Partners in Care Newsletter

Fall 2014

Molina Healthcare's 2014 HEDIS® and CAHPS® Results

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

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

In 2014, Molina Healthcare showed improvement on customer service. We also improved in making it easier to see a specialist or get tests and treatments for our members. We still need to improve on how well our doctors communicate with members as well as getting our members access to care as soon as needed.

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 tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

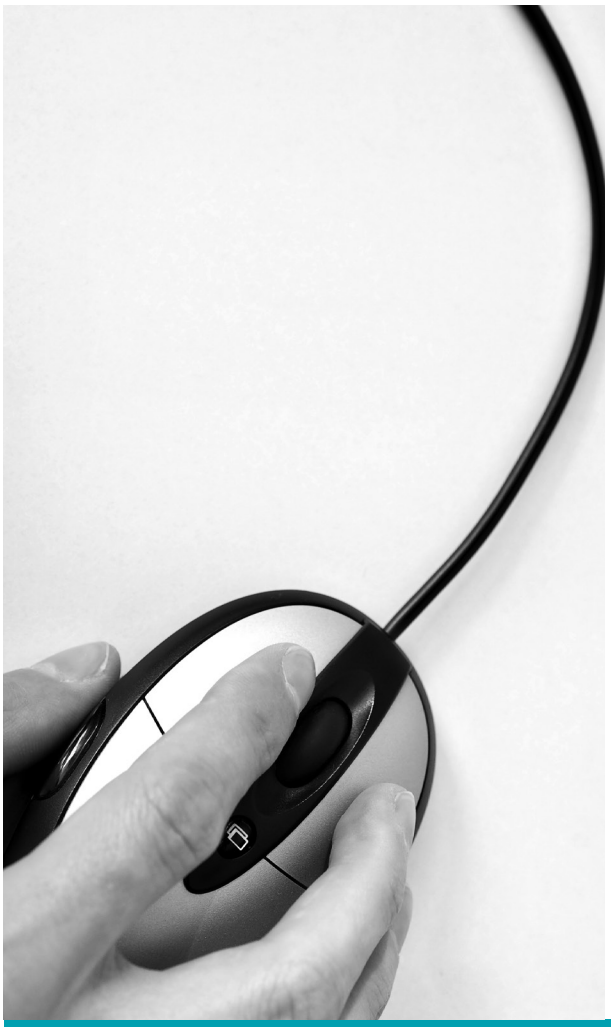
In 2014, Molina improved on the HEDIS® measures related to shots for adolescents, breast cancer screening and assessing body mass index (for measuring body fat). We need to improve on making sure our members receive timely prenatal care. We also need to improve on helping members control high blood pressure and asthma.

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 Website. You can also view information about the QI Program and print a copy if you would like one. Please visit the provider page on Molina's website at **www.MolinaHealthcare.com.**

In This Issue

2014 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. For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2014 flu season, please visit the Centers for Disease Control and Prevention at http://www.cdc.gov/flu/professionals/vaccination/.



Featured at www.MolinaHealthcare.com

- Clinical Practice and Preventive Health Guidelines
- Disease Management Programs for Asthma, Diabetes, Hypertension, CAD, CHF & Pregnancy
- Complex Case Management Information
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Provider Manual
- Current Formulary & Updates
- Pharmaceutical Management Procedures
- UM Affirmative Statement (re: non-incentive for under-utilization)
- How to Obtain Copies of UM Criteria
- How to Contact UM Staff & Medical Reviewer
- New Technology.

If you would like to receive any of the information posted on our website in hard copy, please call toll-free (800) 642-4168.

MolinaHealthcare.com

Where to Find Answers to Drug Benefits

As a Molina provider, we encourage you to talk to your members about the medications they need. Information about the pharmacy benefits and formulary medications is on the provider page of the Molina website at www.MolinaHealthcare.com. On the website, you can find:

- A list of generic and brand name medications that we cover and do not cover (drug formulary)
- Limits on covered medications
- Changes and updates to the prescription drug list made during the year
- The process to ask for prior authorization or exception requests for medications not on the list
- The process to change a drug to generic medication
- The process for using different medications that have the same effects, like a brand name or a generic medication
- Rules to try certain drugs first before we cover another medication for the same condition
- How you can ask us for approval of certain medications
- How you can ask for the amount of a medication the member may need
- Information needed by Molina Healthcare to get approval for medications

Now Available for Molina Healthcare Providers!

Tips for improving patient satisfaction!

Improving patient satisfaction helps:

- Increase patient retention
- Increase engagement and compliance with physician recommendations

Please log in to the Provider Portal and download the *Improving Patient Satisfaction: Tips for Your Provider Office* brochure, located under Training Materials.

MolinaHealthcare.com

Molina Healthcare ICD-10 Conversion FAQ

On March 31, 2014, the senate voted to approve a bill to delay the implementation of ICD-10-CM/PCS by at least one year. President Obama signed the bill into law on April 1, 2014, officially shifting the deadline for ICD-10 compliance from October 1, 2014 to no earlier than October 1, 2015.

How is Molina handling the recently announced delay of ICD-10 to at least 10/1/15?
Molina has completed a significant portion of our remediation activities. We will continue to move ahead with remediation of all our systems as planned. This includes remediation of all impacted systems, affected business processes, and policies. We will refocus our efforts in regard to external testing. Given the extra time, we will perform testing on a state by state basis instead of all states simultaneously.

Do we still need to reach out to Molina to be chosen as a test partner?
If you are already a confirmed test partner, we will work with you directly to reschedule testing efforts. If you previously requested to be a Molina test partner, you are still on our list.

Any new requests or date specific questions for any state should be sent to the Molina ICD-10 Inbox *(Molina.ICD-10@MolinaHealthcare.com).*

Will Molina meet the compliance date and be capable of accepting transactions containing ICD-10-CM/ICD-10-PCS codes and/or ICD-10 based Diagnosis Related Groups (DRGs)?
As of the transition date, Molina will accept transactions containing ICD-10 CM and PCS codes, as well as ICD-10 based DRGs**.**

What is Molina's approach to ICD-10 code conversion?
Molina will use GEMs (General Equivalency Mappings), as well as other coding methodologies, as a guide to assist in understanding and translating ICD-9 codes to ICD-10. Molina will remediate all systems and processes impacted by ICD-10 natively (coding to documented business requirements) and does not intend to crosswalk ICD-9 codes to ICD-10 codes.

Will Molina support dual processing of ICD-9 and ICD-10 codes?
Molina will continue to accept ICD-9 coded claims with dates of service or discharge dates prior to the compliance cutoff date. We will only accept ICD-10 coded claims for any dates of service on or after the ICD-10 effective date.

Will Molina require claims to be coded to ICD-10 even if a supplier is not covered under the HIPAA mandate?
Yes.

Does Molina plan to conduct any testing with providers? What is the expected date that testing will begin?
Molina plans to conduct testing with providers and clearinghouses but will be unable to test with every provider. We will make every effort to accommodate as many provider test requests as possible. Our primary method of external testing will request providers send us claims re-coded to ICD-10 for a set of claims that we originally processed as coded to ICD-9. Test data will need to be submitted in 837 transaction format and be transmitted through Emdeon, Molina's clearinghouse.

MolinaHealthcare.com

Molina has Health Plans in multiple states and our testing windows will vary by state. As a result of the recent ICD-10 delay, we will be adjusting our schedule for external testing. We encourage providers who want to test with us to contact us at Molina.ICD-10@MolinaHealthcare.com. Once we are ready to test in a particular state, we will schedule planning calls with our selected test partners.

Will Molina renegotiate the contract with providers to replace ICD-9 codes with ICD-10 codes? If so when will renegotiation process occur?
Molina will review each contract individually and formulate a strategy that meets the specific needs of that contractual relationship. Contracts containing specific ICD-9 codes and in some instances contracts that have descriptions of diagnoses and procedures will be re-negotiated. If you have questions about your provider contract, please contact your Provider Service Representative.

All provider contracts will be amended to add verbiage regarding compliance with the CMS mandate and standard HIPAA file format transactions. Where applicable, those changes will be housed in the Molina Provider Manual and, as such, become incorporated into your contractual agreement with Molina.

Does Molina expect delays in payment during the transition from ICD-9 to ICD-10?
Although Molina strives for minimal disruption in operations, we acknowledge that with any change as broad as ICD-10 there is a potential for an increase in processing time and a higher volume of inquiries during the transition. Molina will leverage proven techniques to effectively manage increased workload in any area requiring it.

What will the appeal process be for resubmission of ICD-9-based claims with ICD-10 codes during the transition period?
Molina will follow the date of service of the claim; if it was originally filed with ICD-9 coding and the date of service was prior to the ICD-10 compliance deadline, we will continue to accept that claim through the appeal process with ICD-9 coding.

Will Molina be changing its medical policies for ICD-10?
No, we do not currently intend to change our overall internal medical policies due to ICD-10. We will continue to utilize industry standard guidelines for evaluating medical necessity

Will Molina's pre-authorization policy and guidelines for requesting pre-authorizations change with the implementation of ICD-10?
We do not anticipate changing our pre-authorization policies. We will continue to use third-party systems to validate that services are necessary and appropriate for a given diagnosis.

What is the earliest date (prior to the mandated transition date) that your health plan will accept pre-authorization requests with ICD-10 codes/descriptions?
We will begin to accept pre-authorization requests coded to ICD-10 one month in advance of the mandated compliance date for services that are anticipated to be performed after the mandated ICD-10 compliance deadline.

Will providers have to request new authorizations coded to ICD-10 where the service dates of the current authorization cross the mandated compliance deadline?
At this time, we do not believe so. The authorization process will be thoroughly tested in advance of the implementation date.

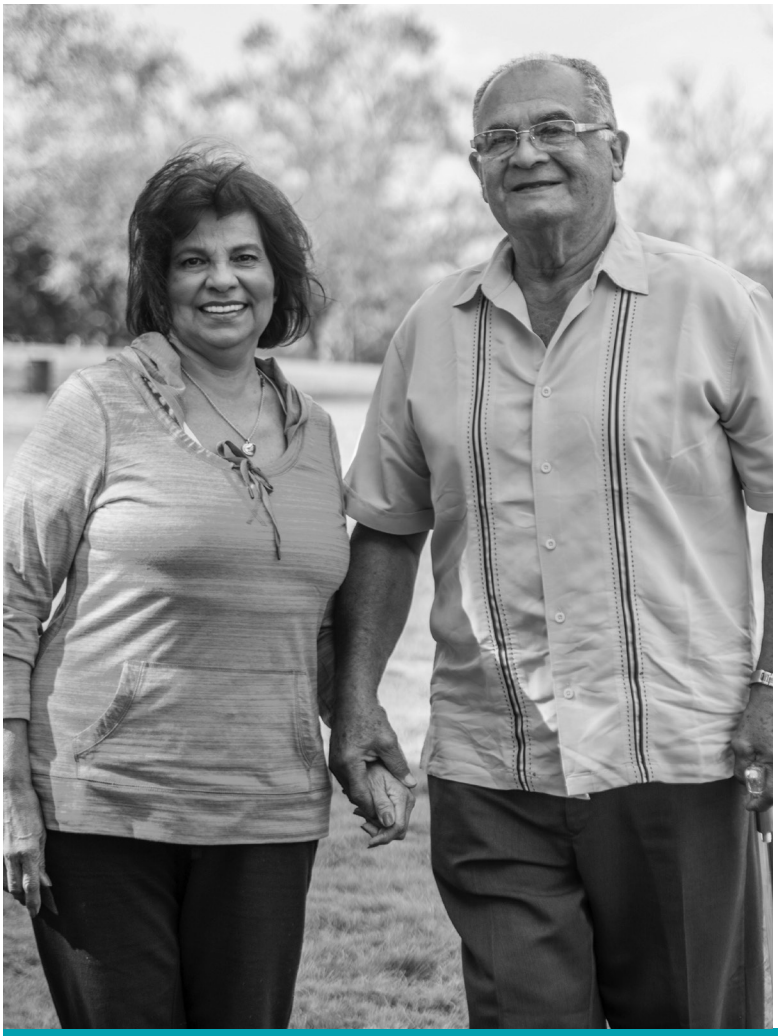
MolinaHealthcare.com

How do you keep your providers informed of your ICD-10 changes? Do you have an ICD-10 communication forum that we can participate in?
Molina anticipates providing information via existing communication vehicles such as provider manuals and newsletters, Molina's website, as well as provider service representatives' on site visits, and will communicate as frequently as necessary to keep open channels of communication. We will publish key updates on our website: http://www.molinahealthcare.com/providers/common/medicaid/hipaa/Pages/codesets.aspx

Where can I find more information on ICD-10?
Please refer to these industry resources to help guide you with your ICD-10 planning and preparation:

- Centers for Medicare & Medicaid Services (CMS)
- Workgroup for Electronic Data Interchange (WEDI)
- National Center for Health Statistics (NCHS)

Contact Us
For ICD-10 questions, please send us an email to: Molina.ICD-10@MolinaHealthcare.com



Important Reminder about Member ID Cards

Most members have both Molina Medicare (or in some areas of UT, Healthy advantage) in addition to Medicaid coverage. For this reason, it's important to always ask the member to show you both ID Cards at the time of service.

Advantages:

- Shows that the member is dually eligible
- Identifies who to bill; primary and secondary insurance
- Avoids member complaints about incorrect member billing which is prohibited by CMS/ Medicare
- Tells you who to contact if prior authorization is required

MolinaHealthcare.com