Provider Newsletter

A newsletter for Molina Healthcare Provider Networks

First Quarter 2023

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Claim submission

Molina strongly encourages providers to submit claims electronically, including secondary Claims. Electronic claims submission provides significant benefits to the provider including:

- Helps to reduce operation costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina faster

Molina offers the following electronic Claims submission options:

- Submit claims directly to Molina via the Availity Essentials portal
- Submit claims to Molina via your regular EDI clearinghouse

The Provider Newsletter is available to all network providers serving Molina Healthcare Members.

If electronic Claim submission is not possible, please submit paper claims to the following address:

Molina Healthcare of Mississippi, Inc.
PO Box 22618
Long Beach, CA 90801

Phone: (844) 826-4335

If your claims are mailed to our Jackson, MS office, they will be returned unprocessed.

When submitting paper Claims:

- Paper claim submissions are not considered to be "accepted" until received at the appropriate Claims PO Box.
- Claims received outside of the designated PO Box will be returned for appropriate submission.
- Paper claims are required to be submitted on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Paper claims not submitted on the required forms will be rejected and returned. This includes black and white forms, copied forms, and any altering including handwritten claims.
- Claims must be typed with either 10 or 12-point Times New Roman font, using black ink.

For more information, please see CMS claims submission guidance:
cms.gov/Medicare/billing/electronicbillingEDITrans/1500

Consumer assessment of healthcare providers and systems (CAHPS®)/ Marketplace qualified health plan (QHP) enrollee experience survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey 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 including:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- 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 at (844) 794-3638
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services

- Providers can access the Availity Essentials at provider.MolinaHealthcare.com to:
    - Search for patients and check member eligibility
    - Submit service request authorizations and/or claims and check status
    - Review Patient Care Plan
    - Obtain CAHPS® Tip Sheets
    - Participate in online Cultural Competency trainings (also available at MolinaHealthcare.com)

Please encourage your patients who have received the CAHPS®/QHP 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, and 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 2022 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®/QHP enrollee experience survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/ Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

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

Medicaid: In 2022, Molina improved in Getting Care Quickly, Coordination of Care, How Well Doctors Communicate, Rating of Health Plan and Ease of Filling Out Forms.

We need to make improvements in Getting Needed Care, Customer Service, Rating of Health Care, Rating of Personal Doctor and Rating of Specialist Seen Most Often.

Marketplace: In 2022, Molina improved in Rating of Health Plan, Annual Flu Vaccinations, Medical Assistance with Smoking / Tobacco Use Cessation.

We need to make improvements in Rating of Health Care, Rating of Personal Doctor, Rating of Specialist, Access to Care, Access to Information, Cultural Competence, Care Coordination, Plan Administration, How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care and Enrollee Experience with Cost.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina 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 2022, Molina improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination #2, Lead Screening in Children (LSC), Cervical Cancer Screening (CCS), Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed and Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg).

We need to make improvements in Breast Cancer Screening (BCS), Chlamydia Screening in Women (CHL) - Total, Appropriate Testing for Pharyngitis (CWP) - Total, Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase, Appropriate Treatment for Upper Respiratory Infection (URI) - Total, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

Marketplace: In 2022, Molina improved in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Cervical Cancer Screening (CCS), Appropriate Testing for Pharyngitis (CWP) and Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%).

We need to make improvements in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Chlamydia Screening in Women (CHL) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed and Appropriate Treatment for Upper Respiratory Infection (URI) – Total.

For More information:

The progress related to the goals that Molina has set for the annual CAHPS®/QHP 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 there and print a copy if you would like one.

- **Medicaid:** Please visit Molina's website at MolinaHealthcare.com, select Health Care Professionals, line of business, and *Health Resources* to access this information.
- **Marketplace:** Please visit Molina's website at MolinaMarketplace.com, select Providers, and *Health Resources* to access this information.

Culturally and linguistically appropriate services/disability resources

Molina 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.

Medicaid: The majority of Medicaid members specified English as their preferred language (98%). Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Arabic and Russian.

Marketplace: According to internal databases, 100% of Marketplace members do not indicate a preferred language. Among Marketplace members, Spanish was the most requested language through Molina's interpreter services, followed by Arabic and Vietnamese.

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 (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the provider.MolinaHealthcare.com and at MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. Disability resources are also available at this location under Molina Provider Education Series: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals and Tips for Communicating with People with Disabilities & Seniors.

Requirements for submitting prior authorization

Molina Healthcare has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

What is Cite AutoAuth and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, healthcare providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Molina's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, and PET scans. To see the full list of imaging codes that require PA, refer to the PA Code LookUp Tool at MolinaHealthcare.com.

How to access and learning more

Cite AutoAuth can be accessed via the provider.MolinaHealthcare.com in the Molina's Payer. It is available 24 hours per day/7 days per week.

This method of submission is strongly encouraged as your primary submission route, existing fax/phone/email processes are also available.

Watch MolinaHealthcare.com for updates and additional information about Cite AutoAuth.

Council for affordable quality healthcare (CAQH)

What is CAQH?

CAQH technology-enabled solutions eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits and other essential business functions. CAQH offers options to reduce the provider administrative burden.

How does Molina use CAQH?

Molina is currently using the CAQH DirectAssure application to provide an opportunity for the enrolled providers to attest to their data, update their data in a single place that will be shared by all companies that they are contracted with and utilize CAQH. Molina registers all of our non-delegated credentialed providers for CAQH DirectAssure, and currently pays the monthly fees related to the attestation tools for the providers.

Benefits of using CAQH?

- Decreased administrative burden: CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with Molina every 90 days.
- Increased Molina support: As providers update their information in CAQH, Molina can systemically update our system, freeing up Molina associates to assist providers with other needs.
- More accurate records: Molina will obtain more frequent provider updates for our records and have more accurate provider information.

How does CAQH work for providers?

Providers enter updated information one time in CAQH and it is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers' administration work and reduces the need to be tracking who was informed of the changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days, CAQH provides an effective and efficient way to meet that requirement.

What's next?

Molina is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state's regulatory agencies and think of CAQH as a credentialing only application—but it offers many other features and benefits beyond credentialing attestations.

Molina is excited to continue our automation and improvement to provider information processes to reduce the administrative burden on providers and make it quicker and easier to update data.

Molina Healthcare's portal access

Availity Essentials is now the official secure provider portal for Molina Healthcare providers. The Molina Legacy Provider Portal will be sunset on June 22, 2023. After June 22, 2023, you will no longer have direct access to the Molina Provider Portal.

Within Availity Essentials, you have access to these helpful tools and time-savers:

Claim status	Expanded search options include member name, service dates, claim history or the 276 HIPAA standard. Adjustment and remittance codes, along with their descriptions, at the claim and line level.
Smart claims	A simplified claim entry tool with only the essential fields you need. Use data from prior eligibility and benefits submissions to autofill your claim.
Eligibility and benefits	Use data from prior eligibility and benefits submissions to search for your patients and autofill your claim.
Attachments	Upload supporting documentation with your claims using the Send Attachments feature. You can transmit up to 10 attachments (128 MB total file size) with your claim submission.
Features coming soon	
Accumulators	Each member/plan submitted returns the Molina plan/dollar and benefit/count accumulated toward the limit.
Prior authorizations	Manage your Molina prior authorizations on Availity and use the Auth/ Referral Dashboard to follow-up on the status of your prior authorizations.

If your organization is not yet registered for Availity Essentials and you're responsible for the registration, please visit availity.com/Molinahealthcare and click the Register button. For registration issues, call Availity Client Services at (800) 282-4548 AVAILITY. Assistance is available Monday – Friday 8 a.m. to 8 p.m. ET.

For a comprehensive list of tools and features available on Availity Essentials, log in and click on the Help and Training dropdown. As a registered Availity Essentials provider, you can also take advantage of our live webinar, "Availity Essentials Provider Portal Overview for Molina Providers." Check with your Provider Service representative for upcoming dates and times.

Once you have your Availity Essentials account, you can learn more about the features and functionality offered for Molina providers. Simply log in go to Help & Training > Get Trained to register for a webinar.

Keep an eye out for information and updates about the Molina provider portal sunset within the provider.MolinaHealthcare.com and at MolinaHealthcare.com.

Encourage your patients to use My Health Perks!

My Health Perks is the Molina Member Wellness platform providing free educational content on topics like:

- Smoking cessation
- Diabetes management
- High blood pressure
- Managing depression
- Asthma management
- Healthy eating, nutrition, and exercise library

Gift card incentive program:

Eligible subscribers and dependents 18 years and older have the opportunity to earn a $50 gift card by completing both of the following activities:

- Complete a preventive wellness examination with their Primary Care Provider; and,
- Complete the designated Health Risk Assessment via the My Wellness tab on the My Molina member portal.

Members who complete both incentivized activities will be eligible for either a physical or digital gift card of their choosing. Members are permitted to use the gift cards at retailers who accept them.

Please encourage members to learn more about the "My Health Perks" program online via the My Wellness tab on the My Molina portal. Members can also contact Customer Support for additional information.

MolinaMarketplace.com/Marketplace/ca/en-us/members/members-resources/my-health-perks.aspx

Our gift to network providers: PsychHub subscription

To provide our valued network providers with the most up-to-date behavioral health resources and education, Molina has partnered with PsychHub to offer a subscription to the PsychHub platform at no cost.

PsychHub is an online platform for digital behavioral health education. Molina Providers can access PsychHub's online learning courses. Some of these courses offer continuing education opportunities for select licensures. There are various learning courses, including the Mental Health Ally Certification Program, which may be beneficial for office staff or providers who are interested in learning more about working with the behavioral health population.

Ready to get started? Molina network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account: app.psychhub.com/signup/Molina-mhp/

To setup an overview of the PsychHub platform and the resources they offer, contact your Provider Services representative.

Removal of OB authorization requirements (Molina MississippiCAN/CHIP) only

Molina Healthcare of Mississippi continues to strive to better serve our members and work efficiently with providers. To align more closely with federal requirements, Molina established that **NO Prior Authorization** is needed to be on file before claims submission for routine deliveries that are **not complicated** and **do not exceed** the routine timeframes (three days for vaginal or five days for C-Section) for the claim to pay.

*Note: Molina continues to **require authorizations** to determine medical necessity on OB delivery stays that are **non-routine or complicated.***

Therefore, Providers should wait to file a claim for the below maternity stays until receiving an authorization determination letter:

- Scheduled deliveries before 39-week gestation
- Delivery stays that are non-routine or complicated (e.g., O10-O16, O20-O29, O30-O48, O60-O77, O85-O92, O94 -O9A, O09, O00-O08)
- Delivery stays that exceed routine time frames (notification to be filed no later than day four for vaginal/ day six for C-Section)
- Sick newborns (Sick Baby revenue codes that required an authorization regardless the length of stay, e.g., 172, 173, 174)
- Newborns who require services other than normal newborn care (stay beyond five days)

Note: The Division of Medicaid (DOM) will continue to require providers to submit newborn enrollment forms. Molina will continue to generate an authorization from the form.

If you have any questions or concerns, please contact our Utilization Management department at (844) 826-4335.

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