MOLINA HEALTHCARE

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Third Quarter 2019

In this Issue

Submitting Electronic Data Interchange (EDI) Claims

Look at all the benefits to using EDI:
- Ensure HIPAA compliance
- Helps to reduce operational costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery
- Reduces claims delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina Healthcare faster

EDI Claims Submission:

The easiest way to submit EDI claims to Molina 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 Portal at https://provider.molinahealthcare.com for additional information about the claim submission options available to you.

FAQ'S:
- Can I submit Coordination of Benefits (COB) claims electronically?
  - Yes, Molina and our connected Clearinghouses fully support electronic COB.
- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.
- Which Clearinghouses are currently available to submit EDI claims to Molina?
  - 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.

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

- What claims transactions are currently accepted for EDI transmission?
  - 837P (Professional claims), 837I (Institutional claims).
- What if I still have questions?
  - More information is available at www.MolinaHealthcare.com/OhioProviders under the EDI tab. You may also call or email us using the contact information below.

Submitting Electronic Claims
Phone: (866) 409-2935
Email: EDI.Claims@MolinaHealthcare.com
Molina Healthcare of Ohio Payer ID: 20149

Electronic Fund Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). 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:
1. Go to https://providernet.adminisource.com
2. Click "Register"
3. Accept the Terms
4. Verify your information
   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 enforced (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 interrupt the EFT process.
   b. Add any additional payment addresses, accounts, and Tax IDs once you have logged in.

If you are associated with a Clearinghouse:
1. Go to "Connectivity" and click the "Clearinghouses" tab
2. Select the Tax ID for which this clearinghouse applies
3. Select a Clearinghouse (if applicable, enter your Trading Partner ID)
4. Select the File Types you would like to send to this clearinghouse and click "Save"

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 (EOP)
- 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.](mailto:wco.provider.registration@changehealthcare.com)

Note: Providers please ensure you are registered for EFT for all participating Lines of Business.

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 Culturally and Linguistically Appropriate Services (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 verses 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 (LEP) 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

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/OhioProviders.

Oral and Sign Language Interpreter and Translation Services:

All eligible members who are Limited English Proficient (LEP) are entitled to receive interpreter services. Pursuant to Title VI of the Civil Rights Act of 1964, services provided for members with LEP, limited reading proficiency (LRP) or limited hearing or sight are the financial responsibility of the provider. Under no circumstances are Molina members responsible for the cost of such services. Written procedures are to be maintained by each office or facility regarding their process for obtaining such services. Molina is available to assist providers with locating these services if needed.

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.

Pharmacy Update - Lorbrena

Lorbrena (lorlatinib) is a third-generation tyrosine kinase, anaplastic lymphoma kinase (ALK) inhibitor made by Pfizer. It was given accelerated approval by the Food and Drug Administration (FDA) for the treatment of ALK-positive, metastatic, non-small cell lung cancer (NSCLC) in patients whose disease has progressed on specified therapies (other ALK inhibitors) on Nov. 2, 2018.

Lung cancer is the second most common cancer in the United States and the leading cause of cancer deaths. NSCLC is the most common type of lung cancer. Adjuvant therapies typically involve regimens with cisplatin or carboplatin. In metastatic cases that are ALK gene rearrangement positive, alectinib, crizotinib, ceritinib or brigatinib may be used.

In a non-randomized, multi-center study of a subgroup of 215 patients with ALK positive NSCLC previously treated with one or more ALK inhibitors, the overall response rate with lorlatinib treatment was 48%. The estimated median response rate was 12.5 months. Common adverse reactions were edema, peripheral neuropathy, cognitive effects, dyspnea, fatigue, weight gain, arthralgia, mood effects and diarrhea, occurring in greater than or equal to 20% of patients.

Lorlatinib is contraindicated in patients taking strong CYP3A4 inducers. The recommended dose is 100mg orally daily until disease progression or unacceptable toxicity.

References:
1. Food and Drug Administration. FDA approves lorlatinib for second- or third-line treatment of ALK-positive metastatic NSCLC.

https://www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm625027.htm. Accessed February 11, 2019.
2. NCCN Guidelines Version 4.2018: Non-Small Cell Lung Cancer
3. Lorlatinib. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Hudson, OH. Available at: http://online.lexi.com Accessed February 11 2019.

Model of Care

Coming soon: 2019 Molina Model of Care Provider Training

The Centers for Medicare & Medicaid Services (CMS) requires all contracted medical providers and staff receive basic training about the Special Needs Plans (SNPs) Model of Care. The SNPs Model of Care is the plan for delivering coordinated care and care management to special needs members. SNPs are responsible for conducting their own Model of Care training, which means you may be asked to complete multiple trainings by different health plans. CMS requires Molina to show evidence of the availability of Model of Care training materials communicated to providers.

The completion date for this year's training is December 31, 2019.

If you have any additional questions, please contact your local Molina Provider Services Representative at (855) 322-4079.

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.
- Priority is based on turn-around time and then order of receipt.
- Molina's regulation turn-around time is up to 48 hours for urgent and up to 10 days for standard; however, this could vary based on line of business.
- For a smoother, faster process please remember to include all the supporting clinical/documents.

DirectAssure

We are now collaborating with DirectAssure to help maintain a more accurate and timely provider directory. Working in concert with Council for Affordable Quality Healthcare (CAQH) ProView®, which is accessed by 1.4 million providers to self-report and regularly attest to their professional and practice information, DirectAssure enables providers to update their directory information once and share it with all participating health plans they authorized to receive that data.

We encourage all providers to sign up for CAQH ProView® in order to utilize DirectAssure as a tool to easily update and distribute provider directory data to Molina. DirectAssure reduces the burden on healthcare providers and health plans alike, eliminating redundant outreach and increasing directory accuracy.

How DirectAssure Works:
- DirectAssure emails reminders, on at least a quarterly basis, to select providers on behalf of participating health plans to review their directory information
- Providers log in to CAQH ProView®, review a specific dataset in a Provider Directory Snapshot, make any necessary updates and then confirm that the directory information can be published
- The confirmation is time stamped and a snapshot of information is taken for audit purposes
- This directory data includes provider location, contact information, specialty, medical group, institutional affiliation and whether the provider is accepting new patients

To register, please visit https://www.caqh.org/. For more information about DirectAssure, visit https://www.caqh.org/solutions/directassure.

If you have any questions, please contact your Provider Services Representative.

Provider Portal Corner

We have enhanced the Provider Portal to include access to the Portable Document Format (PDF) images of the Explanation of Payment (EOP) documents that come with your Molina claims payments. EOPs can be accessed for claims that have a paid/denied status. Navigation to the EOP is done through the Claims Inquiry module of the Portal. Search for the desired claim, and from the Claims Details page, select the "EOP" button. This will open the PDF of the EOP.

Claim Details

General Information

Member Name: LNAME, FNAME	Claim Number: 19126123456
Claim Source: EDI	Claim Status Effective: 2/22/2019
Claim Header Status: Denied	Billed Amount($): 166.29
Rendering Provider Name: TESTER, PROVIDER	Check Number: EFT1234567
Rendering Provider NPI: 1234567890	Service Date From: 2/22/2019
Check Paid Date: 05/07/2019	Patient Control Number: 112233A44556
Service Date To: 2/22/2019	Amount Paid($): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	Adj Grp Cd	Adj Rsn Cd	Rmk Cd
1	02/22/2019	02/22/2019		99214		1	166.29	0.00	0.00	0.00	0.00	2/22/2019	Denied	OA	18	
	Showing 1-1 of 1		10 ▼	per page										◄ Page 1 of 1 ► ►|		

DESCRIPTION OF HIPAA ADJUSTMENT & REMARK

ADJ GRP CODE	DESCRIPTION
OA	Other Adjustment

ADJ RSN CODE	DESCRIPTION
18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

| Save As Template | Appeal Claim | Void Claim | Correct Claim | View Diagnosis Code | Print Claim Summary | EOP | Back |