PROVIDER NEWSLETTER

A newsletter for Molina Healthcare of Virginia Providers

Fourth Quarter 2022

In this issue

Get automatic approval for advanced imaging prior authorization requests

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.

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

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, 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 Availity Essentials portal 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 will also be available.

Additional information about Cite AutoAuth is available in the MCG Cite AutoAuth Provider Training located here and on molinahealthcare.com.

Updated: Provider payment methodology

As a reminder, Molina Healthcare has partnered with Change Healthcare and ECHO Health, Inc. (ECHO) to simplify and improve payment transactions for your business and offer more choices in payment methods.

It is important that you establish your payment preferences with ECHO, to ensure that your payments are routed according to your desired payment methodology. You should have already received a notification with instructions detailing our new payment options and how to manage them through ECHO.

Providers currently receiving virtual credit cards from Molina: If you have not established payment preferences with ECHO, you have automatically been defaulted to virtual credit card (VCC) payments. Providers receiving and processing VCC payments will incur the usual/customary merchant fees associated with the processing of a credit payment. If you do not wish to receive VCC payments, you must opt-out.

- **To opt-out of Virtual Credit Card (VCC):** Follow the instructions on the VCC payment document you have received. Visit echovcards.com to select a different payment method option and enter the information from your VCC payment document.

- **Electronic Funds Transfer (EFT)- Preferred payment methodology:** We encourage providers to register for EFT payments. Registering for single payer (Molina) EFT payments through ECHO is free of charge. EFT payments offer advantages over paper checks and VCC, including faster receipt of funds, electronic 835s and EOPs at your fingertips.

Providers enrolled with ECHO Health's All payer Automated Clearing House (ACH): If you are enrolled with ECHO Health's All Payer ACH solution, your ACH enrollment will be applied to Molina payments as well.

835 Electronic Remittance Advice (ERA): Providers who enroll for EFT payments will continue to receive the associated ERAs from ECHO with the Change Healthcare Payer ID. Please make sure that your Practice Management System is updated to accept the Change Healthcare Payer ID: MCC02. All generated ERAs will be accessible to download from the ECHO provider portal providerpayments.com.

If you have questions about how to set your payment preferences, ECHO has a provider services team available to assist. You can reach them by calling (800) 946-7758. Molina is here to support you as well. If you have questions for Molina about this transition, please contact us at:

- **CCC Plus:** (800) 424-4524
- **Medallion 4.0:** (800) 424-4518
- MCCVA-Provider@MolinaHealthcare.com.

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DMAS registration portal (MES)

The Virginia Department of Medical Assistance Services (DMAS) has launched a new portal, to manage Medicaid provider enrollment. All Medicaid managed care providers are required to enroll on this portal.

- As a Molina participating provider, you will need to initiate enrollment through the new PRSS enrollment wizard, located here: https://virginia.hppcloud.com/.

- Go to "Enroll as a new provider or check your enrollment status." Only one enrollment application is necessary in PRSS, even if you participate with more than one MCO.

- The application process allows for selection of one or more MCO plans (**Select Molina**). Once approved, providers will need to create a PRSS portal online account in order to revalidate their enrollment, make changes to personal or business information, add/update participating MCO's and check member eligibility.

- You may be asked to provide evidence of your submission. You can find helpful training resources on the MES website, here: vamedicaid.dmas.virginia.gov/provider.

- Contact PRSS Provider Enrollment Helpline at (804) 270-5105 or (888) 829-5373, or email Provider Enrollment at: vamedicaidproviderenrollment@gainwelltechnologies.com.

Using correct license-level modifiers on claims

Effective 1/1/2023, Molina Healthcare Behavioral Health organizational providers and individual providers submitting professional claims for outpatient services as part of an organization (using the organization's Taxpayer Identification Number) must submit claims with the license-level modifier that represents the treating provider's license level.

- We process claims using the organization's record and the license-level modifier provided.

- We base reimbursement on the treating provider's licensure.

- We reimburse professional services rendered by clinical practitioners licensed at the independent practice level only. Regulatory or customer requirements may require an exception.

Which modifier should I use for my claims?

Degree/Licensure	HIPAA modifier	HIPAA modifier description
Bachelor's level counselors	HN	Bachelor's degree level
Clinical nurse specialist/Physician Assistant	SA TD	Nurse Practitioner (RN)
Less than bachelor's level counselors	HM	Less than bachelor's degree Level
Masters' level counselor	HO	Master's degree level
National Certified Addictions Counselor (NCAC) or state substance abuse counseling certification	HF	Substance Abuse Program
Physician	AG	Primary physician

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Psychiatrist	AF	Specialty physician
Psychologist	AH AP	Clinical Psychologist or doctoral level
Social worker	AJ	Clinical Social Worker

- Reimbursement is based on the treating provider's licensure and Molina's credentialing requirements for that discipline and is not based on the provider's academic credentials alone.

- Public sector (e.g., state-sponsored, or government-funded) programs may have unique HIPAA modifiers. Please reference state-specific information for public sector coding guidelines.Select the modifier that best applies. Nurses may only provide services and bill for CPT codes that fall within scope of practice allowed by their professional training and state licensure. Physician assistants should use the SA modifier, as there is no HIPAA modifier for physician assistants.

- Actual credentials may vary depending on state, e.g., CAC, CCDC, CCDA.

Where should I add HIPAA inserts on claims?

- **Electronic claims:**

   o **837P:** Insert the modifiers in SV101-3 (additional modifiers in SV101-4, SV101-5, and SV101-6.

   o **837I:** Insert the modifier in SV202-3 (additional modifiers in SV202-4, SV202-5, and SV202-6).

- **CMS-1500 form.** Insert the modifier in field 24d under "Modifier."

- **UB-04 form (HCFA 1450).** Insert the modifier with CPT or HCPCS code in field 44 (e.g., "90791 AH").

How should I bill telehealth services?

Organizational providers providing services via telehealth should bill the license level modifier in the first modifier field and the telehealth modifier in the second modifier field (e.g., 90791 AH, GT).

Questions?

Please contact your Molina Provider Service Representative at MCCVA-Provider@molinahealthcare.com if you have any questions.

Real-time benefits tool through CVSHealth

Molina Complete Care has partnered with CVSHealth, our Pharmacy Benefits Manager, to offers **real-time prescription benefits (RTB) information.**

The benefits information interacts with the e-prescribing feature in your **electronic health record system through Surescripts.** to give you and your patient their specific plan design and coverage of medications within seconds.

This feature will help you and your patient make more informed medication and treatment decisions by enabling users to do the following:

Know if the drug is covered and the patient's out-of-pocket cost

Know if a therapy requires prior authorization (PA) or has other restrictions

$4.50 $31.27 $10.15   See up to five clinically appropriate lower-cost brand or generic alternatives

Process a PA in real-time from the EHR – decision in as little as six seconds

EHR and e-Prescribing Solutions Enabled

- ADP AdvancedMD
- Advanced Data Systems
- Allscripts
- Athena
- Bizmatics
- Cardinal Health
- CAREFORM
- Cerner
- Comtron
- CPSI
- CureMD
- DigiDMS
- DrFirst
- DrMed Solutions
- EIR SYSTEMS
- eMedicalNotes
- EmedPractice-Medistat

- EnableDoc
- Epic
- Goldblatt Systems
- GreenwayIntergy
- H2H
- HenrySchein
- iMedica
- InstantDx
- Insync Healthcare Solution
- Integrity Onsite Docutap
- KAISER HAWAII
- Leum
- MD Toolbox
- MDLand
- MDOfficeManager
- MDSCRIPTS

- MedConnect
- Medical Office Solutions
- MedicalMine
- Meditab
- MedPlus
- MicroMerchant
- MiddlesetHS
- Modernizing Medicine
- MTBC
- NewCrop
- NextGen
- Novant Health (ENOVANT)
- Objective Medical Systems
- Office Ally
- OmniMD

- PPOC
- Practice Perfect
- PS AllegianceMD
- PS Practice Fusion
- RxNT
- Salinas Valley
- ScriptDash
- SSIMED
- STI Computer Services
- TechSoft
- UNITED REGIONAL MEDCTR (EUNITEDRMC)
- Waiting Room Solutions

Access and Onboarding Handbook

The Real-Time Prescription Benefits Access and Onboarding Handbook provides, and overview of the key steps required for you and/or your health system to access and onboard RTB.

If you would like a copy of the handbook, please contact your Molina Provider Services representative by telephone at (800) 424-4518 or by email at MCCVA-Provider@molinahealthcare.com.

Questions?

If you have any questions about this notification or the RTB tool, please call Molina Complete Care at (800) 424-4524 (CCC Plus) or (800) 424-4518 (Medallion 4.0).

New PsychHub course available, offers CEUs

Our PsychHub partners have recently launched their newest online course, Acceptance and Commitment Therapy (ACT) Foundations.

The ACT Foundation's course explores the construct of psychological flexibility.

Learn the action-oriented, empirically based approach to therapy that invites clients to process their feelings while empowering and educating #mentalhealth practitioners.

Ready to get started? Molina Healthcare network providers can access this and other courses that offer CEUs on the PsychHub platform by clicking this link: https://app.psychhub.com/signup/molina-mhp/

Model of Care training is underway

Molina Healthcare is actively reaching out to providers who are required to complete the 2022 Model of Care training. In accordance with Centers for Medicaid and Medicare Services (CMS) requirements, Molina PCPs and key high-volume specialists including neurology, cardiology and psychiatry must complete Molina's Model of Care training each year. This quick training will describe how Molina and providers work together to successfully deliver coordinated care and case management to members with both Medicare and Medicaid.

If not already completed, please take this training now, and return the Attestation Form to Molina no later than 12/31/2022.The training is available at: molinahealthcare.com/-

/media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training.PDF.

If you have additional questions, please contact your local Molina Provider Services Representative at MCCVA-Provider@molinahealthcare.com.

Molina Healthcare's special investigation unit partnering with you to prevent fraud, waste and abuse

The National Healthcare Anti-Fraud Association estimates that least three percent of the nation's health care costs, amounting to tens of billions of dollars, is lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have passed a number of laws to improve overall program integrity, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.

You and the SIU

The SIU utilizes state-of-the-art data analytics to proactively review claims to identify statistical outliers within peer (specialty) groups and services/coding categories. Our system employs approximately 1,300 algorithms to identify billing outliers and patterns, over- and underutilization, and other aberrant billing behavior trends. The system pulls information from multiple public data sources and historical databases that are known to identify and track fraud, waste, and abuse. Our system allows us the ability to track provider compliance within correct coding, billing, and their provider contractual agreement.

As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review or by random selection. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions, such as providing requested medical records and other supporting documentation. Should you have questions, please contact your Provider Services Representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Scott Campbell, the Molina Vice President who oversees the SIU operations. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, contact the Molina AlertLine toll-free at (866) 606-3889 twenty-four hours per day, seven days per week. In addition, use the website to make a report at any time at: MolinaHealthcare.Alertline.com.

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Biosimilars - What to watch

Biological products are the fastest-growing class of therapeutic products in the United States. Similar to when a generic becomes available, biosimilar and interchangeable products can offer additional options with a potentially lower healthcare cost.

A biosimilar is a highly similar version of a brand name biological drug that meets strict controls for structural, pharmaceutical, and clinical consistency. A biosimilar manufacturer must demonstrate that there are no meaningful clinical differences (i.e., safety and efficacy) between the biosimilar and the reference product. Clinical performance is demonstrated through human pharmacokinetic (exposure) and pharmacodynamic (response) studies, an assessment of clinical immunogenicity, and, if needed, additional clinical studies. Biosimilars are not considered true generics because unlike traditional drugs, biologics are not synthetically derived but are derived from organic sources, so there are differences between the reference brand biologic and its biosimilars.

Several bodies of experts have published statements in support for the use of biosimilars and integration into clinical practice guidelines, such as the Crohn's and Colitis Foundation, American College of Rheumatology, and the American Society of Clinical Oncology.

As costs for biological specialty drugs continue to rise, the growing biosimilar market will benefit providers and patients by broadening biological treatment options and expanding access to these medications at lower costs.

An anticipated launch of the first biosimilars for popular drugs such as Humira and Stelara are just around the corner in the first half of 2023. However, it is important to note that while the competition generated by these new launches can help lower healthcare costs—depending on pricing—biosimilars may not necessarily be the lowest cost option in all therapeutic categories. Other considerations that may affect the savings potential from a biosimilar launch include the reliability of supply, experience of the manufacturer, and patient or prescriber adoption.

Molina continues to be committed to continually reevaluating preferred strategies and applying innovative cost-controls to ensure patients receive safe, effective, and quality healthcare.

This commitment includes potentially creating a preference for biosimilars when value can be added without compromising member satisfaction and safety.

Food and Drug Administration. Biosimilar and Interchangeable Products. Retrieved from: fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars.

nccn.org/docs/default-source/clinical/nccn-pharmacy-directors-forum-white-paper-operationalizing-the-safe-and-efficient-use-of-biosimilars.pdf.

rheumatology.org/portals/0/files/biosimilars-position-statement.pdf.

crohnscolitisfoundation.org/sites/default/files/2019-06/biosimilars-statement-needs_0.pdf.

Balance billing

Balance billing Molina Healthcare members for covered services is prohibited other than the member's applicable copayment, coinsurance and deductible amounts. The provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Molina member be liable to the provider for any sums owed that are the legal obligation of Molina to the provider. Examples of balance billing include:

1. Holding members who are dually eligible for Medicaid and Medicare liable for Medicare Part A and B cost sharing
2. Requiring Molina members to pay the difference between the discounted and negotiated fees, and the provider's usual and customary fees; and
3. Charging Molina members fees for covered services beyond copayments, deductibles, or coinsurance

Early Periodic Screening, Diagnostic and Treatment (EPSDT) program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services.

Molina Healthcare is required to provide comprehensive services and furnish all appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of screening, diagnostic, and treatment services and all providers serving members eligible for EPSDT are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations.

- Provide or arrange for the provision of screening services for all children; and

- Arrange (directly or through referral) for corrective treatment as determined by child health screenings.

As a provider, it is your responsibility to adhere to and understand EPSDT guidelines and requirements to ensure access to the right care at the right time in the right setting.

Additional information and training regarding Molina's EPSDT program are available at molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/va/VA-ALL-PRV-21378-22-EPSDT-Provider-Toolkit-FINAL_508c.pdf.

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2022-2023 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least six months of age and older and who does not have contraindications. It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. Additionally, flu vaccinations can reduce the prevalence of flu symptoms that might be similar to and confused with COVID-19.

A licensed, recommended, and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are expected to be available for the 2022–23 season.

Important 2022-2023 Updates from the Advisory Committee on Immunization Practices:

1. The composition of the 2022–23 U.S. seasonal influenza vaccines includes updates to the influenza A(H3N2) and influenza B/Victoria components. For the 2022–23 season, U.S.-licensed influenza vaccines will contain hemagglutinin (HA) derived from an influenza A/Victoria/2570/2019 (H1N1)pdm09-like virus (for egg-based vaccines) or an influenza A/Wisconsin/588/2019 (H1N1)pdm09-like virus (for cell culture–based and recombinant vaccines); an influenza A/Darwin/9/2021 (H3N2)-like virus (for egg-based vaccines) or an influenza A/Darwin/6/2021 (H3N2)-like virus (for cell culture–based or recombinant vaccines); an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus; and an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

"Based on this year's Flu experience in the Southern Hemisphere, there is a good chance that the US will have a significant Flu season. Virginia has already started to see a rise in its numbers of cases. We encourage all members, as eligible, to get their Flu vaccine as soon as possible.

We also anticipate that there could be many cases of comorbid Flu and COVID, so we continue to encourage members to get their COVID vaccine series.

Additionally, there has been a surge in the report of RSV cases this year, causing significant morbidity in young children, but also in older adults. While there is no vaccine available for the majority of the population to prevent RSV, we recommend, as always, using good hygiene practices to prevent the spread of all respiratory, and other, illnesses."

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2022-2023 flu season, please visit the Centers for Disease Control and Prevention at cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm.

Molina Healthcare will cover the following flu vaccines during the 2022 – 2023 flu season:

- Injectable Seasonal Influenza Vaccine (Quadrivalent) - Available from August-April or per state requirements

- Intranasal Seasonal Influenza Vaccine (FluMist) - Available from August-April or per state requirements

- Intradermal Influenza Vaccine Quadrivalent (Short Needle) and Flublok - Available from August-April or per state requirements

- Injectable Seasonal Influenza - Vaccine High-Dose - Available from August-April or per state requirements.

Clinical policy updates: Highlights from third 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 third quarter 2022 updates are noted below.

The following policies were revised:

- Epidural Steroid Injections for Back and Neck Pain (previously *Epidural Steroid Injections for Chronic Back Pain*)
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Spinraza (nusinersen)

The following policies have been retired and are no longer available on the website:
- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel)
- Intensity Modulated Radiation Therapy (IMRT)
- Kymriah (tisagenlecleucel)
- Lutathera (lutetium Lu 177 dotatate)
- Proton Beam Radiation Therapy
- Proton Beam Therapy for Prostate Cancer
- Provenge (sipuleucel-T)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)

Molina Healthcare Quality Improvement Program

2022 NCQA Rating
★★★★★
3.0 of 5
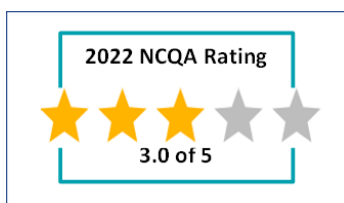
The Molina Healthcare Quality Improvement Program promotes quality care and service. It is organized to ensure our members get the care they deserve. The primary goal is to improve patient health outcomes by focusing on communication, engagement, and participation.

Our commitment

Each year Molina Healthcare sets goals to continue to improve:
- Our services.
- The quality of the care you receive.
- The way we communicate with you.

Our quality ratings[*]

Molina is a three-star NCQA accredited health plan, delivering high quality in the following key areas:

Service	Rating
Getting care quickly	⭐⭐⭐
Healthy plan ratings	⭐⭐⭐
Childhood immunizations	⭐⭐⭐
Asthma controls	⭐⭐⭐⭐
Behavioral health	⭐⭐⭐

*Additional information regarding the 2022 NCQA health plan ratings is available on the NCQA Health Plans webpage located here.

Our goals

To improve quality and service, we will:

- Give you services that benefit your health.
- Work with providers to get you the care you need.
- Address your language and cultural needs.
- Reduce any barriers to getting care, like issues with transportation and/or language.

Wellness initiatives

The following initiatives will help to ensure you get the care you need, when needed:

- **Keeping kids healthy**

  Children get regular preventative checkups and important shots that help protect them against serious illness.

- **Living with Illness**

Members with asthma, behavioral health concerns, diabetes, high blood pressure, and depression get the care they need by getting tests, checkups, and the right medicine.

Extra benefits and rewards

To help meet our goals, the following extra benefits are available to eligible members at no cost:

- Wellness programs with healthy reward incentives
- Transportation services
- Pregnancy supplies and mobile information tools
- Baby showers. Pregnant members are invited to baby showers hosted quarterly per region.

- Sports physicals. Annual sports physicals for children

- Bicycle helmets for children

- Cell Phones. Free smartphone with 350 minutes, unlimited texts, plus 4.5 GB of data monthly

- One eye exam every other year and up to $100 for glasses (frames and lenses) or contacts every year

- Home delivered meals. 3 meals/day up to 5 days for member and one family member after hospital stay.