PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2021

In this issue

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes

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- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina Healthcare members can call the 24-Hour Nurse Advice Line
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services
- Providers can access the Provider Web Portal at www.MolinaHealthcare.com to:
  - Search for patients & check member eligibility
  - Submit service request authorizations and/or claims & check status
  - Review Patient Care Plan
  - Obtain CAHPS® Tip Sheets
  - Participate in Cultural Competency trainings (also available on www.MolinaHealthcare.com under "Health Resources")

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

Molina Healthcare's 2020 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey that assesses Molina Healthcare members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received the CAHPS® results of how our members rated our providers and our services.

Medicaid: In 2020, Molina Healthcare reached the targeted goal for rating of their personal doctor. Areas for opportunity include rating of health plan and rating of overall health care.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medicaid: In 2020, Molina Healthcare reached the targeted goal for timeliness of prenatal care, use of imaging studies for low back pain, antidepressant medication management and avoidance of antibiotic treatment for acute bronchitis and bronchiolitis. We need to make improvements for immunizations for adolescents, engagement of alcohol and other drug dependence treatments and making sure our younger members receive weight assessments.

Culturally and Linguistically Appropriate Services

Molina Healthcare also assesses the cultural, ethnic, racial and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

In 2020, the majority of Molina Medicaid members identified English (99%) as their preferred language. Spanish was the most requested language for Molina's interpreter services, followed by Arabic and Mandarin.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of short Culturally Competency training videos available via the Provider Portal: https://provider.molinahealthcare.com/provider/login and at www.MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. The following new disability resources are available at this location under Molina Provider Education Series:

- Americans with Disability Act (ADA)
- Members who are Blind or have Low Vision
- Service Animals
- Tips for Communicating with People with Disabilities & Seniors

The progress related to the goals that Molina Healthcare has set for the annual CAHPS® (QHP for Market Place) survey results and the annual HEDIS® measures can be viewed in more detail on the Molina website. You can also view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at www.MolinaHealthcare.com.

Electronic Funds Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Providers must be registered for EFT payments in order to access and receive the benefits of ProviderNet. Below are additional benefits and reminders:

Benefits:

- Providers get faster payment and eliminates mailing time (processing can take as little as 3 days from submission)
- Providers can search for a historical Explanation of Payment (EOP) by claim number, member number, etc.
- Providers can view, print, download and save a PDF version of the EOP for easy reference with no paperwork to store
- Transfer Protocol (FTP) and their associated Clearinghouse
- Electronic Funds Transfers ensure HIPAA compliance
- It's a free service for you!

ProviderNet Reminders:

- Providers should always login to their ProviderNet account and view their payment history before contacting Molina about a missing EFT payment.
- ProviderNet only facilitates the payments from Molina to the provider. Questions regarding claims payment should be directed to Provider Services.
- If a provider receives a Molina payment that is not on their ProviderNet account (frequently Accounts Payable payments), providers should contact Provider Services.
- Providers should be reminded to add all NPI's to their account that receive Molina payments.

Get started today! Provider that are not registered for EFT payments should contact: Electronic Funds Transfer at: (866) 409-2935 or Email: EDI.Claims@Molinahealthcare.com

Molina Partners with PsychHub for Provider Education

PsychHub is an online platform for digital behavioral health education. Molina Providers are able to access PsychHub's online learning courses through their Learning Hub for FREE. Continuing Education opportunities are also available to select providers through a variety of courses. Contact your local Molina Provider Services team to learn more.

Click here to visit PsychHub

Electronic Solutions for Streamlined Credentialing

The need for a current credentialing application goes beyond initial credentialing. Following NCQA (National Committee for Quality Assurance) guidelines requires providers to be recredentialed at a minimum of every three years.

To avoid an incomplete application, consider logging into your electronic application, CAQH (Council for Affordable Quality HealthCare), for regular maintenance. A few tips to improve and streamline your credentialing process:

- Attestations are considered current for 180 days. Electronically updated attestations are acceptable and encouraged.
- Professional Liability Insurance is considered current at time of sign off; update your application or attach your new year's policy as soon as it's available.
- If you recently became board certified, update your board status. Board certifications are not only quicker to verify than residencies and fellowships, if you have one, NCQA requires that it be verified.
- DEA certifications can be verified by attaching a current copy to your application.
- Review your specialty listed on your application. Do you have the corresponding education listed on your application? If not, complete the education section.
- NCQA also requires five years of work history. Make sure your application lists the MM/YY format. Be sure to also include gap explanations for any gaps over six months.

If you have any questions on how to complete or update your electronic application, please reach out to the Specialist listed on your credentialing request.

Centers for Medicare & Medicaid Services (CMS) Guidance for the COVID-19 Vaccine Toolkits & COVID-19 Vaccine Significant Cost Determination

In preparation for the release of the COVID-19 vaccine, CMS developed centrally located COVID-19 vaccine toolkits to convey critical information to all stakeholders. As more information becomes available these toolkits will be updated as needed.

Additionally, CMS announced the legislative change in benefits to add Part B coverage of a COVID-19 vaccine, and its administration meets the significant cost threshold. Given the significant cost determination, Medicare payment for COVID vaccinations administered during calendar years 2020 and 2021 to Medicare Advantage (MA) beneficiaries will be made through the Medicare Fee for Service (FFS) program. Medicare beneficiaries enrolled in MA plans will be able to access the COVID-19 vaccine, without cost sharing, at any FFS provider or supplier that participates in Medicare and is eligible to bill under Part B for vaccine administration, including those enrolled in Medicare as a mass immunizer or a physician, non-physician practitioner, hospital, clinic, or group practice. Therefore, contracted Molina Healthcare providers should submit claims for administration of the COVID-19 vaccine to the appropriate CMS Medicare Administrative Contractor (MAC) for payment.

Links to MACs:

- https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/MedicareAdministrativeContractors
- https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs

Additional Important links:

- https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf

- https://urldefense.com/v3/__https:/www.cms.gov/COVIDvax__;!!DOw_8Fim!fd6BCZyFuMFnLPailyiFgi0sUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm77yD7RbQ$
- https://www.cms.gov/newsroom/press-releases/trump-administration-acts-ensure-coverage-life-saving-covid-19-vaccines-therapeutics
- https://urldefense.com/v3/__https:/www.cms.gov/files/document/covid-vax-ifc-4.pdf__;!!DOw_8Fim!fd6BCZyFuMFnLPailyiFgi0sUnN_K1cCW_CAMTH5h8Vt-riGEzN729oYcentaTpGlXtstm6yFx5ELQ$

Requirements for Submitting Prior Authorization for Molina All Lines of Business

Molina requires prior authorization (PA) for specific services. Molina offers three tools on the MolinaHealthcare.com website to assist you in knowing what services require prior authorization: The Prior Authorization Code Matrix, the Prior Authorization Guide, and the newly launched Prior Authorization Code Lookup Tool. Both the PA Code Matrix and the PA Lookup Tool offer detailed information by CPT and HCPCS code regarding PA requirements. Additional information about the new Prior Authorization Code Lookup Tool, including how to access the tool, is available in a separate article included in this Newsletter.

When submitting a prior authorization request, it is important to include all clinical information and medical records necessary to support the medical necessity of the requested service/item. The following is an example of documentation needed:

- Current (up to six months) patient history related to the requested service/item
- Relevant physical examination that addresses the problem
- Relevant lab or radiology results to support the request (include previous MRI, CT, lab or X-ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request showing the member meets the criteria for approving the service/item

By providing all necessary clinical information with the initial request, Molina will be able to make a more timely and complete decision based on the member's current health condition while potentially avoiding a need to request additional supporting documentation. When submitting an expedited prior authorization request, be sure to submit all necessary clinical information as the timeframe to process the request is extremely short from date and time of receipt of the initial request. The goal is to have all necessary information to make the appropriate decision during the initial review of the service/item and avoid the need for an appeal if the service/item is denied.

NOTE: In the event a denial is issued and subsequently appealed, please be sure to reference the original decision. If the denial was due to missing information needed to justify coverage, not providing that information with your appeal request will not change the decision and could further delay medically necessary covered services/items. Let's work together to ensure timely and appropriate care for your patients.

Molina's Prior Authorization Lookup Tool has launched!

A new Prior Authorization Lookup Tool is now available on www.MolinaHealthcare.com. It allows you to look by CPT/HCPCS code (along with state and line of business) to determine if Prior Authorization is/is not required. Additionally, the tool will indicate if a code is not a covered benefit, or if authorization for that service has been delegated by Molina to a vendor along with information regarding how to contact the vendor.

This helpful tool is accessible via our Provider Portal and the Molina website provider landing page. Simply go to www.MolinaHealthcare.com and select "I'm a Provider" and choose your state from the pop-up. You will see the Prior Authorization Lookup Tool on the Provider Landing page under "Need a Prior Authorization?"