

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Fall 2018



In this Issue

2018-2019 Flu Season.....	1
Molina Healthcare’s 2018 HEDIS® and CAHPS® Results.....	2
Molina Healthcare’s Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse.....	3
Diabetes Care.....	4
Balance Billing	5
Reimbursement Guidance and Payment Guidelines.....	5
Provider Portal Corner.....	6

2018-2019 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older. 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.

Important Update:

- It is recommended that LAIV4 not be used. Vaccination providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). LAIV4 is an option for those for whom it is appropriate.
- The nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) is again a recommended option for influenza vaccination of persons for whom it is otherwise appropriate.
- All recombinant vaccine will be quadrivalent. (No trivalent recombinant vaccine will be available this season.)
- No intradermal flu vaccine will be available.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2018-2019 flu season, please visit the Centers for Disease Control and Prevention at <http://www.cdc.gov/flu/professionals/vaccination/>.

Molina Healthcare's 2018 HEDIS® and CAHPS® Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey that assesses Molina Healthcare members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received the CAHPS results of how our members rated our providers and our services.

Medi-Cal: In 2017, Molina Healthcare showed improvement in the rating of overall health care. The Health Plan improved in ratings of personal doctors, coordination of care, getting needed care, getting care quickly, and specialists seen most often in providing care. A goal for 2019 is to improve and excel in customer service ratings.

Medicare: In 2017, Molina Healthcare improved in the areas of getting needed care, getting care quickly, customer service, care coordination and rating of health plan. Additional areas of improvement included rating of personal doctor and rating of specialist. A goal for 2019 is to improve the ratings for doctors communicating well with their patients and getting needed prescription drugs.

Marketplace: In 2017, Molina Healthcare improved in the ratings of getting care quickly and getting needed care. The Health Plan has goals to improve rating of personal doctor, care coordination, rating of all health care, and specialist seen most often for care.

MMP: In 2017, Molina Healthcare demonstrated improvement in the areas of getting care quickly and customer service. Additional areas of improvement included rating of personal doctor, rating of specialist, and rating of health care. The greatest opportunity for improvement for 2019 is the member's rating of getting needed care, the member's rating of care coordination, and member's rating of drug plan.

Another tool used to improve member care is the Healthcare Effectiveness Data Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap smear tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medi-Cal: In 2017, Molina Healthcare improved on the HEDIS® measures related to breast cancer screening, controlling high blood pressure, testing and monitoring diabetic members for nephropathy, and vaccinating female adolescents for human papillomavirus (HPV). The Health Plan will be working towards making sure our members receive timely prenatal care and follow-up for children prescribed ADHD medication.

Medicare: In 2017, Molina Healthcare observed improvements in the following measures: antidepressant medication management, breast cancer screening and follow-up after hospitalization for mental illness. It was also demonstrated that more members are in better control of their diabetes and HbA1c measures. Areas that need improvement include controlling high blood pressure and diabetes eye exams.

Marketplace: In 2017, Molina Healthcare observed improvements in comprehensive diabetes care measures, including A1c monitoring and testing for diabetic members. Areas that need improvement include controlling high blood pressure, breast cancer screening and colorectal cancer screening.

MMP: In 2017, Molina Healthcare was able to attain a rating in the 75th percentile for NCQA for Medicare plans related to pharmacotherapy management of COPD exacerbation measures. Improvements are needed for follow-up after hospitalization for mental illness and antidepressant medication management.

You can look at the progress related to the goals that Molina Healthcare has set for the annual CAHPS[®] survey results and the annual HEDIS[®] measures in more detail on the Molina Healthcare Website. You can also view information about the QI Program. Please visit the provider page on Molina Healthcare's website at www.MolinaHealthcare.com.

Molina Healthcare's Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse

The National Healthcare Anti-Fraud Association estimates between three and ten percent of the nation's health care costs, amounting to tens to hundreds 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 recently passed a number of laws, 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 analyzes providers by using software that identifies questionable coding and/or billing patterns, along with issues involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review. If your practice receives a notice from the SIU, please cooperate with the

notice and any instructions provided. 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 Mary Alice Garcia, the Molina Associate Vice President who heads up the SIU. “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, you may contact the Molina AlertLine toll-free at (866) 606-3889. In addition, you may use the service’s website to make a report at any time at <https://MolinaHealthcare.AlertLine.com>.

Diabetes Care

November is National Diabetes Prevention Month!

Diabetes Prevention Program for Marketplace Members

Molina Healthcare has teamed up with Yes Health to bring Molina members the Diabetes Prevention Program (DPP). The Yes Health DPP is an online program that is recognized by the Centers for Disease Control and Prevention (CDC). It is a lifestyle change program that focuses on member engagement and health outcomes. It was developed to prevent type 2 diabetes and is designed for members who have prediabetes or are at risk for type 2 diabetes. This program is not for members who already have diabetes. The Yes Health DPP is offered to Molina Marketplace members at no cost.

This is a one year program, using a mobile app that focuses on healthy eating, stress reduction and physical activity to create long term changes and lasting results. There is a 16-week core program followed by a 36-week maintenance program. Trained coaches lead the program to help members change certain aspects of their lifestyle.

The Yes Health coaches are licensed nutritionists, registered dietitians, naturopathic physicians, certified fitness trainers and well-being experts. All have been crossed-trained and are certified DPP lifestyle health coaches.

To qualify for the DPP, Molina members must meet all of the following requirements:

- A. Be at least 18 years old **and**
- B. Be overweight (body mass index ≥ 25 ; ≥ 23 if Asian) **and**
- C. Have no previous diagnosis of type 1 or type 2 diabetes **and**
- D. One of the following:
 1. Have a screening result indicating high risk for Type 2 diabetes based on the CDC pre-diabetes screening test available at (<http://www.yeshealth.com/molina>)
 2. **OR** have a blood test result in the prediabetes range within the past 12 months:
 - Hemoglobin A1C: 5.7%–6.4% or
 - Fasting plasma glucose: 100–125 mg/dL or
 - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL

3. **OR** have been previously diagnosed with gestational diabetes, but is currently not pregnant

The DPP takes referrals from network providers, self-referring members, and Molina staff. Once referred, members will take a short online assessment to verify program eligibility. Please refer Molina members to the following website to enroll and participate in the program <http://www.yeshealth.com/molina>.

Balance Billing

Providers contracted with Molina cannot bill Molina Member for any covered benefits. 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 by Molina to the Provider. Balance billing a Molina Member for services covered by Molina is prohibited. This includes:

- Holding the Molina D-SNP Members liable for Medicare Part A and B cost sharing
- Requiring Molina Members to pay the difference between the discounted and negotiated fees, and the Provider's usual and customary fees
- Charging Molina Members fees for covered services beyond copayments, deductibles or coinsurance

Reimbursement Guidance and Payment Guidelines

Providers are responsible for submission of accurate claims. Molina requires coding of both diagnoses and procedures for all claims. The required coding schemes are the International Classification of Diseases, 10th Revision, Clinical Modification ICD-10-CM for diagnoses. For procedures, the Healthcare Common Procedure Coding System Level 1 (CPT codes), Level 2 and 3 (HCPCS codes) are required for professional and outpatient claims. Inpatient hospital claims require ICD-10-PCS (International Classification of Diseases, 10th Revision, Procedure Coding System). Furthermore, Molina requires that all claims be coded in accordance with the HIPAA transaction code set guidelines and follow the guidelines within each code set.

Molina utilizes a claims adjudication system that encompasses edits and audits that follow Federal requirements and also administers payment rules based on generally accepted principles of correct coding. Payment rules based on generally accepted principles of correct coding include, but are not limited to, the following:

- Manuals and RVU files published by the Centers for Medicare and Medicaid Services (CMS), including:
 - National Correct Coding Initiative (NCCI) edits, including procedure-to-procedure (PTP) bundling edits and Medically Unlikely Edits (MUEs). If a professional organization has a more stringent/restrictive standard than a Federal MUE, the professional organization standard may be used.
 - Medicare National Coverage Determinations (NCDs).
 - Medicare Local Coverage Determinations (LCDs).
 - CMS Physician Fee Schedule Relative Value File (RVU) indicators.

- Current Procedural Technology (CPT) guidance published by the American Medical Association (AMA).
- ICD-10 guidance published by the National Center for Health Statistics.
- Other coding guidelines published by industry-recognized resources.
- Payment policies based on professional associations or other industry-recognized guidance for specific services. Such payment policies may be more stringent than Federal guidelines.
- Molina policies based on the appropriateness of health care and medical necessity.
- Payment policies published by Molina.

Provider Portal Corner



Visit the Provider Web Portal today and avoid unnecessary calls to Member Services. You can obtain information related to claims, eligibility verification, benefits clarification, authorizations, and much more. Please refer to the Web Portal Quick Reference Guide for

more information:

<https://www.molinahealthcare.com/webportaldocs/Providers/UserManual/Quick%20Reference%20Guide.pdf.pdf>