PROVIDER NEWSLETTER

A Newsletter for Molina Healthcare Providers

Third Quarter 2022

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NPPES Review for Data Accuracy

Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. 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, specialty, etc. 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 will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

Centers for Medicare & Medicaid Services (CMS) encourages Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. Using NPPES, Molina can decrease the frequency by which we contact you for updated directory information and provide more reliable information to our members.

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

Clinical Policy Update Highlights from Second Quarter 2022

Molina Healthcare (Molina) Clinical Policies are located at MolinaClinicalPolicy.com. Providers, medical directors, and internal reviewers use clinical policies to make medical-necessity determinations. Molina clinical policies are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC). The second quarter 2022 updates are noted below.

New clinical policies include:
- Carvykti^{TM} (ciltacabtagene autoleucel)
- Gastric Electrical Stimulation
- Gender Affirmation Treatment and Procedures
- Occupational Therapy
- Prescription Digital Therapeutics
- Shoulder Magnetic Resonance Imaging (MRI)

Please note the name change of the following existing clinical policies:
- Steroid-Eluting Sinus Stents and Implants (PROPEL, SINUVA) [formerly SINUVA (mometasone furoate)]
- Minimally Invasive Sacroiliac Joint Fusion (formerly iFuse Implant for Sacroiliac Joint Fusion)

The following clinical policy has been retired and is no longer available on the website:
- Computer-Aided Evaluation Malignancy Breast with MRI and Lung Radiology

Payment Solutions

Molina has partnered with our payment vendor, Change Healthcare, to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is *free* to providers, and Molina encourages you to register after receiving your first payment from Molina.

The ECHO payment platform offers enhanced functionality to better serve Molina providers, such as e-check and virtual cards (where available). Additionally, 835s will be generated and available to you for every transaction. You will also have access to yearly 1099s directly through your account.

ECHO support is available to answer questions regarding registration and 835s. You can reach ECHO support at (888) 834-3511.

Log in or register for the ECHO payment platform today at providerpayments.com/Login.aspx.

Find additional information in the Change Healthcare and ECHO Health Provider Bulletin.

Post-Traumatic Stress Disorder (PTSD) Awareness

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that may be developed by someone exposed to an event that threatened serious harm or death. PTSD can present with sleep disturbance, irritability and angry outbursts, avoidance of places or events that are reminders, recurrent dreams about the event, and intense reactions to reminders of the event. PTSD can lead to relationship issues and isolation.

Initially, PTSD was noticed primarily in veterans; however, PTSD can affect anyone at any age, generally affecting approximately 12.5% of the population in primary care. Younger children can present differently, exhibiting symptoms such as wetting the bed after toilet training, regressions in speech,

reenacting the event during playtime, and being atypically clingy to parents and other adults. Symptoms typically arise within three months of the event occurrence but can be delayed.

Medication and psychotherapies are the primary forms of treatment for PTSD, and often the primary care provider (PCP) is the first professional people talk to about these symptoms arising. If you have a patient who needs screening for PTSD, the National Center for PTSD offers this five-question screening tool: Primary Care PTSD Screen for DMS-5 (PC-PTSD-5).

Additionally, the American Psychological Association provides information at apa.org/ptsd-guideline/patients-and-families for patients and families to help them understand what they are going through.

References:
1. Veteran Affairs PTSD Reference
2. Youth.gov PTSD Reference
3. Harvard Review of Psychiatry PTSD in Primary Care: Summary of Recommended Care
4. National Institute of Mental Health

Marketplace Benefit Interpretation Policy Guide

Molina is committed to bringing transparency to providers around the benefits available to our Marketplace members. Molina makes our Marketplace Benefit Interpretation Policies available for reference and review on the MolinaMarketplace.com website.

The Marketplace benefit interpretation policies provide:
- Description of the benefit(s) from the Marketplace evidence of coverage (EOC) filed for each state
- Overview of applicable federal and/or state regulations for each Marketplace state
- Enhancements to the Marketplace benefit by state, if any
- Applicable exclusions for each Marketplace state
- Clinical perspective, if any

Access the Ohio policies at MolinaMarketplace.com/marketplace/oh/en-us/Providers/Policies/benefit-interpretation-policies. Be sure to select the applicable state in the drop-down menu.

Importance of Metabolic Monitoring of Antipsychotic Medications

The Molina National Pharmacy and Therapeutics committee would like to remind you about the importance of metabolic monitoring of antipsychotic medications.

Patients taking antipsychotic medications are at increased risk for metabolic problems such as diabetes, hyperlipidemia, hypertension, or obesity. These metabolic effects may occur in any patient but are particularly concerning in children and adolescents, drug-naive patients, or patients with first-episode schizophrenia.

The first consensus guideline was released in 2004 by the American Diabetes Association and endorsed by the American Psychiatric Association (APA) and the American Association of Clinical Endocrinologists. It recommended metabolic screening for children and adolescents. Since that time, several data reports suggest that metabolic monitoring of antipsychotic medications is only occurring in roughly 35% of patients.

Based on recommendations from the APA, patients should have the following assessments four months after initiating a new treatment and annually after that: fasting blood glucose, or hemoglobin A1C, and lipid panel. Some reasonable strategies to overcome the barriers associated with adherence to monitoring include engaging patients or caregivers in a self-management strategy to enhance their own monitoring. Ensuring patients have a scale and encourage healthy behaviors. Ordering laboratory tests in a timely manner and communicating these expectations with the patient and/or caregiver during the visit may help to increase patient adherence as well.

Within the past year, you may have received educational notifications from Molina in order to support metabolic monitoring where Molina believes a member can benefit from an improved quality of care.

References:
1. American Psychiatric Association. (2020). The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. doi: 10.1176/appi.books.9780890424841
2. R.L. Finding et al. (2011) American Academy of Child and Adolescent Psychiatry: Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. AACAP.org
3. Agency for Healthcare Research and Quality: Metabolic Monitoring for Children and Adolescents on Antipsychotics. AHRQ Publication No. 14(18)-P011-2 (2/2018) AHRQ.gov

2022 Model of Care Provider Training

In alignment with requirements from the CMS, Molina requires PCPs and key high-volume/high-impact specialists to receive basic training about Molina's Special Needs Plans (SNPs) Model of Care (MOC).

This includes the following:
- Primary Care Provider (all specialties for PCP Physicians)
- Cardiologists (Cardiovascular Disease/Cardiovascular Diseases, Interventional Cardiology, Cardiology, Cardiology – Interventional & Hypertension Specialist)
- Pain Management (Pain Medicine, Interventional Pain Medicine, Pain Medicine – Pain Medicine)
- Psychiatry (Child and Adolescent Psychiatry, Geriatric Psychiatry, Psychiatry)

The SNPs MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, Managed Care Plans (MCPs) are responsible for conducting their own MOC training each year, which means providers may be asked to complete separate trainings by multiple insurers.

MOC training materials and the attestation form are available on the Molina Provider Website at MolinaHealthcare.com/providers/common/medicare, under Model of Care. Training including:
- 2022 Model of Care Provider Training Quick Reference Guide
- 2022 Model of Care Provider Training
- 2022 OH MOC Attestation Form

Molina hosts a monthly Model of Care provider training via Microsoft Teams to help train you and your staff and address questions. Find future trainings on the "It Matters to Molina" page under "Upcoming Trainings."

The completion date for this year's training is Dec. 31, 2022; however, Molina encourages you to complete the training and attestation process as soon as possible.

Contact your local Molina Provider Services Team for questions or additional information.

Is Your Authorization Request Urgent?

Molina renders decisions on prior authorization (PA) requests based on state and CMS requirements while also considering each member's specific health status and need for services. In accordance with CMS and state guidelines, providers may submit expedited or urgent requests when standard timelines could seriously jeopardize a member's life or health.

CMS defines expedited/urgent authorization requests as requests in which "…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."

When submitting PA requests, keep the following items in mind:
- An urgent/expedited service request designation should only be used when it meets CMS and state guidelines. When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Molina PA Request Form if requesting via fax.
- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated timeframes. These timeframes are measured in hours rather than days, so the provider or provider's office staff must be available to answer any potential questions about the request in a timely manner.
- Submit all necessary information with the request. Failure to do so will require Molina to ask for additional information, which could delay the decision. If Molina requests more information, we urge providers to respond immediately to allow Molina to render a decision within the mandated expedited timeframe.
- Molina member PA notification and decisions may include verbal and written decisions.

Cultural Competency Resources for Providers and Office Staff

Molina is committed to improving health equity by being a culturally competent organization. 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.

Molina supports and adheres to the [National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care](#) as established by the Office of Minority Health (OMH).

Molina's Building Culturally Competent Healthcare: Training for Providers and Staff

Cultural Competency can positively impact a member's health care experience and outcomes. A series of five short Cultural Competency Training videos are available to providers and office staff on the [Culturally and Linguistically Appropriate Resources/Disability Resources](#) page of the Provider Website.

*Training topics***:**
- Module 1: Introduction to Cultural Competency
  - The need for cultural competency
  - How culture impacts health care
  - Implicit bias

- o Federal requirements related to cultural competency (Affordable Care Act, Americans with Disabilities Act)
- Module 2: Health Disparities
  - o Examples of racial health disparities and health disparities among persons with disabilities
  - o Health equity
  - o Social determinants of health
- Module 3: Specific Population Focus – Seniors and Persons with Disabilities
  - o 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
  - o Health disparities among LGBTQ population
  - o Clear communication guidelines for healthcare providers interacting with LGBTQ patients
  - o Disparities among immigrant and refugee communities
  - o Clear communication guidelines for healthcare providers interacting with immigrant and refugee patients
- Module 5: Becoming Culturally Competent
  - o Perspective-taking
  - o Clear communication guidelines
  - o Tips for effective listening
  - o Assisting patients whose preferred language is not English
  - o Tips for working with an interpreter
  - o Teach back method
  - o Molina Healthcare'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.

Cultural Competency Training Attestation

Molina is required to annually provide training to our providers regarding Cultural Competency and available resources for Molina members. Upon completing the training, please complete the [Cultural Competency Training Attestation](#).

Email the signed and dated Cultural Competency Training Attestation by Dec. 31, 2022, to OHAttestationForms@MolinaHealthcare.com.

Note: Providers have the option to utilize their own Cultural Competency training that meets the federal requirement. Contact your Provider Services Team with questions or for additional information.

Americans with Disabilities Act (ADA) Resources: Provider Education Series

A series of provider education sources related to disabilities is now available to you and your office staff on Molina's Provider Website on the [Culturally and Linguistically Appropriate Resources/Disability Resources](#) page.

Resources:

- American with Disabilities Act (ADA):
  - o Introduction to the ADA and questions and answers for healthcare providers (i.e., which healthcare providers are covered under the ADA, how does one remove communication barriers that are structural in nature, is there any money 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, or audio, or in another format that a member can use.
- Service Animals
  - Examples of tasks performed by a service animal, tasks that do not meet the definition of a service animal, inquiries that can be made regarding service animals, and exclusions, charges, or other specific rules.
- Tips for Communicating with People with Disabilities & Seniors
  - Communicating with individuals who are blind or visually impaired, deaf or hard of hearing
  - Communicating with individuals with mobility impairments, speech impairments, and communicating with seniors.

Reach out to your Provider Services Team for questions or additional information.

Molina's Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase member satisfaction, and improve the quality of health care for Limited English Proficiency (LEP) patients.

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 receive federal funds. Pursuant to Title VI of the Civil Rights Act of 1964, services provided for members with LEP, Limited Reading Proficiency (LRP), or limited hearing or sight are the responsibility of the provider. Under no circumstances are members to be held responsible for the cost of such services. In addition, a member cannot be refused services due to language barriers.

When needed, Molina provides the following services directly to members at no cost:
- 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)
- A 24-Hour Nurse Advice line
- Bilingual/bicultural staff

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 your Provider Services Team or visit Molinahealthcare.com.

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through a clearinghouse or via the Provider Portal offers many advantages to the provider. Including:
- Improved Health Insurance Portability and Accountability Act (HIPAA) compliance
- Helps to reduce operating costs associated with paper claims (printing, postage, etc.)
- Increases the accuracy of data and efficient information delivery
- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminating mailing time and claims reach Molina faster

How to Submit EDI Claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, Change Healthcare or use a clearinghouse of your choice.

If you do not have a clearinghouse, Molina offers additional options for electronic claims submissions. Log onto the Provider Portal at provider.Molinahealthcare.com for more information.

Frequently Asked Questions:

- Can I submit Coordination of Benefits (COB) claims electronically?
  - Yes, Molina and our connected clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.
- Which clearinghouses are currently available to submit EDI claims to Molina?
  - Molina uses Change Healthcare as our channel partner for EDI claims. Change Healthcare partners with hundreds of other clearinghouses. You may continue to use the clearinghouse of your choice.
- Which claims EDI transactions do Molina Utilize?
  - 837P (Professional claims) and 837I (Institutional claims)
  - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
  - 278 (Health Care Services Review - Request for Review and Response)
  - 276/277 (Health Care Claim Status Request and Response)
  - 835 (Health Care Claim Payment/Advice)
- What is Molina of Ohio's Payer ID?
  - Molina Healthcare of Ohio's Payer ID is 20149
- What if I still have questions?
  - More information is available at Molinahealthcare.com under the EDI tab.