Provider Bulletin

Molina Healthcare of New Mexico, Inc.

November 26, 2025

Project ECHO: Turquoise Care Interprofessional Consultation Billing

Molina Healthcare of New Mexico, Inc. (Molina) supports our provider network by promoting participation in Project ECHO, a model that expands clinical expertise especially in rural and underserved areas, through case-based learning and mentorship. While ECHO sessions themselves are not billable, New Mexico Medicaid *does* reimburse spoke-site providers when they present a Medicaid member case during an ECHO session. Our goal is to help providers translate ECHO participation into sustainable, high-quality, billable care that improves outcomes for Molina members.

New Mexico Health Care Authority (HCA) allows providers to bill interprofessional consultation codes with modifier 32 for ECHO case presentations, meaning the provider who presents the member case is eligible for reimbursement. The New Mexico ECHO-Specific Medicaid Billing Codes (spoke-site case presentation) are as follows:

- 99446-32 Interprofessional consultation, 5–10 minutes
- 99447-32 Interprofessional consultation, 11–20 minutes
- 99448-32 Interprofessional consultation, 21–30 minutes
- 99449-32 Interprofessional consultation, 31+ minutes

No prior authorization is required when the provider presents a Medicaid member case during an ECHO session.

Questions? Please email your general inquiries to MHNM.ProviderServices@MolinaHealthcare.com, and it will be routed to the appropriate individual. Thank you for your commitment to serving Molina Healthcare of New Mexico members and the community. Molina is here to support you.



Pharmacy Update: 340B Prescription Drug Claim Submission

Molina is sending a reminder to all providers regarding 340B drug claim submission. New Mexico Medical Assistance Division (MAD) requires all Managed Care Organization (MCOs) to identify prescription claims for pharmaceuticals acquired at 340B prices.

Covered Items acquired through the Section 340B Drug Pricing Program may be dispensed to eligible members by providers only if the pharmacy provider submits claims as follows:

- NCPDP Data Element 409-D9: Ingredient Cost Submitted = 340B Acquisition Cost
- NDPDP Data Element 420-DK: Submission Clarification Code = 20
- NCPDP Data Element 423-DN: Basis of Cost Determination = 08

All 340B claims must be submitted with the above defined values or the claims may be rejected. Below are some helpful resources:

- HCA Manual Supplement, Number 25-04: <u>Supplement-25-04-NDC-and-340B-Requirements.pdf</u>
- Medicaid provider website: Providers Home

Pharmacy Adjudication Questions: Contact the CVS Pharmacy Help Desk at (833) 249-8392, option 1.

Availity Essentials is Molina's Exclusive Provider Portal

Not registered with Availity Essentials? Register and get started with Availity to securely submit claims, check eligibility, submit service authorization requests, appeals, and more at: https://www.availity.com/molinahealthcare or by calling 1-800-AVAILITY (1-800-282-4548) for additional help.

Only the person who will become the organization's primary administrator needs to register. Before you get started, gather this information for your organization:

- Physical and billing address(s)
- Tax ID (EIN or SSN)
- NPI
- Primary specialty/taxonomy

To register as a billing service, dental provider, or an atypical provider, please visit <u>Availity's Getting</u> <u>Started Page</u> for additional registration information.



2025 Mandatory Annual Medicaid Turquoise Care Training

If you missed Molina's Provider Roadshow or haven't registered for the 2025 Mandatory Annual Medicaid Turquoise Care Training, there is still time to participate. Join the final virtual session in December, your last opportunity to fulfill the 2025 Medicaid Turquoise Care compliance requirements.

If you have not yet attended a live virtual session or an in-person roadshow this year, we encourage you to register and complete your training. We look forward to seeing you online soon!

Date	Time	Virtual	Location	Register
12/15/2025	1:00 PM	Yes	Microsoft	https://events.teams.microsoft.com/event/6
			Teams	f13e52b-991f-4d0f-8537-
				dac4b02b09be@5e625f8d-0b53-4f56-9e46-
				<u>19fa14bb2e5c</u>

Training Curriculum:

- Participating with Molina Healthcare
- Provider & Member Responsibilities
- Claims & Billing
- Care Coordination
- Telemedicine

- Provider Online Resources
- Culturally and Linguistically Appropriate Services
- Service Authorizations
- Covered Services
- ...and much more!

Your participation provides a valuable opportunity for collaboration, knowledge sharing, fulfilling the mandatory Health Care Authority (HCA) requirement, and strengthening our partnership. The Molina Provider Relations team looks forward to connecting with you during these interactive sessions as we work together to deliver outstanding care to New Mexicans enrolled in Turquoise Care.

Provider Call to Action: Watch for Our Provider Satisfaction Survey

To further enhance our services, we will soon launch a provider satisfaction survey centered on key areas such as care coordination, claims processing, provider relations, pharmacy and drug benefits, utilization management, and our network overall. If your practice is selected to participate, we highly encourage your involvement in this important initiative. Who: Press Ganey will conduct the survey by reaching out to providers through email and telephone.

• When: The survey will take place from September through December 2025.



 Why: Your feedback is essential to our ongoing commitment to quality improvement and ensures our continued compliance with National Committee for Quality Assurance (NCQA) accreditation standards and Centers for Medicare & Medicaid Services (CMS) guidelines.

We appreciate your partnership and thank you in advance for your valuable input. If you have any questions about the survey, please contact us at MHNM.ProviderServices@MolinaHealthcare.com for more information.

Provider Online Directory: Has your information changed?

Our members rely on accurate provider information to find care. We must know about any changes to your practice, such as new addresses or phone numbers, as soon as possible. We need to be informed of demographic changes to ensure the accuracy of our provider directory and systems and the mailing of checks and correspondence to the correct location. Take the following steps to notify Molina and the NPI Registry of any changes:

- Update your demographic information using Molina's **Provider Change Form**.
- Review Molina's <u>Provider Online Directory</u> for accuracy.
- Update the National Provider Identifier Registry if you have an NPI.
- Update your information through the <u>National Plan & Provider Enumeration System</u> website, or
- Download and mail in the Centers for Medicaid & Medicare Services' <u>NPI update form</u>. Instructions are provided online in the <u>NPPES FAQs</u>. See the <u>CMS website</u> for more on NPIs.

Federal law requires that directory information be verified every 90 days even if it has not changed. Additionally, members must be notified of any address change before an appointment. For changes like PCP termination, provider affiliation, and reassignment to a new PCP, CMS requires that we send a written notice or call the member at least 30 calendar days before the effective date of the change. So, if you move to a new location, contract with a new medical group or retire, you must give us proper written notice so we can make the necessary changes and have time to notify affected members. This will help us ensure payment is not disrupted. It also prevents you from having to go through the recredentialing process.

In addition, Molina has implemented a new process change for initial credentialing submissions. The submission will be denied if an email address is not included on the provider information forms. Before submitting, please ensure an email address is provided on the initial credentialing request.



Helpful Resources

Molina provider websites:

- <u>Marketplace</u>
- <u>Medicaid</u>
- <u>Medicare</u>

Questions?

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