

Provider Bulletin – 2017 Second Quarter

A bulletin for the **Molina Healthcare of Texas** Network



Get Paid Faster with Molina's Technology Package

Molina Healthcare of Texas is continuously seeking to supply our contracted providers with innovative tools and resources aimed at increasing provider satisfaction, while also decreasing costs. Utilizing the Molina Technology Package to submit claims and receive payment electronically.

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MolinaHealthcare.com



Your Extended Family.

Electronic Data Interchange (EDI) Claims	Electronic Remittance Advice (ERA)/Electronic Funds Transfer (EFT)
<p>Benefits of EDI</p> <ul style="list-style-type: none"> • EDI Claim Submissions ensures HIPAA compliance. • EDI Claim Submissions helps to reduce operational costs associated with paper claims (printing, postage, etc.). • EDI Claim Submissions increases accuracy of data and efficient information delivery. • EDI Claim Submissions reduces claims delays since errors can be corrected and resubmitted electronically. • EDI Claim Submissions eliminates mailing time and claims reach Molina faster. 	<p>Benefits of ERA/EFT</p> <ul style="list-style-type: none"> • Providers get faster payments. Processing can take as little as 3 days from the day the claim was submitted. • Providers can search for historical Explanation of Payment-EOP (Remittance Advice) by claim number, member name, etc. • Providers can view, print, download and save a PDF version of the Explanation of Payment for easy reference with no paperwork to store. • Providers can have files routed to their FTP and/or their associated clearinghouse.
<p>EDI Claims Submission Methods</p> <ul style="list-style-type: none"> • Molina’s Provider Portal – Submit claims directly to Molina via the Provider Portal https://provider.molinahealthcare.com. The Provider Portal is available at no cost, 24 hours a day, 7 days a week. It allows for easy submission of attachments and corrected claims. It allows you to void claims and check the status of your claims online. • EDI Clearinghouse - You may submit your EDI claims through Molina’s contracted Clearinghouse, Change Healthcare or through your own Clearinghouse using the Payer ID 20554. Change Healthcare is contracted with hundreds of clearinghouses, and Molina will receive your claims from your clearinghouse. 	<p>Getting Started with ERA/EFT</p> <ul style="list-style-type: none"> • Register with Change Healthcare – Change Healthcare’s ProviderNet is an easy-to-use portal where providers can receive and manage claims payments and remittance information electronically. The online registration process allows providers to enter their office location and depository accounts, and authorize specific payers to initiate electronic payments. Visit https://providernet.adminisource.com/Start.aspx to get started.



Questions?

If you have questions or would like more information on EDI or EFT/ERA, contact your Provider Service Representative.



Provider Demographic Updates

In an effort to maintain data integrity and up-to-date records, Molina asks that providers complete the Provider Data & Demographic Form once a quarter. The Provider Data & Demographic form can be found at www.MolinaHealthcare.com. Completed forms can be faxed to (877) 900-8452 or emailed to MHTXProviderServices@MolinaHealthcare.com.

Please Note: Providers should notify Molina 30 days in advance of any demographic changes. This includes changes to office location and office hours, contact information, tax ID numbers, NPIs, additions or terminations of an office location or provider, and the opening or closing of PCP practices to new patients.

Provider Complaints and Claims Appeals

To ensure timely resolution of complaints and claims appeals, please ensure you are completing the Texas Provider Complaint/Appeal Request Form located at <http://www.molinahealthcare.com/providers/tx/medicaid/forms>. Completed Provider Complaint/Appeal Request Forms should only be sent to:

Molina Healthcare of Texas
Attn: Provider Complaints & Appeals
P.O. Box 165089
Irving, TX 75016

Complete forms can also be faxed to (877) 319-6852.

Molina Strives to Continuously Improve Provider Satisfaction

Maintaining the satisfaction of contracted providers is an essential piece in fulfilling Molina Healthcare of Texas' mission to provide quality healthcare to financially vulnerable families and individuals covered by government programs.

Each year, Molina utilizes a third-party vendor to survey a random sample of primary care providers, specialty care and behavioral health practitioners/clinics to determine areas in which provider satisfaction has improved and areas where Molina has the opportunity for continued improvement. The feedback gathered through the 2016 survey highlighted both areas of improved satisfaction from the previous year, such as Claims Accuracy. The 2016 survey results also identified areas in which Molina has the opportunity to seek improvement, such as Coordination of Care and Utilization Management.

Molina is dedicated to addressing areas of decreased satisfaction. In 2016, Molina implemented online trainings for providers as an avenue for continued provider education. Training topics include: Clear Coverage, the Molina Provider Portal, Marketplace, MMP, Electronic Visit Verification, Community First Choice and an overall Provider Refresher training. These trainings are held monthly and a schedule can be found on MolinaHealthcare.com.



Molina has also implemented a post-visit survey that is left with providers at the end of a Provider Service Representative's office visit. These surveys are used to gather feedback from providers regarding their experience with Provider Services Representatives and how Molina can improve these relationships. Lastly, a Provider Advisory Committee was created to give providers the opportunity to meet with Molina staff to review current and new programs. These meetings provide a venue for providers to offer suggestions relating to Molina's programs and processes, as well as an opportunity to ask questions or seek clarification on specific issues.

Molina values the feedback provided by our network of providers and always strives to find new ways to support and assist our providers in furnishing quality care and services to our members. If you have questions regarding the Provider Satisfaction survey or would like to provide feedback, please contact Provider Services at MHTXProviderServices@MolinaHealthcare.com or call (855) 322-4080, Monday to Friday, 8 a.m. – 5 p.m.

Preventing Zika: 2017 Mosquito Repellent Benefit

With the warmer weather returning, mosquito season is back, along with the need to proactively prevent the spread of the Zika virus.

The illness caused by the ZIKA virus continues to be mild in the majority of individuals; however it can be devastating to fetuses, causing both severe brain abnormalities and fetal death. Additionally, infants who appear normal at birth can have less severe, long-term intellectual and sensory problems caused by the Zika virus.

Preventing mosquito bites remains the most effective current solution to Zika infection prevention. Beginning May 1, 2017, Texas will cover certain mosquito repellent products for the prevention of Zika as a benefit in Medicaid and other state programs. Pregnant women of any age, women and girls ages 10-55, and males 14 and older who are enrolled in Medicaid, CHIP, CHIP Perinatal, Healthy Texas Women, Children with Special Health Care Needs (CSHCN) Services Program or the Family Planning Program are covered by this benefit.

The benefit begins May 1, 2017 and ends on December 31, 2017. One can/bottle of mosquito repellent is permitted per pharmacy, with one refill per month. Mosquito repellent will not count against the monthly 3 prescription limit for those members with a monthly limit. There is no cost to Medicaid or Healthy Texas Women clients, and CHIP members may pay the generic copay or less, if the cost of the repellent is less than the copay.

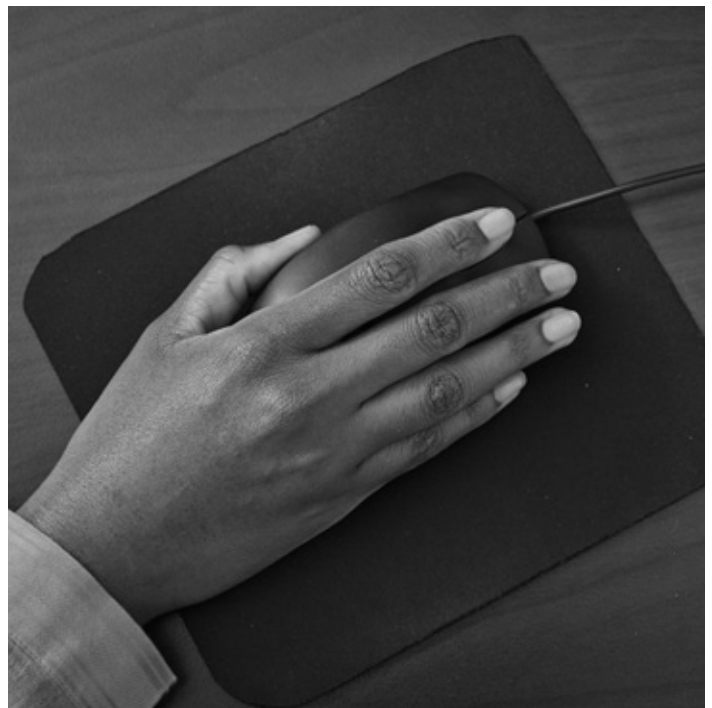
Effective May 5, 2017, HHSC has added the U4 modifier for three existing viral testing codes: 87798, 87799, and 86790. Providers must inform the lab when testing for Zika is ordered so the lab will know to use the U4 modifier on the claim. Additional information on this benefit is available at MolinaHealthcare.com.

Molina's Provider Portal: Information at your Fingertips

Providers throughout the Molina Healthcare of Texas network now have access to use Clear Coverage through the Provider Web Portal. Clear Coverage is a web-based application that allows providers to enter prior authorization requests electronically and receive **immediate** authorization for specific services. With Clear Coverage, you can also upload medical records; verify member eligibility, print proof of authorization and more.

The Provider Portal also allows you to identify members who are in need of various services, submit and check claims statuses and view your HEDIS scores.

Sign in to your Provider Portal profile today to access all that it has to offer! If you are not registered to use the Provider Web Portal, you can sign up by visiting Provider.molinahealthcare.com. If you have questions about the Provider Portal or Clear Coverage, please contact Provider Services.



Interpreter Services for Molina Healthcare Members

Dear Provider,

Given the diverse background of our membership, Molina is committed to enabling access to quality healthcare by ensuring language services are available to each and every one of our members at all points of healthcare delivery. We strive to deliver these language services efficiently and effectively.

Interpreters can be accessed quickly and easily by calling Molina Member Services. Member Services will then validate member eligibility and/or the provider NPI, and the member and provider are connected to our language service provider. This typically takes a few minutes, and can be arranged by staff prior to the provider entering the exam room. Prior appointments will no longer be necessary.

Section 1557 of the Affordable Care Act prohibits providers from discriminating against patients with limited English proficiency. As a contracted managed care organization in your state, Molina is designated as a covered entity under Section 1557, and therefore is required to offer our members access to a language service provider for all services offered under our health plans. Section 1557 does not require that we provide these services using in-person service delivery, but instead the rule explicitly allows covered entities to satisfy this requirement through the use of telephonic interpreter services.

We offer in-person service delivery for American Sign Language interpreters.

Requests should be made 3-5 days in advance of an appointment to ensure availability of the service. However, for routine healthcare appointments, we have determined that telephonic service delivery is adequate to accommodate our members and satisfy the legal requirements set forth in Section 1557. For providers that still have questions, the Molina Healthcare Provider Manual that is accessible to all of our network providers addresses how to access language services for our members in more detail.

We appreciate your support in meeting our members' language needs, and believe that the process we have implemented for accessing language services can be seamlessly incorporated into your practice workflow. If you have any additional questions, please contact Member Services at (866) 449-6849, for CHIP RSA (877) 319-6826, Monday to Friday, 8:00 a.m. – 5:00 p.m., local time.





Monthly Risk Adjustment Training Opportunities

The Risk Adjustment team, along with Molina's Quality Improvement team, offers a monthly online training session to review important Risk and Quality related topics, policies and procedures and upcoming initiatives. These sessions also give providers the opportunity to ask questions and discuss any issues they are facing.

The trainings are held every second Tuesday of the month via WebEx. The specific topics that will be covered in each month's training will be faxed to providers a week before the training. Providers can RSVP for a training session by emailing TXRiskAdjustment@MolinaHealthcare.com. You can also use the Risk Adjustment email to contact a RA team member for questions or concerns. They can help you with reporting diagnosis codes, proper documentation and coding, answer your ACE questions and more.



Questions?

Call Provider Services
(855) 322-4080 – 8 a.m. – 5 p.m.
Monday through Friday



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<https://provider.MolinaHealthcare.com>



Join our Email Distribution List

To receive this bulletin via email, contact MHTXProviderServices@MolinaHealthcare.com to send us your:

- Group Name
- TIN
- NPI
- Service Locations
- Contact Name
- Contact Phone and Fax
- Email



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