Joint Commission ([www.jointcommission.org](http://www.jointcommission.org))

## Care for Older Adults

Many adults over the age of 65 have co-morbidities that often affect their quality of life. As this population ages, it's not uncommon to see decreased physical function and cognitive ability and increase in pain. Regular assessment of these additional health aspects can help to ensure this population's needs are appropriately met.



- **Advance care planning** – Discussion regarding treatment preferences, such as Advance Directives, should start early before a patient is seriously ill.
- **Medication review** – All medications that the patient is taking should be reviewed, including prescription and over-the-counter medications or herbal therapies.
- **Functional status assessment** – This can include assessments, such as functional independence or loss of independent performance.
- **Pain screening** - A screening may comprise of notation of the presence or absence of pain.

Including these components into your standard well care practice for older adults can help to identify ailments that can often go unrecognized and improve their quality of life.

## Hours of Operation

Molina Healthcare requires that providers offer Medicaid patient hours of operation no less than hours offered to commercial patients.

## Non-Discrimination

As a Molina Healthcare provider you have a responsibility to not differentiate or discriminate in providing covered services to members because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, socioeconomic status, or participation in publicly financed health care programs. Providers are to render covered services to patients in the same location, in the same manner, in accordance with the same standards and within the same time availability regardless of payer.

## Member Rights and Responsibilities

Molina Healthcare wants to inform its providers about some of the rights and responsibilities of Molina Healthcare members.

### **Molina Healthcare members have the right to:**

- Receive information about Molina Healthcare, its services, its practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of their dignity and their right to privacy
- Help make decisions about their health care
- Participate with practitioners in making decisions about their health care
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about Molina Healthcare or the care it provides
- Make recommendations regarding Molina Healthcare's Member Rights and Responsibilities Policy

### **Molina Healthcare members have the responsibility to:**

- Supply information (to the extent possible) that Molina Healthcare and its practitioners and providers need in order to provide care
- Follow plans and instructions for care that they have agreed to with their practitioners
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- Keep appointments and be on time. If members are going to be late or cannot keep an appointment, they are instructed to call their practitioner.

You can find the complete Molina Healthcare Member Rights and Responsibilities statement for your state at our website [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com). Written copies and more information can be obtained by contacting the Provider Services Department at (855) 322-4082.

## Population Health (Health Education, Care Management and Complex Case Management)

The tools and services described here offer educational support for our members. We may change them at any time as necessary to meet the needs of our members.

Molina Healthcare offers programs to help our members and their families manage a diagnosed health condition. You, as a provider, also help us identify members who may benefit from these programs. Members can request to be enrolled or dis-enrolled in these programs. Our programs include:

- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management/Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD) management
- Depression management
- Assisted management of chronic conditions including physical, mental and substance use disorder needs
- Assistance with access to community-based services such as housing and food needs

For more information about our programs, please call: Provider Services at (855) 322-4082 (TTY/TDD at 711 Relay).

You can also find more information about our programs on the Molina Healthcare website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

## Quality Improvement Program



The Molina Healthcare Quality Improvement Program (QIP) provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in members' health care and service. The Quality Improvement Committee (QIC) assists the organization to achieve these goals. The Quality Improvement Program complements the Triple Aim goals of the Institute for Healthcare Improvement to improve the health of our populations, enhance the experience of care for our

members, and reduce the cost of health care. Most importantly, we help our members achieve their person-centered social, medical and behavioral health goals.

**Molina Healthcare implements the following key processes and activities to support our quality improvement strategy. These activities include but are not limited to:**

- Identifying priority areas and improvement opportunities that are formalized through development of Quality Improvement projects;
- Implementing quality interventions and programs focused on preventive health, health education, disease management, complex case management, and the use of clinical guidelines that address the priority (and/or complex health) needs associated with the major high-risk, acute and chronic health problems faced by plan members;
- Detecting topics through the yearly program evaluation that are formalized as a Quality Improvement Project and/or activity to address clinical or service aspects of care;
- Identifying topics and focus areas linked to critical national, state and/or plan quality improvement priorities, including but not limited to, improving health outcomes, preventing hospital readmissions, improving patient safety and reducing medical errors, wellness and health promotion and reducing health and health care disparities;
- Identifying Quality Improvement activities and interventions that may address gaps in operational systems, functions, inter-departmental linkages, as well as activities that directly impact members, caregivers and/or providers;
- Formalizing Quality Improvement Projects with project-specific goals, objectives and metrics with indices to check results against applicable national practice standards and initiating actions to address identified gaps;

- Classifying Quality Improvement activities that may: 1) result in organizational policies and procedures; 2) address gaps in staffing patterns or personnel, or training needs; 3) deploy tools, materials, processes and protocols to address member needs; and/or 4) support providers in the delivery of services;
- Evaluating Quality Improvement Project results to demonstrate improvements over baseline along with periodic follow-up to foster sustained improvements;
- Using multi-disciplinary and cross-dimensional teams to address process improvements that can enhance health care and services, as well as primary, specialty and behavioral health practitioners, as appropriate;
- Documenting clinical and non-clinical improvement activities in required templates; and
- Overseeing delegated processes to make sure delegated groups meet Molina Healthcare requirements.

The QIP promotes and fosters accountability of employees, network and affiliated health personnel for the quality and safety of care and services provided to Molina Healthcare members.

The effectiveness of QIP activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results.
- Clear documentation of meeting minutes and action items that ensures the accuracy of all Quality Improvement committee and subcommittee activities. Committee minutes are contemporaneous and are dated and signed to ensure that the minutes represent the official findings of the committee;
- Tracking of progress of Quality Improvement activities through appropriate quality committee minutes, follow-up of action items, and review and update of the Quality Improvement Work Plan quarterly; and
- Modification of interventions as required based on analysis and checking for incorporation at least annually into the Quality Improvement Work Plan.

Molina Healthcare would like to help you to promote the important care activities you have undertaken in your practices. If you would like to have your projects and programs highlighted on the Molina Healthcare website, please contact the Quality Improvement Health Education Line at (425) 424-1100, Ext. 141428.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals, or would like to request a paper copy of our documents, please call the Quality Improvement Health Education Line at (425) 424-1100, Ext. 141428. You can also visit our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) to obtain more information.

## Standards for Medical Record Documentation

Providing quality care to our members is important; therefore, Molina Healthcare has established standards for medical record documentation to help assure the highest quality of care. Medical record standards promote quality care through communication, coordination and continuity of care, and efficient and effective treatment.



Molina Healthcare's medical record documentation standards include:

- Medical record content
- Medical record organization
- Information filed in medical records
- Ease of retrieving medical records
- Confidential patient information
- Standards and performance goals for participating providers

Below are commonly accepted standards for documentation in medical records and must be included in each medical record:

- History and physicals
- Allergies and adverse reactions
- Problem list
- Medications
- Documentation of clinical findings and evaluation for each visit
- Preventive services/risk screening

For more information, please call the Credentialing Department at (800) 423-9899.

## Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to the provider and his/her patients. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.

These guidelines are meant to recommend a standard level of care and do not preclude the delivery of additional preventive services depending on the individual needs of the patient.

To request printed copies of Preventive Health Guidelines, please contact the Provider Services Department at (855) 322-4082. You can also view all guidelines on the Molina Healthcare website at: [http://www.molinahealthcare.com/providers/wa/medicaid/resource/Pages/guide\\_clinical.aspx](http://www.molinahealthcare.com/providers/wa/medicaid/resource/Pages/guide_clinical.aspx)

## Clinical Practice Guidelines

Clinical Practice Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations. The recommendations for care are suggested as guides for making clinical decisions. Clinicians and their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

Molina Healthcare has adopted the following Clinical Practice Guidelines which include but are not limited to:

- Asthma
- Attention Deficit Hyperactivity Disorder
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hypertension
- Obesity
- Opioid Management
- Perinatal Care
- Pregnancy Management
- Sickle Cell Disease
- Substance Abuse Treatment

To request a copy of any guideline, please contact Molina Healthcare's Provider Services Department at (855) 322-4082. You can also view all guidelines on the Molina Healthcare website at:

[http://www.molinahealthcare.com/providers/wa/medicaid/resource/Pages/guide\\_clinical.aspx](http://www.molinahealthcare.com/providers/wa/medicaid/resource/Pages/guide_clinical.aspx)

## Advance Directives

Helping your patients prepare Advance Directives may not be as hard as you think. Any person 18 years or older can create an Advance Directive. Advance Directives include a living will document and a durable power of attorney document.

A living will is written instruction that explains your patient's wishes regarding health care in the case of a terminal illness or any medical procedures that prolong life. A durable power of attorney names a person to make decisions for your patient if he or she becomes unable to do so.

*The following links provide you and your patients with free forms to help create an Advance Directive:*

<http://www.nlm.nih.gov/medlineplus/advancedirectives.html>

<http://aging.utah.edu/programs/utah-coa/directives/>

[www.caringinfo.org](http://www.caringinfo.org)

For the living will document, your patient will need two witnesses. For a durable power of attorney document, your patient will need valid notarization.

A patient's Advance Directive must be honored to the fullest extent permitted under law. Providers should discuss Advance Directives and provide appropriate medical advice if the patient desires guidance or assistance, including any objections they may have to a patient directive prior to service whenever possible. In no event may any provider refuse to treat a patient or otherwise discriminate against a patient because the patient has completed an Advance Directive. Patients have the right to file a complaint if they are dissatisfied with the handling of an Advance Directive and/or if there is a failure to comply with Advance Directive instructions.

It is helpful to have materials available for patients to take and review at their convenience. Be sure to put a copy of the completed form in a prominent section of the medical record. The medical record should also document if a patient chooses not to execute an Advance Directive. Let your patients know that advance care planning is a part of good health care.

## Behavioral Health



Primary Care Providers provide outpatient behavioral health services, within the scope of their practice, and are responsible for coordinating members' physical and behavioral health care, including making referrals to Behavioral Health Providers when necessary. If you need assistance with the referral process for Behavioral Health services, please contact the UM Department at (800) 869-7185.

## Care Coordination & Transitions

### Coordination of Care during Planned and Unplanned Transitions for Medicare Members

Molina Medicare is dedicated to providing quality care for our Medicare members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Molina Medicare member is discharged from a hospital. By working together with providers, Molina Medicare makes a special effort to coordinate care during transitions. This coordination of specific aspects of the member's transition is performed to avoid potential adverse outcomes.

To assist with the discharge planning of Molina Medicare members, please note the following important phone numbers:

- Medicare Member Services (800) 665-1029 & Pharmacy (888) 665-1328
- Behavioral health services and substance abuse treatment for Molina Medicare members can be arranged by contacting: (800) 665 -1029
- Transportation services for Molina Medicare members may be arranged by calling Molina at: (888) 655-4833
- The Nurse Advice Line is available to members 24 hours a day, 7 days a week for both physical and Behavioral Health needs at: (888) 275-8750

### **Important information you need to know about Molina Medicare Complete Care HMO SNP:**

- All beneficiaries have rights that are defined in our Provider Manual. They are also available in the member Evidence of Coverage (EOC) posted on our website at <https://www.molinahealthcare.com/members/wa/en-us/Pages/home.aspx>.
- Molina Medicare Complete Care HMO SNP members have Medicare and Medicaid benefits designed to meet their special needs. Therefore, the state agency or its designated health plans have the responsibility for coordinating care, benefits and co-payments. Please be aware of your patients' status and Medicaid benefits and bill the correct entity.
- Health plans and providers can never charge these members more than they would have paid under Original Medicare and Medicaid. Members can also call the Medicaid agency for details and have specific rights with regard to their Medicaid benefits.

- Providers are responsible for verifying eligibility and obtaining approval for services that require prior authorization as outlined in the Provider Contract. Our Medicare Member Services department can assist you in this regard.

Please contact the UM Department or Medicare Member Services if you have questions regarding planned or unplanned transitions at:

**UM Department:** (800) 869-7185

**Member Services:** (800) 665-1029

## Verifying NPPES Data

Centers for Medicare & Medicaid Services (CMS) recommends that providers routinely verify and attest to the accuracy of their NPPES data.

The National Plan and Provider Enumeration System (NPPES) now allows providers to attest to the accuracy of their data. If the data is correct, the provider is able to attest and NPPES will reflect the attestation date. If the information is not correct, the provider is able to request a change to the record and attest to the changed data, resulting in an updated certification date.

Molina Healthcare supports the CMS recommendations around NPPES data verification and encourages our provider network to verify provider data via <https://nppes.cms.hhs.gov>. Additional information regarding the use of NPPES is available in the Frequently Asked Questions (FAQs) document published at the following link: <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index>.

## Coronavirus Information

As Molina Healthcare tracks the COVID-19 pandemic, our aim is to keep you informed and share important resources. Stay up-to-date by bookmarking our dedicated COVID-19 webpage at [www.MolinaHealthcare.com/providers-wacovid19](http://www.MolinaHealthcare.com/providers-wacovid19) which includes:

- COVID-19 related clinical and billing guidance
- Telehealth resources including how to bill for telemedicine
- Relaxation of authorizations
- Relaxation of prescription refills
- Provider credentialing
- Member & other resources

## Provider Portal Corner



We improved the way you can report a data change to us. The new feature allows a provider or member to submit demographic corrections directly to Molina Healthcare.

Online Correction Locations:

**Provider Details**

[Back](#)

<b>Name:</b>	<b>Title:</b>	<b>Ge</b>
DOE, JOHN	DO	Male

<b>NPI:</b>	<b>License ID:</b>	<b>License Type:</b>
1234567890	Not Available	SPECIALIST

**Report data change in the Provider Directory**  
 If you are a Molina Member: [Submit Here](#)  
 If you are a Molina Provider: [Submit Here](#)

Medical Doctors are Licensed and Regulated by State Medical board.

POD – Search Details page

Zip: 77080

Mobile Number:

Report an update or inaccuracy in the Provider Directory:  
[Submit Here](#)

[Edit](#)

Provider Portal

## Cultural Competency Healthcare Training

Molina Healthcare of Washington is pleased to share a new resource with you -- *Building Culturally Competent Healthcare Training for Healthcare Providers and Staff*. The five-part video series consists of 5-to-10 minute videos and is now available on our website

<https://www.molinahealthcare.com/providers/wa/medicaid/resource/Pages/cme.aspx>.

You are welcomed to view all modules or specific topics of interest to you.

### Module 1: Introduction to Cultural Competency

- Topics include 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)

### Module 2: Health Disparities

- Topics include examples of racial health disparities and health disparities among persons with disabilities, health equity, and social determinants of health

### Module 3: Specific Population Focus – Seniors and Persons with Disabilities

- Topics include the social model of disability and accepted protocol and language of the Independent Living/Disability Rights Movement

### Module 4: Specific Population Focus – LGBTQ and Immigrants/Refugees

- Topics include health disparities among the LGBTQ population and refugee patients, and clear communication guidelines for providers serving these populations.

### Module 5: Becoming Culturally Competent

- Topics include perspective-taking, clear communication guidelines, tips for effective listening, assisting patients whose preferred language is not English, tips for working with an interpreter, the Teach Back Method and Molina Healthcare’s language access services