

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare of Arizona Providers

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

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

Molina Healthcare of Arizona, Inc.

PO Box 93152

Long Beach, CA 90809-9994

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:

<https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500>

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 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 of Arizona members can call the 24-Hour Nurse Advice Line at (800) 424-5891.
- Molina members can access Interpreter Services at no cost by calling Member Services at (800) 424-5891.
- 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® 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 of Arizona's 2022 Quality Improvement Results



Molina 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®) Enrollee Experience Survey

assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

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

Medicaid: In 2022, we improved in Customer Service, How Well Doctors Communicate, Rating of Health Care and Rating of Specialist Seen Most Often.

We need to make improvements in Getting Needed Care, Getting Care Quickly, Coordination of Care, Rating of Personal Doctor and Rating of Health Plan.

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 reported NA for all measures (i.e., less than 30 members in the denominator).

Medicare: In 2022, Molina reported NA for all measures (i.e., less than 30 members in the denominator).

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.

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 (90%). Spanish was identified as the preferred language among 9% of Medicaid members. Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Vietnamese and Arabic.

Medicare: A majority of Medicare members speak English as their preferred language (97%). About 3% of Medicare members identified themselves as Spanish speakers. Spanish was the most requested language among Medicare members through Molina's interpreter services, followed by Russian and Arabic.

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 Spaces. 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.

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.

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
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	
Accumulators	Each member/plan submitted returns the Molina plan/dollar and benefit/
Prior authorization	Manage your Molina prior authorizations on Availity and use the Auth/Referral Dashboard to follow-up on the status of your prior

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 1-800-AVAILITY (282-4548). 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 MCCAZ-Provider@molinahealthcare.com 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.

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: <https://app.psychhub.com/signup/molina-mhp/>

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




Let's Get Started

Already have an account? [Log in](#)

Email address

JohnSmith@gmail.com

First name

John

Last name

Smith

Password

Type Password

I agree to and accept the [terms and conditions](#) for use of this site.

SIGN UP

Molina's 2023 Medicare Advantage Products Designed to Meet Member Needs

Molina is always working to meet the needs of our members through our diverse Medicare Advantage products offered each year. To help our providers learn more about the specific products being offered in Arizona in 2023, we have created a handy summary showing our service areas and highlighting the supplemental benefits for each product offered. Check it out here: [2023 Medicare Fact Sheet Arizona](#)

Clinical Policy Updates Highlights from Fourth Quarter 2022

Molina Clinical Policies (MCPs) are located at molinaclinicalpolicy.com. The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC). The fourth quarter 2022 updates are noted below.

The following new policies were approved:

- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-421: Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Parenteral Nutrition (IPN)
- MCP-419: Remote Patient Monitoring
- MCP-424: Skysona (elivaldogene autotemcel)

The following policies were revised:

- MCP-347: Autologous Chondrocyte Implantation Knee
 - Clarified Coverage Policy section regarding inadequate response to a prior arthroscopic or other surgical repair procedure; added statement regarding cooperation of member with post-operative weight bearing restrictions and completion of post-operative rehabilitation.
 - Contraindications were added to the Limitations and Exclusions (per MACI labeling).
 - Osteochondritis dissecans (OCD) was added as Experimental, Investigational, and Unproven.
- MCP-363: Hypoglossal Nerve Stimulation for OSA
 - Addition to Coverage Policy section noting FDA approval and requirements for provider performing the procedure.
 - DISE and SDM criteria were moved from the Exclusions and Limitations to Additional Required Documentation.
- MCP-301: Iluvien (fluocinolone acetonide) intravitreal implant
 - Revised Criteria #3a to note “Triamcinolone acetonide, intravitreal injection OR a previous course of corticosteroid.” (Previously read as “Triamcinolone acetonide, intravitreal injection”).
- MCP-343: Intervertebral Stabilization Devices
 - Updated Summary of Medical Evidence section with current studies and guidelines.
 - Added Related Policies section and two additional intervertebral body fusion devices that received FDA 510(k) clearance in 2021 (IO™ Expandable Lumbar Interbody Fusion System and aprevo™ Transforaminal IBF).
- MCP-235: Measurement of Carotid Artery Intima Thickness
 - Updated Overview and References sections; included current studies and guidelines to the Summary of Medical Evidence section.
- MCP-244: Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities (ReWalk)
 - Previously named Lower-Limb Robotic Exoskeleton (ReWalk-P [Personal]) for Paraplegia in Spinal Cord Injury
 - Included FDA-approved powered exoskeletons, in addition to ReWalk.
 - Expanded from paraplegia in spinal cord injury to include patients with lower-limb disabilities.
 - Included current clinical studies and guidelines in the Summary of Medical Evidence section.

The following policies have been retired and are no longer available on the website:

- MCP-346: Bioness Foot Drop System (defer to MCG Criteria)
- MCP-259: Xiaflex_Dupuytren's Contracture (defer to Pharmacy PA Criteria)
- MCP-279: Xiaflex_Peyronie Disease (defer to Pharmacy PA Criteria)
- MCP-349: Zilretta (triamcinolone acetonide ER injection) (defer to Pharmacy PA Criteria)

Important Information for Providers Regarding the Resumption of Medicaid Redeterminations

During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility requirements. Some state Medicaid agencies continued their eligibility review process, but enrollees were not terminated due to ineligibility.

On December 29, 2022, President Joe Biden signed the [Consolidated Appropriations Act of 2023](#)¹ (also known as the omnibus spending bill) into law, which included the resumption of Medicaid redeterminations.

Previously, the resumption of Medicaid redeterminations was tied to the termination of the PHE. With the passage of this bill, the continuous coverage requirements that paused all Medicaid redeterminations at the start of the PHE will be decoupled from the PHE termination date of **April 1, 2023**.

The Centers for Medicaid and Medicare Services (CMS) has provided guidance requiring **all** state Medicaid agencies to resume redetermination activities between **February 1, 2023**, and **April 1, 2023**.

It is imperative that we help Medicaid recipients renew their benefits so they don't lose their health care coverage, allowing them to continue receiving the care they need.

To find state-specific information, including frequently asked questions and other valuable redetermination resources, please visit MolinaHealthcare.com/MedicaidRenewals. You can also contact your local provider relations representative at MCCAZ-Provider@molinahealthcare.com or give us a call if you have any questions.

Thank you for your continued commitment to providing high-quality health care to our members, especially throughout the PHE.