

Third Quarter 2022

In this Issue

- NPPES Review for Data Accuracy.....1
- Clinical Policy Update Highlights from Second Quarter 2022.....2
- Payment Solutions.....2
- Post-Traumatic Stress Disorder (PTSD) Awareness.....3
- Enable Your Patients to Get Help After Hours.....3
- Marketplace Benefit Interpretation Policy Guide.....4
- Importance of Metabolic Monitoring with Antipsychotic Medications.....4
- 2022 Molina Healthcare Model of Care Provider Training.....5
- Is Your Authorization Request Urgent?.....5
- Cultural Competency Resources for Providers and Office Staff.....6
- Submitting Electronic Data Interchange (EDI) Claims.....9
- COVID-19 Vaccine Reward - 2022.....10
- Behavioral Health Services Only (BHSO).....10
- 2022 Provider Manuals – Notification of Significant Changes.....11



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.

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

This Provider Newsletter is available to all network providers serving Molina Healthcare members.

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, to name a few. You should also make sure to 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.

If you have any questions pertaining to NPPES, you may reference NPPES help at [NPPES.cms.hhs.gov](https://www.nppes.cms.hhs.gov).

Clinical Policy Update Highlights from Second Quarter 2022

Molina Clinical Policies (MCPs) are located at www.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 bi-monthly by the Molina Clinical Policy Committee (MCPC). The second quarter 2022 updates are noted below.

The following new policies were approved:

- Carvykti (ciltacabtagene autoleucel)
- Gastric Electrical Stimulation
- Gender Affirmation Treatment and Procedures
- Occupational Therapy
- Prescription Digital Therapeutics
- Shoulder MRI

Please note the name change of the following existing 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 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 Healthcare 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 we encourage 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 card (where available). Additionally, 835's will be generated and available to you for every transaction. You will also have access to yearly 1099's directly through your account.

ECHO support is available to answer questions regarding registration and 835's. They can be contacted at (888) 834-3511.

Login or register for the ECHO payment platform today: providerpayments.com/Login.aspx

Post-Traumatic Stress Disorder (PTSD) Awareness

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder developed by some people who have been exposed to an event that threatened serious harm or death. It can present with sleep disturbance, irritability and angry outbursts, avoidance of places or events that are reminders, recurrent dreams about the event, intense reactions to reminders of the event, and can lead to relationship issues and isolation. This was initially noticed primarily in veterans however 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 3 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 that 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 for patients and families that can help them understand what they are going through, available [HERE](#).

References:

- [VA PTSD Reference](#)
- [Youth.gov PTSD Reference](#)
- [Harvard Review of Psychiatry PTSD in Primary Care: Summary of Recommended Care](#)
- [NIMH.nih.gov](#)

Enable Your Patients to Get Help After Hours



Help is available.

Molina Healthcare (Molina) is proud to introduce Molina Help Finder – a new, one-stop resource, powered by findhelp – that assists Molina members in finding the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, you can also refer patients in real time right from your [provider portal](#). Simply search by category for the types of services needed like food,

childcare, education, housing, employment and more. Results can then be narrowed by applying personal and program-specific filters.

If you have any questions about Molina Help Finder, reach out to your local provider relations team. You can also visit MolinaHelpFinder.com to learn more.

Marketplace Benefit Interpretation Policy Guide

Molina Healthcare is committed to bringing transparency to providers around the benefits available to our Marketplace members. One way we do this is by making 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

How to Access:

- MolinaMarketplace.com

Note: Please be sure you select the state you are referencing in the drop-down on the Molina Marketplace website.

Site: [Benefit Interpretation Policies \(molinamarketplace.com\)](https://MolinaMarketplace.com/Benefit-Interpretation-Policies)

Importance of Metabolic Monitoring with Antipsychotic Medications

The Molina Healthcare National Pharmacy and Therapeutics Committee would like to remind providers about the importance of metabolic monitoring with 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 taking antipsychotics 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. The recommendation has since been expanded to include all patients taking antipsychotic medications. Since the release of the first guideline, there have been several data reports to suggest 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 thereafter: 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; and ordering laboratory tests in a timely manner

and communicating these expectations with the patient and/or caregiver during the visit. The importance of using a scale and engaging in healthy behaviors should also be emphasized to the patient and/or caregiver.

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

References:

- American Psychiatric Association. (2020) The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. doi: 10.1176/appi.books.9780890424841
- 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
- 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 Molina Healthcare Model of Care Provider Training

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

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

MOC training materials and attestation forms are available at Molinahealthcare.com/model-of-care-Provider-Training. **The completion date for this year's training is 12/31/22.**

If you have any additional questions, please email mhw.moc.attestations@molinahealthcare.com.

Is Your Authorization Request Urgent?

Molina Healthcare renders decisions on prior authorization requests as quickly as a member's health requires. 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.

When submitting prior authorization requests, keep the following items in mind:

- An urgent/expedited service request designation should be used only when "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 requests that don't fulfill this definition, please mark them elective/routine in the portal submission process or on the Molina Healthcare Prior Authorization Request Form if requesting via fax.

- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated timeframes. Because these timeframes are measured in hours rather than days, 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 will provide member prior authorization notification and decisions in accordance with CMS and/or any state guidelines, which may include verbal and written decisions.



Cultural Competency Resources for Providers and Office Staff

Molina Healthcare is committed to improving health equity by being 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. Additionally, we work to achieve NCQA's [Health Equity Accreditation](#) in the markets we serve. 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 is Building Culturally Competent Healthcare: Training for Providers and Staff

Cultural competency can positively impact a patient's health care experience and outcomes. A series of five short cultural competency training videos is available to providers and office staff on the *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* tab for each line of business:

Medicare:

<https://www.molinahealthcare.com/providers/common/medicare/Culturally-Linguistically-Appropriate-Resources.aspx>

Medicaid:

<https://www.molinahealthcare.com/providers/wa/medicaid/resource/cme.aspx>

Marketplace:

<https://www.molinamarketplace.com/marketplace/wa/en-us/Providers/Health-Resources/Culturally-and-Linguistically-Appropriate-Resources-Disability-Resources>

Training topics:

- [Module 1: Introduction to Cultural Competency](#)
 - The need for cultural competency
 - How culture impacts health care

- o 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 – LGBTQIA+ and Immigrants / Refugees**
 - o Health disparities among LGBTQIA+ population
 - o Clear communication guidelines for health care providers interacting with LGBTQIA+ patients
 - o Disparities among immigrant and refugee communities
 - o Clear communication guidelines for health care 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

The training videos range in length from five to ten minutes. Viewers may participate in all five training modules, or just one, depending on topics of interest. Please contact your Provider Services Representative if you have any questions.

Molina Healthcare is required to annually provide training to our Providers regarding Cultural Competency and available resources for Molina members. Upon completion of the trainings, please complete the provider attestation form that is available on the [Culturally and Linguistically Appropriate Resources/Disability Resources](#) page under *Health Resources* for each line of business:

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. Please visit Molina's *Culturally and Linguistically Appropriate Resources/Disability Resources* page under the *Health Resources* for each line of business:

Medicare:

<https://www.molinahealthcare.com/providers/common/medicare/Culturally-Linguistically-Appropriate-Resources.aspx>

Medicaid:

<https://www.molinahealthcare.com/providers/wa/medicaid/resource/cme.aspx>

Marketplace:

<https://www.molinamarketplace.com/marketplace/wa/en-us/Providers/Health-Resources/Culturally-and-Linguistically-Appropriate-Resources-Disability-Resources>

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 health care 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, 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 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 impairments; 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 the quality of health care for limited English proficiency 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 are recipients of 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

Also, 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 provider.molinahealthcare.com/.

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through 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 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 Health 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 Availity Essentials portal at provider.Molinahealthcare.com for more information.

Frequently Asked Questions:

- [Can I submit Coordination of benefits \(COB\) claims electronically?](#)
 - o Yes, Molina and our connected clearinghouses fully support electronic COB.
- [Do I need to submit a certain volume of claims to send EDI?](#)
 - o No, any number of claims via EDI saves both time and money.
- [Which clearinghouses are currently available to submit EDI claims to Molina?](#)
 - o Molina uses Change Health as our channel partner for EDI claims. You may use the clearinghouse of your choice. Change Health partners with hundreds of other clearinghouses.
- [Which claims EDI transactions does Molina utilize?](#)
 - o 837P (Professional claims) and 837I (Institutional claims)
 - o 270/271 (Health Care Eligibility Benefit Inquiry and Response)
 - o 278 (Health Care Services Review - Request for Review and Response)
 - o 276/277 (Health Care Claim Status Request and Response)
 - o 835 (Health Care Claim Payment/Advice)

- [What is Molina's Payer ID?](#)
 - o Molina Healthcare of Washington's Payer ID is 38336
- [What if I still have questions?](#)
 - o More information is available at molinahealthcare.com/providers/wa/medicaid/home under the EDI tab.

COVID-19 Vaccine Reward - 2022

Molina Healthcare of Washington is pleased to announce that members aged 6 months to 4 years and those aged 5+ will now be included in the COVID-19 vaccine reward program.

In an effort to encourage more members to get the COVID-19 vaccine, Molina is bringing back the member reward for the COVID-19 vaccine to the unvaccinated Medicaid population. Members ages 6 months and older can earn a **\$100 Amazon.com Gift Card** [Alcohol, Tobacco, Firearm (ATF) restricted] if they receive the first dose of the COVID-19 vaccine between June 1, 2022 and December 31, 2022. Our records show that approximately 591,139 Molina Medicaid members have not received their first dose of the COVID-19 vaccine. Members are eligible to receive the reward after receiving the first dose of the vaccine and are strongly encouraged to complete the entire vaccine series. Members have until January 31, 2023 to submit their attestation of receiving the vaccine and be eligible to earn the gift card.

Timeframe: June 1, 2022 – December 31, 2022

Line of Business: Medicaid

Targeted Population: Molina Medicaid members ages 6 month and older who have not received their first dose of the COVID-19 vaccine.

Member Attestation:

Members may fill out the attestation form with all required information and send it back to Molina via mail, email, fax or call-in their vaccine information (details are provided on the form). The forms are available in English and Spanish [here](#).

Gift Card Fulfillment:

The Molina Quality team will review each form and vaccine details submitted to ensure all required information has been provided. Upon validation, we will mail the member their \$100 Amazon.com gift card.

For additional information on Molina's COVID-19 Vaccine Reward, contact our Quality team: MHW_QI_Interventions@MolinaHealthcare.com

Behavioral Health Services Only (BHSO)

What is BHSO coverage?

BHSO enrollment is for Apple Health members whose physical health benefits are covered by a different plan such as Medicare as primary insurance. BHSO enrollment ensures everyone who is eligible has access to behavioral health benefits. Through BHSO, members get coverage for their specialty behavioral health care (mental health and substance use disorder treatment). Under the BHSO line of business, providers can bill Molina for high-acuity behavioral health services and bill ProviderOne for low acuity behavioral health services.

How can a provider verify a person's enrollment in BHSO?

There are two steps to verifying a client's BHSO enrollment in ProviderOne:

- Under client Eligibility Spans, check the client's type of coverage or Benefit Service Package. It must include a Categorically Needy Program (CNP) or Alternative Benefit Plan (ABP).
- Under Managed Care Information, check which plan covers the benefits listed in the Plan/Primary Care Case Management (PCCM) Name column (i.e., "[Molina Healthcare] Behavioral Health Services Only").

Who can be enrolled in BHSO coverage?

The Health Care Authority will automatically enroll members in BHSO coverage when a person is eligible for behavioral health services under Apple Health but receives their physical health benefit from a different primary insurance. This includes:

- Individuals with primary insurance through Medicare (traditional or Part C).
- Certain individuals who have private insurance coverage.
- Individuals in foster care who receive their medical care through Apple Health without a managed care plan (also known as fee-for-service).

Can BHSO clients use telehealth services?

In accordance with Health Care Authority's telehealth policies, Molina Healthcare offers visits to BHSO members if the provider offers over-the-phone or video communications appointments. Telehealth, also known as telemedicine visits, must be HIPAA-compliant (private), interactive and real-time audio and/or video communications.

Additional Resources:

For more information on how to identify the correct payer for low acuity and high acuity services, go to <https://www.hca.wa.gov/assets/billers-and-providers/providers-identify-payer-table.pdf>

The Health Care Authority Mental Health Services Billing Guide can be located at the following website: <https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20220101.pdf>

Apple Health (Medicaid) telemedicine policy and billing <https://www.hca.wa.gov/assets/billers-and-providers/Telemedicine-policy-and-billing-08012022.pdf>

2022 Provider Manuals – Notification of Significant Changes

The items listed below reflect significant changes made in the 2022 Provider Manuals. Changes are broken down by line of business, section of manual, page and date updated.

2022 Marketplace Molina Healthcare of Washington (MHW) Provider Manual by section, page and date updated.

Healthcare Services

- Molina Clinical Policy Website added – Page 36
- Peer-to-Peer review updated – Page 39

Risk Adjustment Management Program

- Interoperability Language Addendum added – Page 2

Compliance

- Disclosures Required by the Consolidated Appropriations Act of 2021 – Page 89

2022 Medicaid Molina Healthcare of Washington (MHW) Provider Manual by section, page, and date updated.

Benefits and Covered Services

- Billing for BHSO low and high-acuity behavioral health services added – Page 39

Healthcare Services

- Behavioral Health Practitioner Travel Reimbursement added – Page 74
- Molina Clinical Policy Website added – Page 49
- Peer-to-Peer Review request language updated – page 52

Risk Adjustment Management Program

- Interoperability Language added – Page 162

2022 Medicare Molina Healthcare of Washington (MHW) Provider Manual by section, page and date updated.

Eligibility and Enrollment in Molina Medicare Advantage Plans

- Interoperability Addendum language added – Page 2

Healthcare Services

- Molina Clinical Policy Website added – Page 36
- MCG Cite for Guidelines Transparency added – Page 30