Just the Fax

A fax bulletin from Molina Healthcare of Michigan, Inc. (MHM) • June 25, 2024

PROVIDER MEMORANDUM
Notification of Inpatient Clinical Validation Review

Beginning August 26, 2024, Molina Healthcare of Michigan (Molina) shall review services provided to our members to ensure program integrity, which includes both prepayment and post-payment review of claims and clinical documentation. This will impact all lines of business.

Molina conducts Medical Claim Reviews as noted in the provider agreement. This ensures that claims are reimbursed in accordance with generally accepted federal and state regulatory requirements, billing and coding guidelines, contract provisions, and established Molina policies and procedures.

Process

Molina will be conducting an APR DRG and/or MS DRG Clinical Validation Review that will evaluate whether diagnoses and procedure codes on the claim align with industry coding standards:

- Official ICD-10-CM Coding Guidelines
- Applicable ICD Coding Manual
- Uniform Hospital Discharge Data Set (UHDDS)
- Coding Clinics

The APR DRG and/or MS DRG principal diagnosis assigned represents the condition established after study to be chiefly responsible for the admission of the patient to the hospital for care and not based on clinical suspicions at the time of admission. The Clinical Validation determination will be made using the medical record documentation available at the time of review and must support all diagnoses and procedures billed, including Major Complication or Comorbidity (MCC) and Complication or Comorbidity (CC) and Severity of Illness.

APR DRG and/or MS DRG Clinical Validation includes, but is not limited to, verification of:

- Diagnostic code assignments
- Procedural code assignments
- Sequencing of codes
- Grouping assignment and associated payment
- MCC and CC and severity of illness (if applicable)

- In the event that the APR DRG and/or MS DRG Clinical Validation does **not** substantiate what was billed or is inconsistent with industry coding standards and requirements, Molina Healthcare may:
    - Adjust to an APR DRG and/or MS DRG as supported by the documentation
    - Adjust payment
    - Request refunds
    - Issue a base payment

Molina will be conducting an Appropriate Level of Care (short stay) Review that will evaluate whether the level of care billed is supported in the clinical documentation reviewed. When performing inpatient and observation

status reviews, Molina applies an evidenced-based clinical criteria guideline, as long as the methodology complies with federal or state regulations and the hospital or provider services agreement.

If Molina determines that the provider has submitted a claim beyond the authorization provided, Molina will conduct the appropriate Level-of-Care Review. If the review findings indicate an inappropriate level of care was billed, Molina may deny the claim and request the provider to resubmit the claim as observation.

Note: A detailed findings letter will be mailed to the provider to accompany the above reviews if a change or denial in payment is made.

Molina Healthcare will be conducting Newborn and NICU clinical validation reviews. This helps to ensure that claims represent the services provided to our members, and that billing and reimbursement is accurate and compliant with federal and state regulations as well as applicable standards, rules, laws, policy, and contract provisions.

Reimbursement is independent of the location of care and corresponds to medical treatment and services the neonate requires. To ensure accurate reimbursement, submitted claims may be reviewed to align preauthorized levels of care and/or clinically validate diagnoses, procedures and other claim information that impact payment. Based on review, the following may occur:

- Down-code revenue codes to authorized levels of care
- Issue a base DRG payment
- Adjust claim diagnoses/procedures that are not substantiated in the medical information provided and apply DRG regrouping,
- Request complete medical records and/or itemized statements to support the services on the claim

Newborn members are covered at an inpatient facility for a 2 day stay associated with vaginal deliveries and a 4 day stay associated with cesarean sections without clinical review (notification may be required) if submitted with revenue codes 0170/0171 and a “normal newborn” DRG and SOI 1.

For any newborn diagnoses/revenue codes/procedures that may be associated with care/treatment outside of the routine newborn, which may result in an increased payment, and may be subject to clinical validation review. The provider must be able to provide documentation establishing that the criteria for the level of care, revenue code, and/or DRG are satisfied, as submitted on the claim.

To review current Molina Payment Integrity Payment and Coding Polices, including Itemized Bill Review, visit this page on the Molina website: Payment Integrity Policies (molinahealthcare.com)

Formal Disputes

Formal disputes can be submitted the following way:

Method 1: Submit requests directly to Molina Healthcare of Michigan via the Availity Essentials portal (most preferred method):

- Provider Portal found on https://www.availity.com/molinahealthcare

Method 2: Fax:

- Submit requests directly to Molina Healthcare of Michigan - Fax: (248) 925-1768

Method 3: Mail

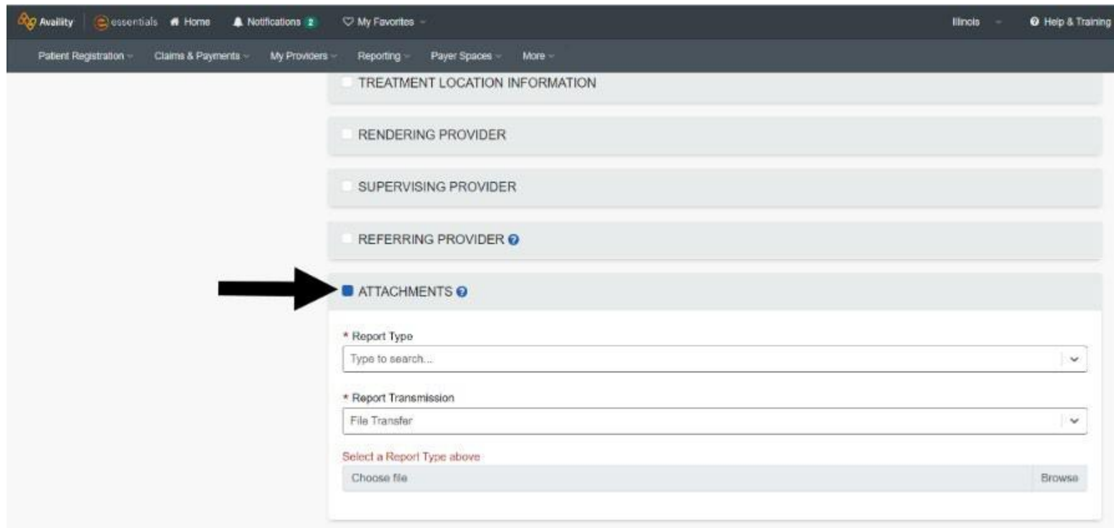
Provider Appeals

880 West Long Lake Rd., Suite 600
Troy, MI 48098

For additional information regarding filing an appeal or appeal contact information and timelines please visit: Contact Us (molinahealthcare.com)

How To Attach

1. Log into the Availity Portal: availity.com/molinahealthcare
2. You will be prompted to select your organization, transaction, and payer.
3. As you complete the form, you will come to the **Attachments** section. On the **Report Type** dropdown select "**Medical Record Attachment.**"



Attachment Rules

- You can attach multiple files.
- The size of all files combined cannot exceed 120 megabytes (MB).
- Only these file types are allowed: PDF, TIF, JPG, BMP, and GIF.
- File names must be alphanumeric with no special characters.
- Duplicated file names are not allowed.

For Provider Portal support, contact Availity at **(800) 282-4548**, 7 a.m. to 7 p.m. Central Time.

Questions?

We're here to help. Contact your Michigan Provider Services Department at: (855) 322-4077

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered? If not, please visit https://www.availity.com/molinahealthcare/

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.