

# PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

**SUMMER 2018**



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## Submitting Electronic Data Interchange (EDI) Claims

Look at all the benefits when using EDI:

- Electronic Claims Submission ensure HIPAA compliance
- Electronic Claims Submission helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Electronic Claims Submission increases accuracy of data and efficient information delivery
- Electronic Claims Submission reduces claim delays since errors can be corrected and - resubmitted electronically! -
- Electronic Claims Submission eliminates mailing time and claims reach Molina faster!

### EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare is through a Clearinghouse. You may submit the EDI through your own Clearinghouse or use Molina's contracted Clearinghouse. If you do not have a Clearinghouse, Molina offers additional electronic claims submission options. Log onto Molina's Provider Services Web Portal <https://provider.molinahealthcare.com> for additional information about the claims submission options, available to you. Should you need assistance with learning how to use our provider portal, please contact your dedicated Provider Relation's representative.

### FAQ'S

- Can I submit COB claims electronically?
  - Yes, Molina and our connected Clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to EDI?
  - No, any number of claims sent via EDI saves both time and money.

- Which Clearinghouses are currently available to submit EDI claims to Molina?
  - Molina Healthcare of New York uses SSI/Claimsnet as our channel partner for EDI claims. You may use the Clearinghouse of your choice. Change Healthcare partners with hundreds of other Clearinghouses.
- What claims transactions are currently accepted for EDI transmission?
  - 837P (Professional claims), 837I (Institutional claims).
- Will you continue to accept paper claims?
  - While Molina requires all Providers to utilize EDI claims submission options, there are certain circumstances where exceptions may be made. For more information contact your Provider Services Representative.
- What if I still have questions?
  - More information is available at [www.molinahealthcare.com](http://www.molinahealthcare.com) under the EDI tab. You may also call or email us using the contact information below.

Submitting Electronic Claims

1-866-409-2935

[EDI.Claims@MolinaHealthcare.com](mailto:EDI.Claims@MolinaHealthcare.com)

Molina Healthcare of New York

Payer ID: 16146

**Electronic Fund Transfer (EFT)**

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the ProviderNet portal is FREE to our participating providers and we encourage you to register after receiving your first check from Molina.

<p><b>New ProviderNet User Registration:</b></p> <ol style="list-style-type: none"> <li>1. Go to <a href="https://providernet.adminisource.com">https://providernet.adminisource.com</a></li> <li>2. Click "Register"</li> <li>3. Accept the Terms</li> <li>4. Verify your information                             <ol style="list-style-type: none"> <li>a. Select Molina Healthcare from Payers list</li> <li>b. Enter your primary NPI</li> <li>c. Enter your primary Tax ID</li> <li>d. Enter recent claim and/or check number associated with this Tax ID and Molina Healthcare</li> </ol> </li> <li>5. Enter your User Account Information                             <ol style="list-style-type: none"> <li>a. Use your email address as user name</li> <li>b. Strong passwords are enforced (8 or more characters consisting of letters/numbers)</li> </ol> </li> <li>6. Verify: contact information; bank account information; payment address                             <ol style="list-style-type: none"> <li>a. Note: Any changes to payment address may interrupt the EFT process.</li> <li>b. Add any additional payment addresses, accounts, and Tax IDs once you have logged in.</li> </ol> </li> </ol>	<p><b>If you are associated with a Clearinghouse:</b></p> <ol style="list-style-type: none"> <li>1. Go to "Connectivity" and click the "Clearinghouses" tab</li> <li>2. Select the Tax ID for which this clearinghouse applies</li> <li>3. Select a Clearinghouse (if applicable, enter your Trading Partner ID)</li> <li>4. Select the File Types you would like to send to this clearinghouse and click "Save"</li> </ol> <p><b>If you are a registered ProviderNet user:</b></p> <ol style="list-style-type: none"> <li>1. Log in to ProviderNet and click "Provider Info"</li> <li>2. Click "Add Payer" and select Molina Healthcare from the Payers list</li> <li>3. Enter recent check number associated with your primary Tax ID and Molina Healthcare</li> </ol> <p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>▪ Administrative rights to sign-up/manage your own EFT Account</li> <li>▪ Ability to associate new providers within your organization to receive EFT/835s</li> <li>▪ View/print/save PDF versions of your Explanation of Payment (EOP)</li> <li>▪ Historical EOP search by various methods (i.e. Claim Number, Member Name)</li> <li>▪ Ability to route files to your ftp and/or associated Clearinghouse</li> </ul>
<p>If a provider has questions regarding the actual registration process, they can contact ProviderNet at: (877) 389-1160 or email: <a href="mailto:wco.provider.registration@changehealthcare.com">wco.provider.registration@changehealthcare.com</a>.</p>	

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the ProviderNet portal is FREE to our participating providers and we encourage you to register after receiving your first check from Molina.

Note: Providers please ensure you are registered for EFT for all participating Lines of Business. -

## Are You Culturally Competent?

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. The National CLAS Standards, developed by the Health and Human Services Office of Minority Health, aim to improve health care quality and advance health equity by establishing a collective set of mandates and guidelines that inform, guide and facilitate culturally and linguistically appropriate services.



### Communicating Across Cultures

Clear communication is the foundation of culturally and linguistically competent care.

#### *Guiding the conversation*

- - Initial greetings can set the tone for an interaction. If the patient's preference is not clear, ask how they would like to be addressed (i.e. Mr. Jones, Michael, Ms. Gonzalez).
- - Ask open-ended questions whenever possible.
- - Some individuals can tell you more about themselves through story telling than by answering direct questions.
- - Inquire about preferred language and preferred method of communication (i.e. written, spoken, graphics, sign language, assistive listening devices, etc.).
- - Consider treatment plans with respect to the patient's culture-based beliefs about health.
- - Ask about any complimentary or alternative medicine possibly used by the patient.

#### *Assisting patients whose first language is not English*

- - Speak slowly and try not to raise your voice
- - Use simple words and avoid jargon
- - Do not use acronyms, idioms and avoid technical language if possible. (i.e. shot vs. injection)
- - Please articulate words
- - Give information in small chunks and short sentences
- - Repeat important information and have the patient repeat information back to you
- - Inform the interpreter of any specific patient needs
- - Hold a brief introductory discussion
- - Reassure the patient about confidentiality
- - Allow enough time for the interpreted sessions
- - Avoid interrupting during interpretation
- - Speak in the first person
- - Talk to the patient directly, rather than addressing the interpreter

Please remember that it is never permissible to ask a minor, family member or friend to interpret.

### ***Molina's language access services***

Molina strives to ensure good communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that are recipients of federal funds; a member cannot be refused services due to language barriers. Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve the quality of health care for Limited English proficiency patients.

Molina provides the following services to members at no cost, when needed:

- 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

Also, Molina's materials are always written simply in plain language and at required reading levels. For additional information on Molina's language access services or cultural competency resources, contact Provider Services or visit [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

### **Sources:**

*U.S. Department of Health & Human Services: Office of Minority Health. Health Research & Educational Trust, 2013.*

*Industry Collaboration Effort, Better Communication, Better Care: Provider Tools to Care for Diverse Populations.*

*Industry Collaboration Effort, Cultural and Linguistic Services, 2017.*

## **Telehealth**

Telehealth is a rising trend in the healthcare industry, with new ways to deliver care when the patient and provider are not in the same location. Across the United States, Molina's contracted providers are more actively using this mode of care through telecommunications. (We use the terms telehealth and telemedicine interchangeably, to mean clinical care provided or information shared between Member and Provider using a telephone, smartphone, tablet or computer.)

Molina recognizes that telehealth offers a variety of benefits for our members. The vulnerable populations who we serve often face challenges related to disabilities, transportation or schedules that make it more difficult to see a provider in their office during regular business hours. Through technology, telehealth makes it easier for our Members to access the care they need in a variety of ways: reduced travel time, more availability and choices of provider.

We support our members receiving quality care through telehealth in a secure, private manner that also is convenient for them. Members can access these services across our products for Medicaid, Medicare and Marketplace. Depending on the specialty and member's situation, telehealth can be used for diagnosis, consultation, or treatment.

Note: benefits for telehealth vary depending on product guidelines and local regulations. Not all members are appropriate candidates for telehealth. With a new format for care, Molina will look to our providers to provide appropriate education and screening protocols to help our members to have a positive productive experience with telehealth.

Molina wants to make it easy for providers to use telehealth to serve our members. Our corporate Telehealth Services team has developed resources to support the state health plans staying up to date on their local telehealth requirements, and template content that state health plans will be able to add to their 2019 Provider Manuals.

Also we are making the telehealth option more visible in our Provider Online Directory. A new indicator that a provider offers virtual visits is being rolled out, with all states scheduled to be live by August 1. Molina has pre-populated the indicator for providers who are submitting telehealth claims. If you want the indicator added for your practice, contact your provider services representative.

We realize that providers are on a spectrum in terms of level of engagement and knowledge for telehealth. For practitioners and organizations with an interest, we recommend accessing support available through local Regional Telehealth Resource Centers and also the American Telemedicine Association (ATA). Many of these are free.

Telehealth has a fast pace of change, including new legislation being considered and passed at both state and federal levels. Please stay tuned for more information from Molina. We recommend for providers to take time for ongoing review of industry sources for the latest about your local market and clinical specialties regarding telehealth practices and guidelines. In turn, we will appreciate your keeping Molina health plan partners posted on your telehealth services and offerings. If you have questions or updates on your offerings, please contact your Molina Provider Relations representative

### Is Your Authorization Request Urgent?

CMS defines expedited/urgent authorization requests as - “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”

Impacts of submitting urgent requests and ensuring understanding of guidelines associated with submitting a routine/non-urgent vs urgent request through targeted education. Providers are to be advised of the following:

- 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 the enrollee’s ability to regain maximum function. Requests outside of this definition will be handled as routine/ non-urgent.
- Priority is based on turn-around time and then order of receipt.
- Molina Healthcare’s typical turn-around time is 1 business day for urgent and 3 business days for standard, dependent upon receipt of submitted information, however this could vary based on state and line of business.

**Provider Portal Corner**

Did you know we are improving our electronic tools? The second phase of the Portal Claims Denial Messaging project was deployed on May 17. This change will bring the portal messaging into alignment with the information which is currently printed on Explanation of Payment (EOP).