

## ProgenyHealth Partnership for NICU UM and CM

### *Information for NICU providers in the Medicaid network*

Molina Healthcare is happy to announce a partnership with ProgenyHealth, a company which specializes in Neonatal Intensive Care Unit (NICU) Care Management (CM) services. ProgenyHealth's care management program will enhance services to our members and support our mission to make a lasting difference in our members' lives by improving their health and well-being.

As a reminder, effective Feb. 1, 2022, providers will notify ProgenyHealth directly of admissions of infants to a NICU or special care nursery and their clinical staff will contact your designated staff to perform Utilization Management (UM) and discharge planning throughout the inpatient stay.

New Processes for Initial Reviews and Extenuating Circumstances Pre-Claim within 120 days of discharge:

- Providers submitting admission authorization requests via fax will use a new ProgenyHealth fax number at (866) 519-1259.
- Providers who wish to conduct a Peer-to-Peer review will contact ProgenyHealth directly at (888) 832-2006.

Continuing Existing Processes:

- There is no process change for admission authorization requests via the Provider Portal.
- There is no process change for providers who wish to conduct a claim reconsideration. Details on this process can be found in the "Medicaid and Marketplace Authorization and Claim Reconsideration Guide" on the "[Quick Reference Guides & FAQs](#)" page, under the "Manual" tab on our Provider Website.

## **Update Regarding Authorization Reconsiderations:**

Effective Feb. 21, 2022, the 30-day authorization reconsideration process has been modified to exclude NICU authorizations based on our partnership with ProgenyHealth. Providers are strongly encouraged to take advantage of ProgenyHealth's streamlined Peer-to-Peer process to hold timely conversations related to NICU cases as needed. ProgenyHealth's specialized team will be working closely with Molina's NICU providers to ensure receipt of clinical documentation to conduct thorough medical necessity reviews.

## Updated: Post-Acute Authorization Requirements

### *Information for Medicare network providers*

Molina has updated the Prior Authorization (PA) waivers grid since the December Provider Bulletin, posted on the Provider Website, under the "Communications" tab, on the "Provider Bulletin" page.

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### Questions?

Provider Services – (855) 322-4079  
8 a.m. to 5 p.m., Monday to Friday  
(MyCare Ohio available until 6 p.m.)

Email us at [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)

Visit our website at [MolinaHealthcare.com/OhioProviders](https://MolinaHealthcare.com/OhioProviders)

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Please see the updated table below summarizing the underlined changes for the Medicare LOB reinstating the Skilled Nursing Facility (SNF) PA waiver effective Jan. 10, 2022.

		Medicaid and MyCare Ohio (Medicaid Primary Payer Services)	Medicare	Marketplace
Provider Type	Long-term acute care hospital (LTACH)	PA is waived (notification only)	PA is not waived	PA is not waived
	SNF	PA is waived (notification only)	<u>Update: PA is waived effective 1/10/22</u>	PA is waived (notification only)
	Inpatient Rehabilitation Facility (IRF)	PA is waived (notification only)	PA is not waived	PA is not waived
Notification	Fax Number	(866) 449-6843	(844) 834-2152	(833) 322-1061
Key Dates: Temporary Auth Waivers	Auth Waiver Start Date	8/27/21	<u>Update: Reinstated 1/10/22</u>	9/1/21
	Auth Waiver End Date	Until further notice	<u>Update: Until further notice</u>	Until further notice

Note: Other PA waivers for other lines of business are still in place.

## COVID-19: Vaccination Program for 2022

*Information for all network providers*

### Member Gift Card Program:

At this time, Molina is extending the member gift card program through June 30, 2022 and will include all members who are 5 years and older.

Any member aged 5 years and older, who receives their first dose of the COVID-19 (Coronavirus) vaccine will be eligible for the \$100 member gift card program.

### Increased Provider Administration Fee:

The increased administration fee (any dose for members 5 years and older) will continue to be paid at \$100 as part of the provider enhanced reimbursement program for vaccinations for dates of service starting **Nov. 1, 2021 through June 30, 2022.**

Applicable Current Procedural Terminology (CPT) codes include:

First Dose	Second Dose	Third Dose	Booster
<b>0001A:</b> Pfizer-BioNTech	<b>0002A:</b> Pfizer-BioNTech	<b>0003A:</b> Pfizer-BioNTech	<b>0004A:</b> Pfizer-BioNTech
<b>0011A:</b> Moderna	<b>0012A:</b> Moderna	<b>0013A:</b> Moderna	<b>0064A:</b> Moderna
<b>0031A:</b> Johnson & Johnson's Janssen			<b>0034A:</b> Johnson & Johnson's Janssen

CPT codes for pediatric billing (children ages 5-11, only):

First Dose	Second Dose
<b>0071A:</b> Pfizer-BioNTech	<b>0072A:</b> Pfizer-BioNTech

For extensive CPT billing guidelines, visit [cms.gov](https://www.cms.gov) and under “Medicare” select “Medicare Part B Drug Average Sales Price,” then “[COVID-19 Vaccines and Monoclonal Antibodies](#).”

The increase of the administration fee includes all professional claims. Federally Qualified Health Clinics (FQHCs), Rural Health Clinics (RHCs) and Qualified Family Planning Providers (QFPP) are also included in the administration fee increase and will be paid following the same reimbursement process as given in the June 2021 [COVID-19: FQHC, QFPP and RHC Provider Vaccine Administration Fee Increase Provider Bulletin](#). However, it does not apply to the following providers and/or claims:

- Hospitals
- Emergency Rooms
- Hospital Clinics
- Pharmacies
- Enhanced Ambulatory Patient Grouping (EAPG) and Diagnosis Related Group (DRG) claims
- Dialysis Centers
- Ambulatory Surgery Centers (ASC)
- Skilled Nursing Facility (SNF) claims
- Long-Term Acute Care (LTAC) claims

Payments will be notated by the following Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) codes:

- CARC code: 144 – incentive adjustment (e.g. preferred product/service)
- RARC code: MA125 – per legislation governing this program, payment constitutes payment in full

Please note that while it is not required, we encourage you to bill the vaccine and the administration code together for reporting purposes. You will need to bill one vaccine code and one administration code per dose of the vaccine administered. **At this time, there will be no reimbursement for the vaccine, only the administration fee.**

**Providers will have until Oct. 1, 2022 to submit claims for administration of the vaccine to receive the bonus payment.**

To promote the vaccine and incentive to your patients, refer to the Vax on the Spot website at [covidvaxonthespot.com](https://covidvaxonthespot.com), or view the Vax on the Spot video at [youtube.com/watch?v=I9n5R-69h6E](https://youtube.com/watch?v=I9n5R-69h6E) to learn more about the Vax on the Spot initiative.

For questions, please reach out to the Provider Services Team.