Provider Orientation

2022

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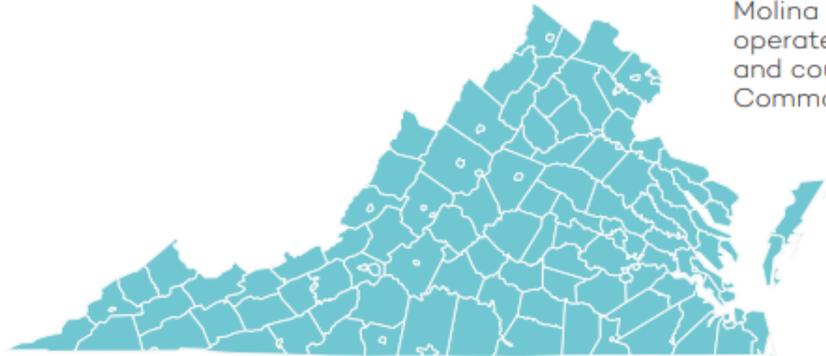**17** Compliance and Integrity

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MOLINA HEALTHCARE

Molina Complete Care (Virginia)
Established 2017

MOLINA HEALTHCARE

Molina Complete Care operates within all cities and counties in the Commonwealth of Virginia.

Molina's commitment to our community

Molina Complete Care (MCC) providers government-sponsored care for qualifying individuals. Our Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 Medicaid programs, and our MCC of VA (HMO SNP) Medicare Advantage Special Needs Plan provide coverage to thousands of Virginians.

Molina Complete Care (MCC) received National Committee for Quality Assurance (NCQA) Accreditation for Medicaid HMO and an NCQA Distinction for Long Term Services and Supports.

MCC was accredited for service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement. Our Long-Term Services and Supports program was recognized for delivering efficient, effective person-centered care.

Covid-19 relief efforts:

Molina Complete Care (MCC) has provided over $200k in Personal Protective Equipment (PPE) to various hospitals, FQHCs, community-based/faith-based organizations during the pandemic. MCC donated funds to support various organizations that provided childcare and school-assistance to families of essential workers. Additionally, MCC has partnered with local health districts and hospitals to provide interpreter services and assistance during COVID-19 vaccine clinics in some of the underserved areas of Virginia and assisted with the delivery of meals and toiletry items to homeless individuals.

Key health plan facts

Membership	Employees
130K	290

Lines of business	Provider network
CCC Plus Medallion 4.0 MCC of VA (HMO SNP)	415 Facilities 42,012 Providers

Molina community events & programs

Back to School Events, Regional Baby Showers, Remote Area Medical (RAM), Community Resource Fairs, Calming Rooms, Healthy Kids/Senior Bucks for fresh produce.

Health plan leadership

Darrin Johnson, Plan President
James Johnson, VP, Health Plan Operations
Ann Vaughters, MD, Chief Medical Officer
Mike Fotinos, Market Chief Financial Officer
Pamela Daniels, AVP, Market Compliance Officer
Lisa Johnston, VP, Healthcare Services
Angela Taylor, Director, Growth and Community Engagement
Jennifer Bowden, Director, Long-Term Services and Supports
Jeanne Bellucci, Director, Provider Relations
Carrie Becker, Director, Network Development
Kimberley Harshman, Director, Healthcare Services
Rob Berringer, Director, Health Plan Pharmacy Services
Vikki Rumph, Director, Quality Improvement and Risk Adjustment
Theodora Appiah-Acheampong, Director, Healthcare Services
Pamela Aldridge, Director, Health Services

Corporate facts

Established in 1980, Molina now serves 5+ million members across 19 states.

MolinaHealthcare.com

All information as of 6/30/2022
22020802_VASFSF0802

MOLINA HEALTHCARE

Medicaid Enterprise System (MES)

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 <u>are required</u> 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: https://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.

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Credentialing Required Documents

******Register on DMAS Portal First******

Facility Documents

- Health Delivery Organization (HDO) Application

- MHI Ownership and Control Disclosure Form

- Virginia Guide to Provider Information Form (PIF)

- W9 (*Legal name must match, as registered with IRS. Address must match billing/payment address*)

- General/Professional Liability Insurance

- Licenses for all services you provide

- Staff Roster (if applicable)

Please refer to Molina's website:

Provider Forms | Molina Complete Care (molinahealthcare.com)

Credentialing Required Documents (cont'd)
Register on DMAS Portal First

Group/Practitioner Documents

- Virginia Guide to Provider Information Form (PIF)

- W9 (*Legal name must match, as registered with IRS. Address must match billing/payment address*)

- Staff Roster

- Please refer to Molina's website:

Provider Forms | Molina Complete Care (molinahealthcare.com)

Claims Submission

MOLINA® HEALTHCARE

Electronic Data Interchange (EDI) and Paper Claims Submission Information

- We strongly encourage all providers to submit claims electronically to Molina Healthcare. EDI streamlines the submission process and can expedite receipt and payment for covered services provided to our members

- Paper submissions and/or claims requiring supporting documentation can also be submitted by U.S. mail

- We also offer an electronic funds transfer (EFT) option to our participating providers who register for EFT via our provider portal

Electronic claims submission
- EDI clearing houses:
  - Availity
    availity.com/molinahealthcare.
- Payer ID: **MCC02**

Paper claims submission
Molina Complete Care
PO Box 22656
Long Beach, CA 90801

Electronic funds transfer
Enrollment information via provider portal:
https://enrollments.echohealthinc.com/EFTERADirect/MolinaHealthcare

Paper Claims Submission

- In order to accurately process paper claim submissions, they must be billed on acceptable claim forms to ensure accuracy of the data being input into our systems:

   **CMS guidelines state: "For both CMS-1500 and UB-04 Claims, the only acceptable claim forms are those printed in Flint OCR Red, J6986, (or exact match) ink. Although a copy of the CMS-1500 and UB-04 form can be downloaded, copies of the form cannot be used for submission of claims, since your copy may not accurately replicate the scale and OCR color of the form.

Timely Filing and Payment Timeframes

- Clean claims for covered services must be received no later than one hundred and eighty (180) days from the date of services to ensure

- Processing and payment for covered services are generally made within 30 days upon receipt of clean claim and any required supporting documentation

- Processing and payment for clean claims for Nursing Facilities, LTSS (including when LTSS services are covered under ESPDT), ARTS and Early Intervention providers are processed within 14 calendar days of receipt

- Payments are made twice weekly (Tuesday, Thursday)

Corrected claims are subject to a timely filing period equal in length to the initial timely filing period, starting from the first denial or most recent payment

Submission Order, Dual-Eligible Members and Coordination of Benefits

- Providers should follow traditional claims submission order in accordance with industry standard coordination of benefit rules

- Claims for services provided to members who have another primary insurance carrier must be submitted to the primary insurer first in order to obtain an explanation of benefits (EOB)
  - The full obligation of the primary insurer must be met before Molina can make a payment

- Unless the Medicare benefit limit is exhausted, please submit claims for Medicare-covered services rendered to dual-eligible members to Medicare

MOLINA
HEALTHCARE

Provider Medicaid Refund Payments Address

Attn: Recoveries Lockbox
401 Market Street
Box 780192
Philadelphia, PA 19178-0192

MOLINA
HEALTHCARE

Appeals & Grievances

Provider Appeals Process

- Provider appeals are requests made by providers (in-network and out-of-network) to review the adverse benefit determination in accordance with the statutes and regulations governing the Virginia Medicaid appeal process

- After a provider exhausts Molina Healthcare's internal appeal process, Virginia Medicaid affords the provider the right to two (2) administrative levels of appeal (informal appeal and formal appeal)

Submit your appeals to:

Appeals & Grievance
Molina Healthcare, Inc.
PO Box 36030
Louisville, KY 40233-6030

Providers may also contact our Molina Healthcare Customer Service:

- CCC Plus: 1-800-424-4524

- Medallion 4.0: 1-800-424-4518

- A provider may file an appeal with Molina Healthcare within 60 calendar days from the date of the adverse benefit determination notice/remittance advice

- A provider must file the appeal with Molina Healthcare in writing

- The appeal must identify the issues, adjustments, or items the provider is appealing and include any supporting documentation which explains or satisfies the reason for the original denial and why it should be paid accordingly

- For appeals not resolved wholly in favor of the provider, Molina Healthcare's written Notice of Internal Appeal Decision will include the description of appeal rights for DMAS appeal

Change Healthcare and ECHO Health, Inc

Molina Healthcare partnered with Change Healthcare and ECHO Health, Inc. (ECHO) to provide these new electronic methods.

- Payment options and any action items required by your office:

1. Existing Electronic Funds Transfer (EFT) Payments: NO ACTION IS NECESSARY if you are currently receiving EFT payments from Molina Healthcare.

Please note: Payment will appear on your bank statement from Huntington National Bank and ECHO as "HNB – ECHO".

2. New to EFT Payments: If you are interested in receiving payment via EFT, setting up EFT is a fast and reliable method. In addition to your banking account information, you will need to provide an ECHO payment draft number and payment amount as part of the enrollment authentication.

Please note: Payment will appear on your bank statement from Huntington National Bank and ECHO as "HNB – ECHO".

To sign up for EFT, through ECHO Health, Inc. for Molina only, visit https://enrollments.echohealthinc.com/EFTERADirect/MolinaHealthcare. No fees apply.

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Change Healthcare and ECHO Health, Inc

3. Virtual Card Services: **NO ACTION IS NECESSARY** to start receiving Virtual Credit Card payments. If you are not currently registered to receive EFT payments, beginning 7/1/2022, you will receive Virtual Credit Card payments with your Explanation of Payment (EOP). If you have a HIPAA certified fax number on file with ECHO, your office will receive fax notifications; if not, your virtual card will be mailed. Each notification will contain a virtual credit card with a number unique to that payment transaction including an instruction page for processing. The step for processing this payment is similar to how you manually key-in patient payments today. Be sure to enter the payment information for the full amount of the card's value and do so prior to the expiration date on the card. Normal transaction fees apply based on your merchant acquirer relationship.

Important Note: To opt out of the Virtual Card Services you must contact ECHO at https://echovcards.com/letter. To access this site, use your Tax ID and verification access code provided below. If you do not have a Tax ID, you may reference the number that is displayed in the Tax ID field on the Explanation of Payments you receive.

4. Medical Payment Exchange (MPX): If you have enrolled for ECHO's MPX with another payer, are not enrolled with ECHO to receive EFT payments and you opt-out of virtual card, you will receive your payments in your MPX portal account. Otherwise, you will receive a paper check via print and mail.

5. Paper Check: To receive paper checks and paper EOP, you must opt out of the Virtual Card Services by visiting https://echovcards.com/letter. To access this site, use your Tax ID and verification access code provided below. If you do not have a Tax ID, you may reference the number that is displayed in the Tax ID field on the Explanation of Payments you receive.

MOLINA HEALTHCARE

Change Healthcare and ECHO Health, Inc

- Providers who enroll for EFT payments will continue to receive the associated ERAs from ECHO with the Change Healthcare Payer ID Molina Healthcare02. Please make sure that your Practice Management System is updated to accept the Change Healthcare Payer ID Molina Healthcare02. All generated ERAs will be accessible to download from the ECHO provider portal (www.providerpayments.com.)

- Changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Enrollment team at (440) 835-3511.

- In addition, we want to make you aware of another enhancement. You can now log into www.providerpayments.com to access a detailed EOP for each transaction. Providers already registered can use existing login credentials.

- To manage your payment options, please visit https://echovcards.com/letter. To access this site, you will need your Tax ID and verification access code <Insert code>.

- If you have any difficulty with the website or have additional questions, ECHO has a Customer Services team available to assist with this transition. You can reach them by calling (800) 946-7758.

MOLINA HEALTHCARE

EFT/ERA Contact Information

Molina Healthcare

- **Phone**: (866) 409-2935
  ERA/EFT Email: EDI.ERAEFT@MolinaHealthcare.com

Change Healthcare/ECHO Health

- **EFT/ERA/835 Assistance**
  Phone: 888-834-3511
  Email: edi@echohealthinc.com

- **Virtual Credit Card Processing Assistance**
  Phone: 888-983-5580

- **Provider Portal Assistance**
  Phone: 888-686-3260

- **Website**: https://enrollments.echohealthinc.com/efteradirect/molinaHealthcare
  Provider Portal (ECHO): **https://providerpayments.com/**

Availity

MOLINA® HEALTHCARE

Availity

Molina Complete Care Medicaid has partnered with Availity to help reduce administrative resources by eliminating paperwork and phone calls. Availity Essentials is a secure, multi-payer site where providers can **check eligibility** and **benefits**, manage **claims**, single sign on to a **Prior Auths** app, and complete other secure administrative tasks for Molina Complete Care.

Here are a few things you can do with your own secure Availity Essentials user ID and password:

- View and submit claims and check **eligibility and benefits**
- Upload supporting documentation with your claims using **attachments**
- Save time and prevent errors with an **Add Provider** tool that pre-populates provider information across the Essentials platform
- Access **Remittance Viewer** for all remittance advice including claim, check, and EFT
- Use the **Prior Auths** app in Molina Complete Care's payer space and keep it handy by adding it to **My Favorites**
- When using the Availity portal, choose drop down option "**Molina Healthcare VA**" and not "**Molina Complete Care VA**." After you choose "**Molina Healthcare VA,**" click on the tile with the Molina logo for access to pre-authorizations.

Availity (cont'd)

To get started with Availity, your organization must first designate an administrator for your office. The administrator is required to register the organization and is responsible for adding new users to the group's account.

Already registered with Availity? You're good to go! You're ready to start working with Molina Healthcare Medicaid or register for training in the Availity Learning Center.

If you are the designated administrator for your organization, follow these steps to register with Availity:

1. First, you will need to register a user account. Go to Availity Essentials (Essentials) at availity.com and select **Register** in the top right.
2. Once you review and submit your user information, select **Create Account**. You will receive an email from Availity. Confirm your email address within 24 hours.
3. Log in to Essentials where you will receive a prompt to enroll in 2-step (multi-factor) authentication.
4. Once you confirm your 2-step method, log in to Essentials. You will have a notification to register your organization.

Availity (cont'd)

5. Select the blue button, **Go to Manage My Organization**. Select **Register an Organization** and **Register a Provider/Billing Service**.

6. You will need to verify your identity either online or manually. Choose your preferred method and follow the instructions.

7. You can check the status of your registration any time by going to **Manage My Organization**. When your organization is approved, you will receive a message in Manage My Organization. You will also receive an email to the address you used during registration.

8. You can now add new users for your organization by going to **My Account Dashboard** from the Essentials home page.

Availity (cont'd)

To register for one of the below training sessions, log into Availity Essentials and proceed to the Help & Training section located at the top right of the screen and select Get Trained.

Once in the training catalog, go to the Sessions tab at the top of the page and then you will see the below trainings listed as **Availity Essentials Provider Portal Overview for Molina Providers – Live Webinar**

- Friday, September 30 @ 11:00 a.m. - 12:15 p.m. EST
- Wednesday, October 12 @ 10 a.m. - 11:15 a.m. EST
- Tuesday, October 25 @ 12 p.m. - 1:15 p.m. EST

Bonus! For your convenience, all attendees will receive a handout with tips on accessing the Availity tools that they can use for Molina.

Utilization Management / Authorization

Utilization Management/Authorization

- **Provider portal**

Please use this new link to access your Molina payer spaces in the Availity Essentials portal: availity.com/molinahealthcare.

- **Prior authorization look-up tool**

The prior authorization (PA) look-up tool is an interactive tool to help providers, members and Molina Healthcare staff determine prior authorization requirements, including whether a code requires require prior authorization. You can find this tool on our provider website: molinahealthcare.com/members/va/en-us/health-care-professionals/home.aspx.

- **Prior authorization list**

As part of our effort to ease provider administrative work and help our members live healthier lives, we continue to refine our PA requirements. We do this by adding and removing PA requirements for certain medications and services.

The PA list can be accessed on our provider site under the "Authorizations/Utilization Management" heading at molinahealthcare.com/providers/va/medicaid/resources/forms.aspx.

Utilization Management/Authorization (cont'd)

Fax requests for authorization

We have reconfigured our fax intake process based on services requested versus a member's plan in preparation for Cardinal Care. Please use the prior authorization request form for all fax requests, which you can find at molinahealthcare.com/providers/va/medicaid/resources/forms.aspx

Decisions on routine prior authorizations will be rendered within 14 calendar days from the date of receipt of the request. Decisions on expedited prior authorizations requests will be rendered within 72 hours from the date we receive the request if we determine that the request qualifies for expedited consideration.

Contact Provider Services if you have not received a response after waiting the required number of days.
- CCC Plus (800) 424-4524
- Medallion 4.0 (800)424-4518

MOLINA HEALTHCARE

Utilization Management/Authorization (cont'd)

Service requested for CCC Plus & Medallion 4.0 plans	Fax number
Inpatient physical health	(866) 210-1523
Outpatient physical health	(855) 769-2116
Long Term Support Services (LTSS)	(800) 614-8207
Behavioral health	(855) 339-8179
Maternity	(866) 210-1523
Advanced imaging	(877) 731-7218
Transplant	(877) 813-1206
Pharmacy	(844) 278-5731
Virginia DSNP Medicare	(888) 656-2389
Care coordination documents (newborn notification, UAI, IFSP, etc.)	(800) 614-7934

MOLINA HEALTHCARE

MCG Cite AutoAuth for ePortal Advanced Imaging Prior Authorizations

There is a new self-service method to submit advanced imaging prior authorization requests for our Medicaid line of business.

You are now able to access this system electronically via the provider portal 24 hours a day, seven days a week. This submission method will be an alternative to the existing fax/phone/email process.

You will find instructions on how to use the ePortal on our website at

https://www.molinahealthcare.com/providers/va/medicaid/resources/provider-materials.aspx

under "Provider Guides".

This system provides a more efficient processing of your authorization request, and the status of the authorization will be available immediately upon completion of your submission.

 Please contact Provider Services if you have any questions:

• Commonwealth Coordinated Care Plus: (800) 424-4524

• Medallion 4.0: (800) 424-4518

• Email: MCCVA-Provider@MolinaHealthcare.com

New Doula Benefit

The Department of Medical Assistance Services (DMAS) announced that Virginia is the 4th state in the nation to offer community Doula services as a benefit for Medicaid members.

Existing Doulas and interested individuals are encouraged to apply for certification as a state-certified community Doula and join the Virginia Medicaid program as a provider!

- Effective July 1, 2022

- Licensed provider must refer member to Doula

- Doula must have state certification and NPI

- Enroll with Medicaid as a provider and contract with MCOs

The DMAS Doula care recommendation form can be found here:

molinahealthcare.com/providers/va/medicaid/resources/forms.aspx

Quality Improvement team overview

Quality Operations Team

Supporting providers and members to improve health outcomes

What is the Quality Improvement Program?

Through the Molina Healthcare of VA Quality Improvement (QI) Program, we continuously strive to facilitate better health outcomes through provider partnerships and member satisfaction.

Overview

The QI program uses a targeted approach in the identification and remediation of health care barriers based off monthly provider score cards. This program provides assistance in addressing health care needs and promoting wellness and preventive care.

QI Specialists can help:

Schedule appointments and transportation to provider offices

Collaborate to identify strategies to close gaps in care (host Molina Clinic Days)

Provide education and drive improvement opportunities

Distribute monthly reports to providers to provide operational efficiency and member support

Help is just a connection away. Please email the QI team at **QualityVA@molinahealthcare.com**

Description of services:

Support provider and member concerns regarding barriers to health. Anticipate provider service needs to proactively remove obstacles. Provide education and additional resources.

Criteria for success:

- **Target approach to identify patient gaps in care**

- **Effectively address challenges and questions in effort to promote better health outcomes.**

Incentive Program

Pay for Quality

Molina's gap closures *incentive* program

One of our top priorities is ensuring our members have access to and receive high-quality complete and timely care. We're pleased to announce our 2022 Pay for Quality program for primary care providers (PCPs).

- MCC has chosen a set of select, but critical, quality measures for 2022 that will be included in this incentive program.

- MCC will pay the primary care group of record a dollar amount per compliant member **after** that provider achieves the 50th percentile benchmark for that measure for their assigned panel.

- No special authorization is needed for you to send the records to MCC. The form you obtain from the patient permitting you to bill us or your contracted provider medical group for the care you have rendered is sufficient under HIPAA regulations.

If you have any questions about this program, please call Provider Services from 8 a.m. through 6 p.m. local time, Monday through Friday.

- Carrie Edge, Regional Risk Specialist: (804) 640-6707
- Commonwealth Coordinated Care Plus: (800) 424-4524 (TTY 711)
- Medallion 4.0: (800) 424-4518 (TTY 711)

MOLINA HEALTHCARE

Clinic Day

Clinic Day

What is clinic day?

Clinic days occur when a network provider agrees to hold open appointments over the course of one or more days for MCC members. This is usually done in blocks of four or eight hours.

About clinic days

Molina Complete Care launched a program in 2019 to improve health status and outcomes. HEDIS® measures members' utilization of health care services. This program engages members and providers to improve access to care. Working with our network providers, we reach out to members who have not completed specific recommended health services.

What are the benefits of hosting a clinic day event?

Clinic days offer a way to encourage MCC members to obtain the health services they need while improving your HEDIS® rates and decreasing no-shows. They also allow open communication for everyone.

How MCC can help

We can:

- Measure and improve performance
- Identify and manage patient populations in need of care
- Reduce administrative burden on office staff
- Reduce number of no-shows

What support will MCC provide?

When hosting a clinic day event, MCC will:

- Work with your office to reach out to MCC members to schedule appointments
- Distribute member invitations and appointments

Where will the event take place?

The event will take place at the office of the network provider(s) who agree to hold open appointments for our members.

Open appointments are scheduled appointments for MCC members. They are held during the time a provider make available for the event.

MOLINA HEALTHCARE

Pharmacy: CVS/Caremark

MOLINA HEALTHCARE

Pharmacy: CVS/Caremark

On January 1, 2022, Molina Complete Care (MCC) switched our pharmacy benefits manager (PBM) to CVS/Caremark™. CVS/Caremark is one of the largest PBMs with first-in-class pharmacy services and the capacity to help provide your pharmacy benefit needs. We switched to better serve you and improve your overall pharmacy experience.

What stayed the same?

There was little or no impact for most providers and members. All medications and service authorization requirements included on the Virginia Medicaid Preferred Drug List (PDL)/Common Core Formulary did not change.

What changed?

We're excited about the positive changes with CVS/ Caremark. Remember, these changes went into effect January 1, 2022 and are for the Medicaid plans, Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0.

Pharmacy: CVS/Caremark (cont'd)

January 1, 2022 changes:

- Member ID cards
  - The member ID cards for CCC Plus and Medallion 4.0 members all have new pharmacy processing information (RXGROUP, BIN, and PCN) in the bottom left corner. This information will need to be updated by your member's respective pharmacy and there is nothing you need to do regarding this change.

- Retail pharmacy network
  - MCC is using the Advanced Choice CVS/Caremark pharmacy network which does not include Walgreens pharmacies. This network meets Virginia time and distance requirements, so members can find pharmacies close to home that may be used. Members received a letter from MCC identifying in-network pharmacies close to home.

- Specialty pharmacy network
  - MCC is using the Advanced Choice CVS/Caremark pharmacy network which includes CVS Specialty Pharmacy as our preferred specialty pharmacy. CVS Specialty Pharmacy will work with you and your members to get prescriptions transferred to avoid medication access issues.

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Pharmacy: CVS/Caremark (cont'd)

Formulary

There was no change to medications and service authorization requirements for those medications included on the Virginia Medicaid Preferred Drug List (PDL)/Common Core Formulary. For other medications, some members may have changes to preferred medications and service authorization requirements. We sent impacted members a Negative Formulary Change letter in November 2021.

The Molina UM Pharmacy team will review service authorization requests for all medications. Call or fax the service authorization request form to:

- Phone:
    - CCC Plus: (800) 424-4524
    - Medallion 4.0: (800) 424-4518
- Fax: (844) 278-5731

Service authorization forms may be obtained at molinahealthcare.com/providers/va/medicaid/resources/forms.aspx.

Behavioral Health (BH)

Using Correct License-level Modifiers on Your Claims

Molina Healthcare organizational providers and individual providers submitting professional claims 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
Psychiatrist	AF	Specialty physician
Physician	AG	Primary physician
Psychologist	AH HP	Clinical psychologist or doctoral level
Social worker	AJ	Clinical social worker
Master's level counselor	HO	Master's degree level
Clinical nurse specialist/physician assistant***	SA TD	Nurse practitioner RN
National Certified Addictions Counselor (NCAC) or state substance abuse counseling certification****	HF	Substance Abuse Program
Bachelor's level counselors	HN	Bachelor's degree level
Less than bachelor's level counselors	HM	Less than bachelor's degree level

Using Correct License-level Modifiers on Your Claims (Cont'd)

Where should I insert HIPAA modifiers on claims?

- On electronic claims, for 837P, insert the modifier in SV101-3 (additional modifiers in SV101-4, SV101-5, and SV101-6). For 837I, insert the modifier in SV202-3 (additional modifiers in SV202-4, SV202-5, and SV202-6).
- On a CMS-1500 form, insert the modifier in Field 24d under "Modifier."
- On a 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).

Provider Website

Our provider website is continually updated to provide easy access to information and greater convenience. Visit our website at: https://www.molinahealthcare.com/providers/va/medicaid/home.

Available resources include:

Provider handbooks

Claims forms and submission tips

Compliance information

Pharmacy directory

Medication formulary

Services/medications requiring prior authorization

Provider network information

CMS Best Available Evidence policy

Clinical and administrative forms

Online provider education resources

Answers to frequently asked questions (FAQs)

Access to Interpretive and Translation Services
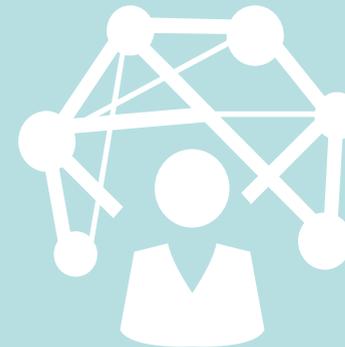
CCC Plus Member ID Card

Please disregard the below claims address on the sample ID card. The new claims address is:

Molina Complete Care
PO Box 22656
Long Beach, CA 90801

Medallion 4.0 and FAMIS Member ID Cards

Please disregard the below claims address on the sample ID cards. The new claims address is:

Molina Complete Care
PO Box 22656
Long Beach, CA 90801

Medallion 4.0

FAMIS

Molina Healthcare of VA DSNP Member ID Card

Confidentiality and HIPAA

As a Molina Healthcare provider, your responsibility is to:

- Comply with applicable state and federal laws and regulations that pertain to member privacy and confidentiality of PHI
- Use only HIPAA-compliant authorization forms and consent for treatment forms that comply with applicable state and federal laws
- Use only secure email and secure messaging when requesting member PHI
- Establish office procedures regarding communication with members (e.g., telephone and cellphone use, written, fax and internet communication)
- Establish a process that allows members to access their records in a confidential manner
- Establish systems that safeguard member PHI at the provider location and anywhere PHI may be stored
- Maintain the confidentiality of a minor's consultation, examination and treatment for a sexually transmissible disease, in accordance with Virginia laws and regulations
- Participate in and comply with Molina Healthcare quality review, site visit process and contract obligations

Reporting Fraud, Waste and Abuse

Reports of FWA will be made to Molina Healthcare via one of the following methods:

- Molina AlertLine: 1-866-606-3889

- Website: https://molinahealthcare.alertline.com

- Reports to the Molina AlertLine may be made 24 hours a day, 7 days a week.

- Callers may choose to remain anonymous

- All calls will be investigated and remain confidential

Provider Service Managers

Provider Service Managers

William "Beau" Thompson – Home Health, Personal Care, LTSS, Adult Day Care, Hospice
- Statewide
- Email: William.Thompson@MolinaHealthcare.com
- Phone: (804) 258-2747

Tongela Robinson – Behavioral Health Specialties
- Northern VA, Roanoke/Allegheny, Far SWVA, Central Counties
- Email: Tongela.Robinson@MolinaHealthcare.com
- Phone: (804) 239-8557

Kimberly Hudson – Behavioral Health Specialties
- Tidewater, Charlottesville/Western, Central Counties
- Email: Kimberly.Hudson@MolinaHealthcare.com
- Phone: (804) 221-6148

Provider Service Managers

Kishwar Johnson
- Northern/Winchester
- Email: Kishwar.Johnson@MolinaHealthcare.com
- Phone: (571) 232-9127

Oana Smith
- Roanoke/Allegheny — Far SW, Border TN, WV, KY, NC
- Email: Oana.Smith@MolinaHealthcare.com
- Phone: (540) 204-5144

Charlene Taylor
- Central counties
- Email: Charlene.Taylor@MolinaHealthcare.com
- Phone: (804) 658-8407

MOLINA HEALTHCARE

Provider Service Managers

Rita Darden
- Tidewater – Border NC (where borders Tidewater)
- Email: Rita.Darden@MolinaHealthcare.com
- Phone: (757) 352-8384

Shana Collier
- Charlottesville, Western regions
- Email: Shana.Collier@MolinaHealthcare.com
- Phone: (804) 495-7005

Kenishia Harris (Sr. Rep. Provider Network)
- Central counties
- Email: Kenishia.Harris@MolinaHealthcare.com
- Phone: (804) 762-3531

Q&A

Thank you for being a valued MCC network provider and helping us provide high quality health care services to our members.

MOLINA HEALTHCARE

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