

Provider Newsletter

For Molina Healthcare of Arizona, Inc. providers

Third quarter 2024

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SSI Claimsnet, LLC (SSI Group) is the new clearinghouse

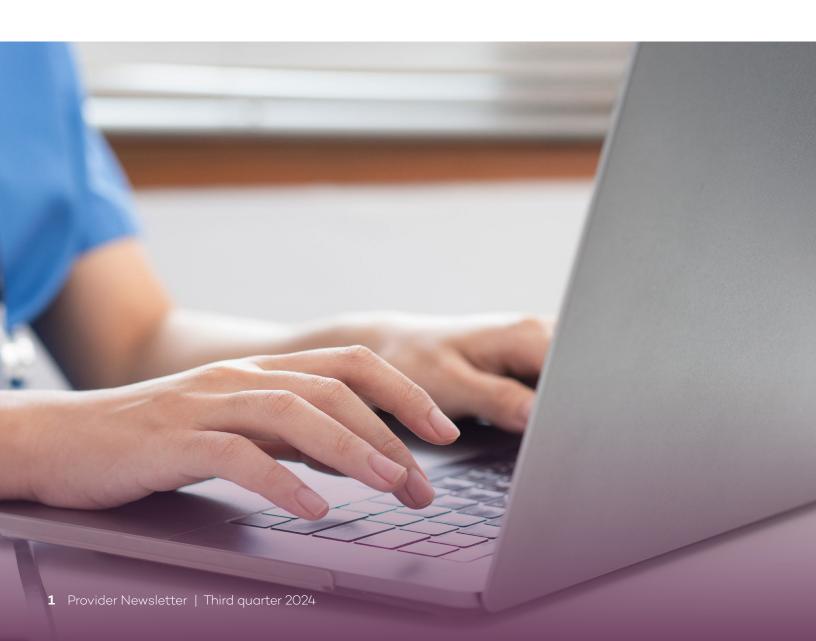
SSI Group is Molina Healthcare, Inc.'s clearinghouse.

Submitting claims electronically through clearinghouses or the Availity Essentials portal offers many advantages. These include:

- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Molina faster with the elimination of mailing time

How to submit electronic data interchange (EDI) claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, SSI Group, or use a clearinghouse of your choice. Molina offers additional options for electronic claims submissions if you do not have a clearinghouse. Log onto the Availity Essentials portal at **provider.MolinaHealthcare.com** for more information.



Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and provider network.

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Molina at least once every ninety (90) days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Molina Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Telephone and fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

The information above must be provided as follows:

Delegated and other providers that typically submit rosters must submit a complete roster that includes the above information to Molina

All other providers must log into their CAQH account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina.

If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their Provider Services representative for assistance.

Additionally, in accordance with the terms specified in your Provider Agreement, providers must notify Molina of any changes, as soon as possible, but at a minimum thirty (30) calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

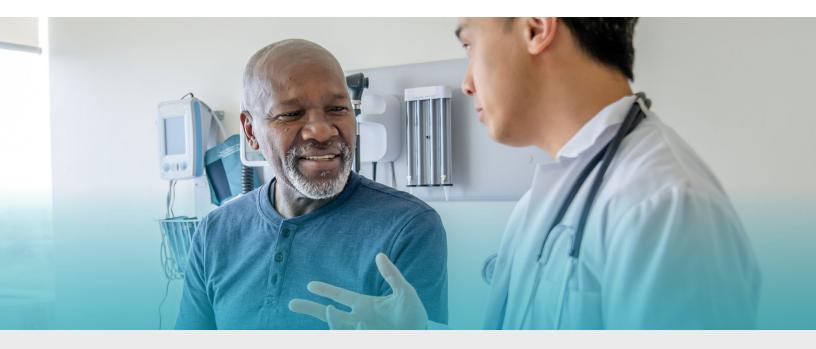
- Change in office location(s)/address, office hours, phone, fax or email.
- Addition or closure of office location(s).
- Addition of a provider (within an existing clinic/practice).
- Change in provider or practice name, Tax ID and/or NPI.
- Opening or closing your practice to new patients (PCPs only).
- Change in specialty.
- Any other information that may impact member access to care.

NPPES review for data accuracy

Your NPI data in the National Plan & Provider Enumeration System (NPPES) must be reviewed to ensure accurate provider data. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, telephone and fax numbers, and specialty. You should also include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you could see a patient but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare fee-for-service.

If you have any questions about NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.



Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Refresher training on cultural competency is available to review communicating with diverse patient populations. These trainings allow you and your staff to better understand and address disparities to improve health care. As our partner, assisting you is one of our highest priorities.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as established by the Office of Minority Health. We also maintain compliance with accreditation standards focused on health equity.

Cultural competency resources for your office and staff

Molina's building culturally competent health care: Training for providers and staff

Cultural competency can positively impact a patient's health care experiences and outcomes. Five short cultural competency training videos are available to providers and office staff on the Culturally and Linguistically Appropriate Resources/Disability Resources page on the Health Care Professionals site under the *Health Resources* tab at MolingHealthcare.com.

Training topics:

Module 1: Introduction to cultural competency

- 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

- Examples of racial health disparities and health disparities among persons with disabilities
- Health equity
- Social Determinants of Health

Module 3: Specific population focus – seniors and persons with disabilities

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

- Health disparities among LGBTQ+ population
- Clear communication guidelines for health care providers interacting with LGBTQ+ patients
- Disparities among immigrant and refugee communities
- Clear communication guidelines for health care providers interacting with immigrant and refugee patients

Module 5: Becoming culturally competent

- Perspective-taking
- Clear communication guidelines
- Tips for effective listening
- Assisting patients whose preferred language is not English
- Tips for working with an interpreter
- Teach-back method
- Molina's language access services

Each training video ranges in length from five to ten minutes. Viewers may participate in all five training modules or just one, depending on topics of interest. Upon completing the training, please complete the provider attestation form available on the *Culturally and Linguistically Appropriate* Resources/Disability Resources page on the Health Care Professionals site under the Health **Resources** tab at MolinaHealthcare.com. Please contact your Provider Services representative if you have any questions.

Americans with Disabilities Act (ADA) resources: Provider education series

A series of provider education materials related to disabilities is now available to providers and office staff on Molina's website. To review the materials, please visit Molina's Culturally and Linguistically Appropriate Resources/Disability Resources page on the Health Care Professionals site under the *Health Resources* tab at MolingHealthcare.com.

Resources consist of the following educational materials:

American with Disabilities Act (ADA)

Introduction to the ADA and questions and answers for health care providers (i.e., which healthcare providers are covered under the ADA; how does one remove structural communication barriers: funds available to assist with ADA compliance costs).

Members who are blind or have low vision

How to get information in alternate formats such as Braille, large font, audio or other formats that members can use.

Service animals

Examples of tasks performed by a service animal; tasks that do not meet the definition of a service animal; inquiries you can make regarding service animals and exclusions, charges or other specific rules.

Tips for communicating with people with disabilities and seniors

Communicating with Individuals who are blind or visually impaired, deaf or hard of hearing; communicating with individuals with mobility and/or speech impairments and communicating with seniors

Please contact your Provider Services representative if you have any questions.

Molina's language access services

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

In many cases, Molina will also cover the cost of a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

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 MolinaHealthcare.com.

2024 Molina Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including gastroenterologist, rheumatologist and gynecology to receive training about Molina's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at MolinaHealthcare.com/modelof-care-Provider-Training. The completion date for this year's training is December 15, 2024.

If you have any additional questions, please contact your local Molina Provider Services representative at:



Helping members in their language

Our health plan members speak many different languages. As of late 2023, for Medicaid members, the majority of language translation requests were for Spanish, accounting for 91% of the total. This was followed by 1% each for Arabic, Vietnamese, Russian, Burmese and Mandarin, 0.5% each for Somali and Haitian Creole, 0.4% for Kinyarwanda and 0.2% for Swahili. Among Medicare members, 86% of the language translation requests were for Spanish, followed by 3% for Vietnamese, 2% each for Arabic and Mandarin, 1% each for Cantonese, Albanian, Russian and Portuguese and 0.3% each for Polish and Cambodian.

Please contact Molina if you need assistance addressing the language needs of your patients. We also provide resources for providers.

New Medicare benefit

A 100-day supply of medications is now available.

Molina Medicare Advantage members are now eligible* to receive 100-day supplies of their medications as part of their insurance benefit for the same copay as their 90-day supply.

Recent studies have shown higher medication adherence rates across hypertension, diabetes and statin therapeutic classes for members utilizing 100-day pharmacy fills.

Providers can improve overall STAR ratings and health outcomes by writing 100-day prescriptions for the applicable RX categories and encouraging members to utilize this benefit.

The advantages:

- Maximize patients' health plan benefits
- Improve medication adherence
- Save the patient money (a 100-day supply is the same cost as a 90-day supply)
- Improve overall access to medications
- Enhance member experience

Clinical policy

Molina's clinical policies (MCPs) are located at MolinaClinicalPolicy.com. Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

^{*100-}day medication refills are applicable for non-specialty and non-controlled substances in-network pharmacies.

Member Advisory Committee (MAC) recruitment

Molina is currently looking for new members to join our Member Advisory Committee (MAC). Our MAC is a group of Molina members, their family members, or caregivers who meet to discuss how we can improve care, share some of our work, and get feedback on member communications and materials. We meet monthly on Microsoft Teams, typically on the fourth Thursday of the month from 5:30 p.m. to 7 p.m. As a Molina member you will receive a \$50 payment for each meeting.

If you know a member who would like to join or if you have questions, please email MCCAZ-OIFA@MolinaHealthcare.com



Humira Biosimilar change

Effective August 1, branded Humira will be moved to non-preferred status.

The Arizona Health Care Cost Containment System (AHCCCS) has approved three different biosimilar manufacturers for preferred status:

- Simlandi products are FDA approved for interchangeability with Humira.
- Hadlima products have submitted and the FDA has accepted their application for interchangeability.
- Adalimumab-ABDM is manufactured by Boehringer Ingelheim (BI). BI has two products, Cytelzo and an unbranded product which are both Adalimumab-ABDM. Cytelzo is FDA approved for interchangeability with Humira. The unbranded BI Adalimumab-ABDM is moving to preferred status, however Cytelzo will remain as non-preferred.

When the product is FDA interchangeable, the pharmacist is not required to contact the prescriber to make the change to the biosimilar.

When the product is not FDA interchangeable, the pharmacist is required to contact the prescriber to make the change to the biosimilar.

As a provider, you do not need to do anything for this interchange to occur, the pharmacist can interchange the biosimilar just like a change from brand to generic. The exception is

Welcome to the Molina team

Jezreel Ramirez is the new workforce/employment administrator for Molina Healthcare in Arizona. Jezreel brings a wealth of experience in job development, talent management and engagement strategies. He leads supportive services for providers who have issues with access or navigation with their Relias accounts. Providers may reach out to Jezreel at Jezreel.Ramirez@MolinaHealthcare.com or (623) 696-0019.