A newsletter for Molina Healthcare Provider Networks

PROVIDER NEWSLETTER

Third Quarter 2020

Submitting Electronic Data Interchange (EDI) Claims

Look at all the benefits to using EDI:

- Change in practice ownership or Federal Tax ID number
- Electronic Claims Submission ensure HIPAA compliance
- Electronic Claims Submission helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Electronic Claims Submission increases accuracy of data and efficient information delivery
- Electronic Claims Submission reduces claims delays since errors can be corrected and resubmitted electronically!
- Electronic Claims Submission eliminates mailing time and claims reach Molina faster!

In this issue

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

EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare is through a Clearinghouse. You may submit the EDI through your own Clearinghouse or use Molina's contracted Clearinghouse. If you do not have a Clearinghouse, Molina offers additional electronic claims submissions options. Log onto Molina's Provider Services Web Portal https://provider.MolinaHealthcare.com for additional information about the claim's submission options, available to you.

FAQ'S
- Can I submit 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 Healthcare uses Change Healthcare as our channel partner for EDI claims. You may use the Clearinghouse of your choice. Change Healthcare partners with hundreds of other Clearinghouses.
- What claims transactions are currently accepted for EDI transmission?
  - o 837P (Professional claims), 837I (Institutional claims).
- What if I still have questions?
  - o More information is available at www.MolinaHealthcare.com under the EDI tab. You may also call or email us using the contact information below.

Submitting Electronic Claims
1-866-409-2935
EDI.Claims@MolinaHealthcare.com
Molina Healthcare of Mississippi Payor ID: 77010

Electronic Fund Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the ProviderNet portal is FREE to our participating providers and we encourage you to register after receiving your first check from Molina.

New ProviderNet User Registration:	**If you are associated with a Clearinghouse:**
1. Go to https://providernet.adminisource.com/Start.aspx	1. Go to "Connectivity" and click the "Clearinghouses" tab
2. Click "Register"	2. Select the Tax ID for which this clearinghouse applies
3. Accept the Terms	3. Select the Clearinghouse (If applicable, enter your Trading Partner ID)
4. Verify your information	4. Select the File Types you would like to send to this clearinghouse and click "Save"
a. Select Molina Healthcare from Payers list	
b. Enter your primary NPI	
c. Enter your primary Tax ID	
d. Enter recent claim and/or check number associated with this Tax ID and Molina Healthcare	

5. Enter your User Account Information
   a. Use your email address as user name
   b. Strong passwords are enforces (8 or more characters consisting of letters/numbers)
6. Verify: contact information; bank account information; payment address
   a. Note: Any changes to payment address may interupt the EFT process.
   b. Add any additional payment addresses. accounts, and Tax ID's once you have logged in.

If you are a registered ProviderNet user:
1. Log in to ProviderNet and click "Provider Info"
2. Click "Add Payer" and select Molina Healthcare from the Payers list
3. Enter recent check number associated with your primary Tax ID and Molina Healthcare

BENEFITS
- Administrative rights to sign-up/manage your own EFT Account
- Ability to associate new providers within your organization to receive EFT/835s
- View/print/save PDF versions of your Explanation of Payment (EPO)
- Historical EOP search by various methods (i.e. Claim Number, Member Name)
- Ability to route files to your ftp and/or associated Clearinghouse

If a provider has questions regarding the actual registration process, they can contact ProviderNet at: **(877) 389-1160** or email: wco.provider.registration@changehealthcare.com.

Claims Mailing Address

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

Effective immediately, claim forms that are received at our local office in Jackson, MS will be returned without being processed. Claims must be submitted electronically via our clearinghouse (ProviderNet), or the clearinghouse of your choice. Claims may also be submitted via our Secure Provider Web Portal, or to the claims mailing address for Molina Healthcare of MS.

If your claim is returned, you must ensure your claim is resubmitted within the applicable timely filing guidelines.

IP Billing for Claims Submissions

Effective September 1, 2020, Molina Healthcare of Mississippi requested a change to the billing requirements for inpatient claims of hospital providers.

Providers will be required to submit charges for non-covered days in field 48 of the UB-04 claim form to equal the total amount of services for the units submitted in box 39 with value code 81. This requirement will help ensure that the provided information is used to accurately pay for approved inpatient services.

Submitting Advanced Benefit Notification (ABN) with claims submissions will no longer be required.

Are You Culturally Competent?

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. The National CLAS Standards, developed by the Health and Human Services Office of Minority Health, aim to improve health care quality and advance health equity by establishing a collective set of mandates and guidelines that inform, guide and facilitate culturally and linguistically appropriate services.

Communicating Across Cultures

Clear communication is the foundation of culturally and linguistically competent care.

Guiding the conversation

- Initial greetings can set the tone for an interaction. If the patient's preference is not clear, ask how they would like to be addressed (i.e. Mr. Jones, Michael, Ms. Gonzalez).
- Ask open-ended questions whenever possible.
- Some individuals can tell you more about themselves through story telling than by answering direct questions.
- Inquire about preferred language and preferred method of communication (i.e. written, spoken, graphics, sign language, assistive listening devices, etc.).
- Consider treatment plans with respect to the patient's culture-based beliefs about health.
- Ask about any complimentary or alternative medicine possibly used by the patient.

Assisting patients whose first language is not English

- Speak slowly and try not to raise your voice.
- Use simple words and avoid jargon.
- Do not use acronyms, idioms and avoid technical language if possible. (i.e. shot vs. injection).
- Please articulate words.
- Give information in small chunks and short sentences.
- Repeat important information and have the patient repeat information back to you.
- Inform the interpreter of any specific patient needs.
- Hold a brief introductory discussion.
- Reassure the patient about confidentiality.
- Allow enough time for the interpreted sessions.
- Avoid interrupting during interpretation.
- Speak in the first person.
- Talk to the patient directly, rather than addressing the interpreter.

Please remember that it is never permissible to ask a minor, family member or friend to interpret.

Molina's Language Access Services

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. 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 provides the following services 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 www.MolinaHealthcare.com.

Training for Providers

A series of short Cultural Competency Training videos are available on Molina's website on the Culturally and Linguistically Appropriate Resources page listed under the Health Resources tab. Topics covered include: How Culture Impacts Health Care, Health Disparities, Social Determinants of Health, Seniors and Persons with Disabilities, LGBTQ Population, Immigrant and Refugee Populations, Perspective-taking and Molina's Language Access Services.

Sources:

U.S. Department of Health & Human Services: Office of Minority Health. Health Research & Educational Trust, 2013.

Industry Collaboration Effort, Better Communication, Better Care: Provider Tools to Care for Diverse Populations.

Industry Collaboration Effort, Cultural and Linguistic Services, 2017.

Molina's New Site of Care Program

In an effort to provide high-quality treatment services while controlling costs, Molina Healthcare, Inc. is promoting a new way of thinking, "site of care optimization." Site of care (SOC) optimization is a program that seeks to offer certain infused or injected drugs, including expensive specialty drugs and biologics, at clinically appropriate, convenient, and lower-cost care settings.

The SOC program is designed to encourage the consideration of treatment services through community offices, ambulatory infusion suites (AIS), or home-based settings such as home infusion services.

Home infusion offers the convenience of care in the home without the hassle of traveling to a care center and remaining there throughout treatment, which may be particularly useful during the current COVID-19 pandemic. At Molina Healthcare, Inc., we are monitoring developments and are focused on making sure our members have uninterrupted and appropriate access to the medications they need. The SOC program is an opportunity to help keep our members safe and at home.

The medication list below, when covered under the medical benefit, may require a site of care clinical review and/or a clinical prior authorization. This list is not a guarantee of benefits, may not be all inclusive, and should be used for reference purposes only.

Actemra® (tocilizumab)

Adakveo® (crizanlizumab)

Aldurazyme® (laronidase)

Aralast® NP (A1-PI)

Benlysta® (belimumab)

Cerezyme® (imiglucerase)

Cinqair® (reslizumab)

Cinryze® (C1 Esterase inhibitor)

Crysvita® (burosumab)

Elaprase® (idursulfase)

Elelyso® (taliglucerase)

Entyvio® (vedolizumab)

Exondys 51® (eteplirsen)
Fabrazyme® (agalsidase beta)

Fasenra® (benralizumab)

Glassia® (A1-PI)   Givlaari® (givosiran)

Ilaris® (canakinumab)

Ilumya™ (tildrakizumab-asmn)

Inflectra® (infliximab-dyyb)

Kanuma® (sebelipase alfa)

Lemtrada® (alemtuzumab)

Lumizyme® (alglucosidase alfa)

Mepsevii™ (vestronidase alfavjbk)

Naglazyme® (galsulfase)

Nucala® (mepolizumab)

Ocrevus® (ocrelizumab)

Onpattro® (patisiran)

Orencia® (abatacept)

Prolastin®-C™ (A1-PI)

Radicava® (edaravone)

Reblozyl® (luspatercept-aamt)

Remicade® (infliximab)

Renflexis® (infliximab-abda)

Revcovi® (elapegademase-lvlr)

Simponi Aria® (golimumab)

Soliris® (eculizumab)

Trogarzo® (ibalizumab)

Tysabri® (natalizumab)

Ultomiris® (ravulizumab-cwvz)

Vimizim® (elosulfase alfa)

VPRIV® (velaglucerase)

Vyondys 53® (golodirsen)

Zemaira® (A1-PI)

2020 Molina HealthCare Model of Care Provider Training

In alignment with requirements from the Centers for Medicaid and Medicare Services (CMS), Molina requires PCPs and key high- volume specialists to receive basic training about the Special Needs Plans (SNPs) Model of Care (MOC). The SNPs Model of Care 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 you may be asked to complete multiple trainings by different health plans.

Model of Care training materials and attestation forms are available on the MolinaHealthcare.com website.

If you have any additional questions, please contact your local Molina Healthcare Provider Services Representative at: (844) 826-4335

CMS Coverage of the Opioid Treatment Programs

In accordance with CMS rules, effective Jan. 1, 2020, Molina Healthcare began covering opioid treatment services (OTP) for members enrolled in our Medicare Advantage and MMP plans. Opioid Use Disorder (OUD) services are covered under the Medicare Part B benefit (Medical Insurance). Covered services include:

- FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing

OTPs wishing to render services to Molina members must be certified by CMS as an OTP. Molina encourages all potential eligible providers to learn more about this program and consider their participation options visit the following CMS resources:

- CMS Opioid Treatment Programs (OTP) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/index
- CMS OTP Enrollment Information https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program/Enrollment

How to Manage Stress During COVID-19

As many individuals experience psychological and emotional impacts of stressors related to COVID-19, Molina has developed supplemental tools to support primary care providers in identifying and providing appropriate intervention to members at risk.

The Molina Behavioral Health C.O.V.I.D. Screening Tool is a 5-question screener that allows primary care providers to assess for potential psychological and social determinant of health impacts as a result of COVID-19 stressors. It is recommended providers consider one or more positive responses to the questionnaire as a positive screen and to reach out to the local Molina Case Management Team for assistance with care coordination.

In addition to the screening tool, Molina has developed supplemental one-page documents to provide additional information on the following topics:

- The Psychological Impact of COVID-19
- Emotional Aspects of Medical Conditions
- Trauma Informed Care

The Molina Behavioral Health C.O.V.I.D Screening Tool and the supplemental one-pagers can be found under "Behavioral Health" on the COVID-19 webpage for providers at www.MolinaHealthcare.com. For additional behavioral health resources and tools, please visit the Molina Behavioral Health Toolkit for Providers under the "Health Resources" tab at www.MolinaHealthcare.com.

Is Your Authorization Request Urgent?

CMS defines expedited/urgent authorization requests as - "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 urgent/expedited prior authorization requests, keep the following items in mind to ensure the request is processed without delay:

- Urgent/Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition will be handled as routine/ non-urgent.

- Please remember to include all the supporting clinical/documents.

COVID-19 Provider Communications

Even as a crisis drives us apart, we heal by coming together

THANK YOU

Molina extends our heart-felt thanks to our provider community for caring for our members throughout the ongoing COVID-19 emergency. We are monitoring COVID-19 developments daily and have created a COVID-19 provider communications page on our website to share resources and updates with you, our provider partners. Please access COVID-19 news and updates at: https://www.molinahealthcare.com/providers/ms/medicaid/comm/COVID-19.aspx

Pharmacy

Tricyclic Antidepressants Minimum Age Requirements. On Aug. 17, 2020, the Molina Healthcare of Mississippi implemented the Mississippi Division of Medicaid (DOM) mandated that required prior authorization of (PA) tricyclic antidepressants (TCA) prescribed for patients under 25 years of age for all Medicaid beneficiaries. Following recommendations by the Drug Utilization Review Board (DUR), the PA requirement is based on safety risks associated with TCA use in children, adolescents and young adults. The Food and Drug Administration has warned that antidepressants increase the risk of suicidal thoughts and behavior in children, adolescents and young adults diagnosed with psychiatric disorders. Prescribers of TCAs for patients under 25 years of age will need to attest that the medical necessity outweighs the risks for these medications. Providers may submit PA requests using the universal prior authorization form can be found at www.MolinaHealthcare.com.

340B Program

The 340B program is a Drug Pricing Program established by the Veterans Health Care Act of 1992, which is Section 340B of the Public Health Service Act (PHSA). It limits the cost of covered outpatient drugs to certain federal grantees, federally-qualified health center look-alikes, and qualified hospitals. State Medicaid programs are mandated to ensure that rebates are not claimed on these drugs thereby preventing duplicate discounts for these drugs. In order to comply with Federal law, claims must be completed and submitted correctly as mandated by Section 340B(a)(5)(A)(i) prohibiting duplicate discounts.

To bill 340B purchased drugs to Medicaid the provider must complete the attestation packet provided by the Mississippi Division of Medicaid **If a 340B provider does not submit the attestation form, that provider will be considered by Medicaid as a non-340B entity (an opt-out provider that purchases drugs at 340B pricing but will never bill the Division of Medicaid for 340B purchased drugs)** Providers who opt-in must bill the appropriate codes on a claim billed with a 340B purchased drug.

Billing Guidelines for 340B covered entities who have opted in:

Medical claims:

On CMS 1500 Health Insurance Claim Form or Uniform Billing (UB04) Form, a "UD" modifier is required to identify a 340B purchased drug in addition to the corresponding Healthcare Common Procedure Coding System (HCPCS) and National Drug Code (NDC).

Pharmacy point of sale claims billed electronically in the D.0 format:

The ingredient cost must be billed to DOM at the actual acquisition cost (AAC). This AAC is defined as the price at which the covered entity has paid the wholesaler or manufacturer for the covered outpatient drug.

- The AAC must be submitted in field #4Ø9-D9, field name "ingredient cost submitted". The professional dispensing fee must be submitted in field # 412-DC, field name "dispensing fee submitted".
- Enter "08" in field 423-DN, the Basis of Cost Determination field.
- Enter "20" in field 420-DK, the Submission Clarification Code.

If the drug is **not eligible** for 340B pricing, the provider will bill the drug at the usual and customary charge for the drug and should **not** include the UD modifier for physician administered drug claims or both the "20" and "08" in fields 420-DN and 423-DN, respectively, for pharmacy claims.

Additional information regarding MS Medicaid 340B program eligibility, rules, and regulations, may be found on the Mississippi Division of Medicaid website at https://medicaid.ms.gov/

Non-Emergent Transportation Vendor Transition

Southeastrans will no longer provide non-emergency transportation services for Molina Healthcare of Mississippi starting September 1, 2020. Effective September 1, 2020, MTM will provide transportation services for Molina Healthcare of Mississippi Members.

MTM's Contact Center is open 24 hours a day, 7 days a week, and 365 days a year for urgent, same, or next day trips. The Trip Reservation Line is:

Molina Healthcare of Mississippi:
Member Reservation Line: 888.597.1206
Facility Line: 888.597.1203

It is important to notify MTM of any cancellations or schedule changes as soon as you are aware of them.

MTM goal is to provide excellent customer service and timely transportation to medical appointments. Your designated Community Outreach-Trainer is available to answer any questions you may have. MTM appreciates your assistance during this transition period. Our team will strive to ensure this process is as smooth as possible.

Medical Facility Transportation Resource Guide

MTM is committed to partnering with medical facilities in Mississippi to ensure seamless, successful transportation delivery to Members. We want to be the best partner possible for your facility to ensure your Members are served appropriately. MTM offers several dedicated resources to your staff for scheduling rides for Members and delivering support services.

How to Request Transportation	Days' Notice	Additional Contacts
Facilities Should:		
Fax: 866.813.0138 **Email:** MSRTP@mtm-inc.net **Facility Reservation Line:** 888.597.1203 *Ambulance trips for Non-emergency Medical Transportation must be called into MTM, not the Ambulance Company*	**Hours to Call:** Monday–Friday 7 a.m. to 8 p.m. (CST) **Routine Appointments:** 3 Business Days **Urgent Appointments:** 24/7	**Care Management:** CM-Mississippi@mtm-inc.net **Community Outreach:** CO-MS@mtm-inc.net **We Care Line:** 866.436.0457
Members Should:		
Call the Reservation Line: 888.597.1206		

Use this Resource Guide as a convenient means for contacting MTM with your needs. It contains useful contact information for Facilities and Members to utilize.