



# Provider Engagement Tool Kit

2017

[MolinaHealthcare.com](http://MolinaHealthcare.com)



Your Extended Family.

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Dear Provider:

Molina Healthcare's mission is to provide quality healthcare services to financially vulnerable families and individuals. This mission becomes even more important in light of the changing healthcare environment.

Molina Healthcare and its team of nurses, provider services representatives and quality specialists would like to partner with your office in our Provider Engagement Program. The program will provide valuable tools and resources to assist you in assuring Molina Healthcare members are receiving all the necessary services as described by the National Committee for Quality Assurance (NCQA) and Centers for Medicare and Medicaid Services (CMS).

This program includes help to:

- maximize your pay for performance bonus,
- identify with you measures for improvement,
- notify members of needed services via telephone calls or mailings, and
- develop processes to avoid missed opportunities.

Thank you for your willingness to partner with Molina Healthcare. We look forward to working with you.

If you have any questions about the program, please contact your Molina Healthcare Provider Service Representative.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Taft Parsons III, MD'.

Taft Parsons III, MD  
Chief Medical Officer  
VP- Medical Affairs

# Why HEDIS® Matters

HEDIS® (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by health plans that compares how well a plan performs in these areas:

- Quality of Care
- Access of Care
- Member satisfaction with the health plan and doctors

## WHY HEDIS® IS IMPORTANT

HEDIS® ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

## VALUE OF HEDIS® TO YOU, OUR PROVIDERS

HEDIS® can help you save time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care. HEDIS® can also help you identify noncompliant members to ensure they receive preventive screenings. Lastly, as HEDIS® measures are completed, physicians are eligible for performance bonuses.

## VALUE OF HEDIS® TO YOUR PATIENTS, OUR MEMBERS

HEDIS® ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

## WHAT YOU CAN DO

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members or refer to Molina's Community Connector Program
- Molina offers a Provider Engagement Program that provides you with a Quality Specialist to work specifically with your office to improve HEDIS® performance.
- Please contact the Molina Provider Networking Department if you would like to request a Quality Specialist at: (855) 322-4077 or [MHMProviderServicesMailbox@MolinaHealthCare.Com](mailto:MHMProviderServicesMailbox@MolinaHealthCare.Com)



# Molina Healthcare-Available For You!

## Department Contact Numbers

Line of Business (Department)	<u>Medicaid</u> Healthy MI Plan, Children's Healthcare and Special Services, Aged, Blind and Disabled, Aid to Families with Dependent Children	<u>Medicare</u> MI Health Link	<u>Duals</u> Dual Eligible Special Needs Plan	<u>Marketplace</u>
Transportation	Name: Logisticare Phone: (866) 569-1902 www.logisticare.com	Name: Secure Phone: (844) 644-6356 www.securetransportation. com	Name: Secure Phone: (844) 644-6356 www.securetransportation. com	N/A
Dental	Benefits/Eligibility Phone: (855) 609-5158	Name: Avesis Dental Phone: (800) 327-4462 www.avesis.com	Name: Avesis Dental Phone: (800) 327-4462 www.avesis.com	Benefits/Eligibility Phone: (888) 560-4087
Vision	Name: March Vision Phone: (888) 493-4070 Fax: (877) 627-2488 www.marchvisioncare.com	Name: March Vision Phone: (888) 493-4070 Fax: (877) 627-2488 www.marchvisioncare.com	Name: March Vision Phone: (844) 586-2724 Fax: (877) 627-2488 www.marchvisioncare.com	Name: Vision Service Plan Phone: (800) 877-7195 Fax: (916) 463-3924 www.vsp.com
Behavioral Health	Authorizations Phone: (888) 898-7969 Fax: (800) 594-7404	Authorizations Phone: (888) 898-7969 Fax: (800) 594-7404	Authorizations Phone: (888) 898-7969 Fax: (888) 295-7665	Authorizations Phone: (888) 898-7969 Fax: (800) 594-7404
Inpatient Prior Auth	Phone: (888) 898-7969 Fax: (800) 594-7404	Phone: (888) 898-7969 Fax: (888) 295-7665	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (888) 898-7969 Fax: (800) 594-7404
Outpatient Prior Auth	Phone: (888) 898-7969 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (844) 251-1450	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (888) 898-7969 Fax: (800) 594-7404
Radiology/Advanced Imaging	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7218	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7218
Pharmacy	Name: CVS Caremark Phone: (888) 898-7969 Fax: (888) 373-3059 www.caremark.com	Name: CVS Caremark Phone: (888) 898-7969 Fax: (888) 373-3059 www.caremark.com	Name: CVS Caremark Phone: (888) 898-7969 Fax: (888) 373-3059 www.caremark.com	Name: CVS Caremark Phone: (855) 322-4077 Fax: (888) 373-3059 www.caremark.com
Transplant	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 813-1206	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7218
Neonatal Intensive Care Units (NICU)	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220	Authorizations Phone: (855) 714-2415 Fax: (877) 731-7220
Call Center/Claims	Phone: (855) 322-4077 Fax: (248) 925-1765	Phone: (855) 322-4077 Fax: (248) 925-1765	Phone: (855) 322-4077 Fax: (248) 925-1765	Phone: (855) 322-4077 Fax: (248) 925-1765
PIRR/Appeals and Disputes	Phone: (855) 322-4077 Fax: (248) 925-1768	Phone: (855) 322-4077 Fax: (248) 925-1768	Phone: (855) 322-4077 Fax: (248) 925-1768	Phone: (855) 322-4077 Fax: (248) 925-1768
Medical PA Requests	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (800) 594-7404	Phone: (855) 322-4077 Fax: (800) 594-7404

# Molina Healthcare-Available For You!

## Department Contact Numbers

Provider Services and Provider Engagement (248) 729-0905 Provider Contracting (248) 729-0900

The Prior Authorization Guide and Matrix are available online for all lines of business:

Medicaid: <http://www.molinahealthcare.com/providers/mi/medicaid/pages/home.aspx>

Medicare: <http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx>


Duals: <http://www.molinahealthcare.com/providers/mi/duals/Pages/home.aspx>

Marketplace: <http://www.molinahealthcare.com/providers/mi/marketplace/pages/home.aspx>

**Thank you for serving Molina Members!**

## Molina Member Sample Id Cards


### Medicaid ID Cards

	
Member Services 24 Hour—Toll Free 1-888-898-7969	
Member Name: MAXIMUS X TEST MEMBER Member ID: 599999999 PCP Name: RICHARD D KUSTASZ PCP Phone: (123) 456 - 7890 Program: MA	
<small>This card is only valid if member maintains Molina Healthcare of Michigan eligibility. Eligibility should be verified before rendering services. Member Please show this card each time you receive health care services. Molina Healthcare does not charge copays for covered services.</small>	



Submit all Medical Claims to: <b>MOLINA HEALTHCARE, INC.</b> P.O. Box 22668 Long Beach, California 90801 Pharmacy Benefits are administered by 	
If your card is lost or stolen, please call Member Services at (888) 898-7969 <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>	

<b>Molina Marketplace</b> Plan: Molina Silver (SIL) Plan Member Name: [Redacted] Member ID: [Redacted] PCP Name: [Redacted] PCP Phone: [Redacted] Program: [Redacted]	<b>Molina Marketplace</b> Plan: Molina Silver (SIL) Plan Member Name: [Redacted] Member ID: [Redacted] PCP Name: [Redacted] PCP Phone: [Redacted] Program: [Redacted]
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### HEALTHY MICHIGAN PLAN ID CARDS

	
Member Services 24 Hour—Toll Free 1-888-898-7969	
Member Name: MAXIMUS X TEST MEMBER Member ID: 599999999 PCP Name: RICHARD D KUSTASZ PCP Phone: (123) 456 - 7890 Program: HMP	
<small>This card is only valid if member maintains Molina Healthcare of Michigan eligibility. Eligibility should be verified before rendering services. Member Please show this card each time you receive health care services. Molina Healthcare does not charge copays for covered services.</small>	

Submit all Medical Claims to: <b>MOLINA HEALTHCARE, INC.</b> P.O. Box 22668 Long Beach, California 90801 Pharmacy Benefits are administered by 	
If your card is lost or stolen, please call Member Services at (888) 898-7969 <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>	

	
Member name: JOHN Q PUBLIC Member ID: 000000000000 Health Plan: 00000 Medicaid ID: 000000000000	RXBIN: 000000 RSPCN: MEDDADV RSGRP: RX0000 RxID: 000000000000
PCP Name: SAMPLE PCP NAME PCP Phone: (555) 555-5555	
Copays: \$0 H7844-001	

**In order to be considered an EPSDT visit, documentation in the medical record must include:**

1. A health and development history (physical and mental)
2. Physical exam
3. Health education/anticipatory guidance (see examples on reverse side of this sheet)

**Recommended Ages for Checkups:**

As a newborn	Make Every Office Visit Count
3-5 days	<p>Avoid missed opportunities by taking advantage of every Molina member office visit to provide a well-child visit, immunizations, lead testing and BMI calculations.</p> <ul style="list-style-type: none"> <li>A sports physical becomes a well-child visit by adding anticipatory guidance (e.g. safety, nutrition, health, and social/behavior) to the sports physical's medical history and physical exam.</li> <li>A sick visit and well child visit can be performed on the same day when you add a modifier 25 to the sick visit and bill for the appropriate well visit. Molina will reimburse for both services plus you will receive an incentive bonus payment!</li> <li>Molina will reimburse you for 1 well child visit per calendar year for children 3 years of age and older. You do not need to wait 12 months between the visits. Remember infants between the ages of 0 and 15 months need <u>at least</u> 6 well-child visits.</li> </ul>
By 1 Month	
2-3 Months	
4-5 Months	
6-7 Months	
9-10 Months**	
12-13 Months	
14-15 Months	
18 Months**	
24 Months	
30 Months**	
Yearly visits Beginning at age 3	

\*\*Standardized screening tools, such as Ages and Stages Questionnaire (ASQ), must be performed at the 9, 18, and 30 months visits. Bill for the screening in addition to the EPSDT visit by using procedure code 96110.

**Additional Well Child Services Include:**
**Weight Assessment and Nutrition Counseling**

Children 3-17 years should have the following performed and documented in the medical file once per year.

BMI - Must include height, weight and BMI percentile or BMI percentile plotted on age-growth chart.

*\*For patients 16-17 years on date of service, documentation of a BMI value expressed as kg/m<sup>2</sup> is acceptable.*

**What to Update in MCIR**

\*Immunizations within 72 hours of administration

\*Lead test results

\*BMI

\*EPSDT visits

**Counseling for nutrition & physical activity**

-Must include a note indicating date and what was discussed

**Reporting EPSDT (Well Child) Visits**

Age	CPT Codes for Established Patients	CPT Codes for New Patients
Under 1 year	99391	99381, 99432
1 - 4 years	99392	99382
5 - 11 years	99393	99383
12 - 17 years	99394	99384
18 and above	99395	99385

\*ICD-9-CM Diagnosis Codes: V20.2, V70.0, V73.3, V70.5, V70.6, V70.8, V70.9

ICD-10-CM Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.62, Z02.5-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

\*ICD-9 codes are included for historical purposes only and can no longer be used for billing.

**Please contact the Molina Claims Department at 1-888-898-7969 with any questions or concerns regarding submission of encounter data.**

## Anticipatory Guidance/Health Education

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date of Service \_\_\_\_\_

### **Age: 3 Years**

#### **Safety**

- ☐ Seatbelt/Booster seats
- ☐ Matches/Poisons/Guns
- ☐ Smoking exposure
- ☐ Fires/Burns
- ☐ Playground/Stranger
- ☐ Water safety

#### **Nutrition**

- ☐ Variety/Low fat/Limit sweets
- ☐ Family meals

#### **Health**

- ☐ See Dentist/Brush teeth
- ☐ Poison Control

#### **Social/Behavior**

- ☐ Socialization
- ☐ Sibling relationships
- ☐ Exploration/Physical activity
- ☐ Praise/Talking/Interactive reading
- ☐ Limit TV
- ☐ Community programs/Preschool
- ☐ Toilet training

### **Age: 5 Years**

#### **Safety**

- ☐ Pedestrian/Playground/Stranger
- ☐ Seatbelts/Booster seats
- ☐ Matches/Poisons/Guns
- ☐ Fire/Burns
- ☐ Bike Helmet

#### **Nutrition**

- ☐ Healthy meals & snacks
- ☐ Family meals

#### **Health**

- ☐ Tooth care/Brush teeth
- ☐ Dental exam/sealants
- ☐ Adequate sleep/Physical activity
- ☐ Curiosity about sex

#### **Social/Behavior**

- ☐ Family Rules/Respect/Right from wrong
- ☐ Praise/Encourage
- ☐ Handle anger/Conflict resolution
- ☐ Prepare child for school
- ☐ Tour school/Meet teacher
- ☐ Affection

### **Age: 10- 14 Years**

#### **Safety**

- ☐ Seatbelts/Bike helmet/Sunscreen/Sports
- ☐ Weapons
- ☐ Drugs/Alcohol/Tobacco

#### **Nutrition**

- ☐ Variety/Limit sweets
- ☐ Adequate calcium
- ☐ Adequate Iron in females
- ☐ Weight management
- ☐ Weight training/Changes

#### **Health**

- ☐ Adequate sleep/Exercise/Physical activity
- ☐ Stress/Nervousness/Sadness
- ☐ How to say no/Abstinence
- ☐ Drugs/alcohol
- ☐ Sexual feelings normal
- ☐ Body changes
- ☐ See Dentist

#### **Social/Behavior**

- ☐ Family time
- ☐ Peer pressure/Refusal
- ☐ School activities
- ☐ Religious/Cultural/Volunteer activities
- ☐ School issues

### **Age 4 Years**

#### **Safety**

- ☐ Seatbelts/Booster seats
- ☐ Matches/Poisons/Guns
- ☐ Smoking exposure/Alarms
- ☐ Bike Helmet
- ☐ Safety/Water/Playground/Stranger

#### **Nutrition**

- ☐ Variety/Low fat/Limit sweets
- ☐ Family meals

#### **Health**

- ☐ See Dentist/Brush teeth
- ☐ Poison Control
- ☐ Sexuality
- ☐ Sucking habits

#### **Social/Behavior**

- ☐ Rules for behavior
- ☐ Listen/Respect/Interest in activities
- ☐ Household duties/Responsibilities
- ☐ Praise/Talking/Interactive reading
- ☐ Limits/Time out
- ☐ Community programs/Preschool
- ☐ After school child care

### **Age: 6 -10 Years**

#### **Safety**

- ☐ Seatbelts/Bike helmet/Water/Neighborhood/Sports
- ☐ Matches/Poisons/Guns
- ☐ Drugs/Alcohol/Tobacco

#### **Nutrition**

- ☐ Food choices (Fruits, Veg, Grains)
- ☐ Adequate calcium

#### **Health**

- ☐ Adequate sleep/Exercise/Physical activity
- ☐ Personal space
- ☐ Puberty/Sexual development
- ☐ Personal hygiene
- ☐ Dental emergency care

#### **Social/Behavior**

- ☐ Limit TV
- ☐ Self discipline
- ☐ Chores
- ☐ Reading/Hobbies/Talents
- ☐ Community/School programs
- ☐ Positive interaction with adults
- ☐ Know child's friends/families
- ☐ Reasonable expectations
- ☐ Time out restrictions/Rewards
- ☐ School issues

### **Age: 14 – 20 Years**

#### **Safety**

- ☐ Seatbelts/Speed limits
- ☐ Alcohol/Drugs/Weapons
- ☐ Self protection
- ☐ Tanning/Sun screen
- ☐ Job safety
- ☐ Athletic conditioning/Fluids

#### **Nutrition**

- ☐ Food choices
- ☐ Three meals a day/Nutritious snacks
- ☐ Weight management/Dieting

#### **Health**

- ☐ Birth control/Safe sex
- ☐ How to say no/Abstinence
- ☐ STD/HIV/AIDS
- ☐ Alcohol/Drugs/Tobacco
- ☐ Stress/Nervousness/Sadness
- ☐ Suicide/Depression
- ☐ Sexual feelings normal
- ☐ See Dentist
- ☐ Self-exam (breast, testicular)

#### **Social/Behavior**

- ☐ Trust feelings/Listen to friends/Adults
- ☐ Handle anger/Conflict resolution
- ☐ Frustrations/Dropping out
- ☐ Future plans/College/Career
- ☐ Respect others, parents' limits/Consequences
- ☐ New skills/Talents
- ☐ Health care consumer

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

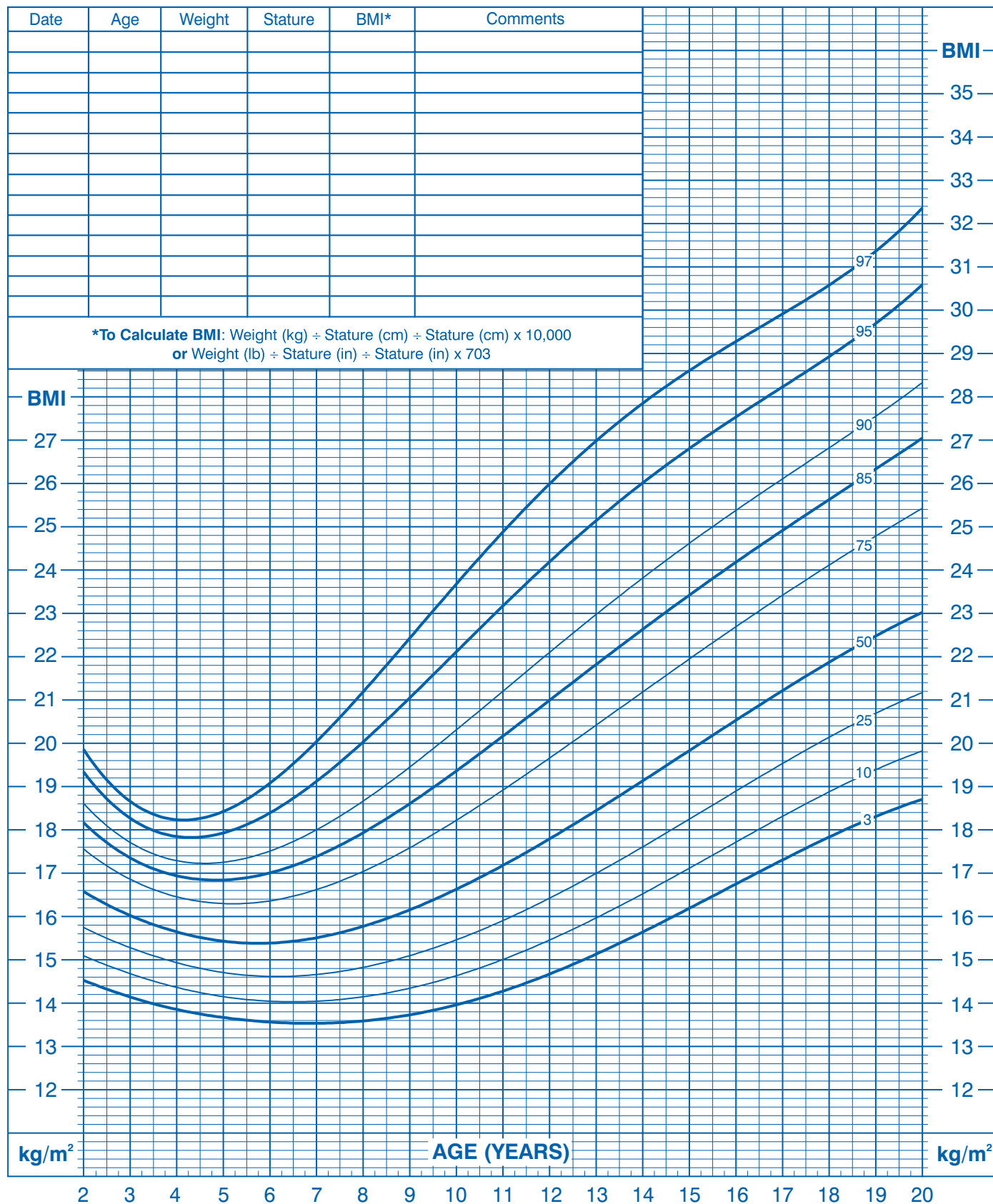


## 2 to 20 years: Boys

### Body mass index-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

<http://www.cdc.gov/growthcharts>



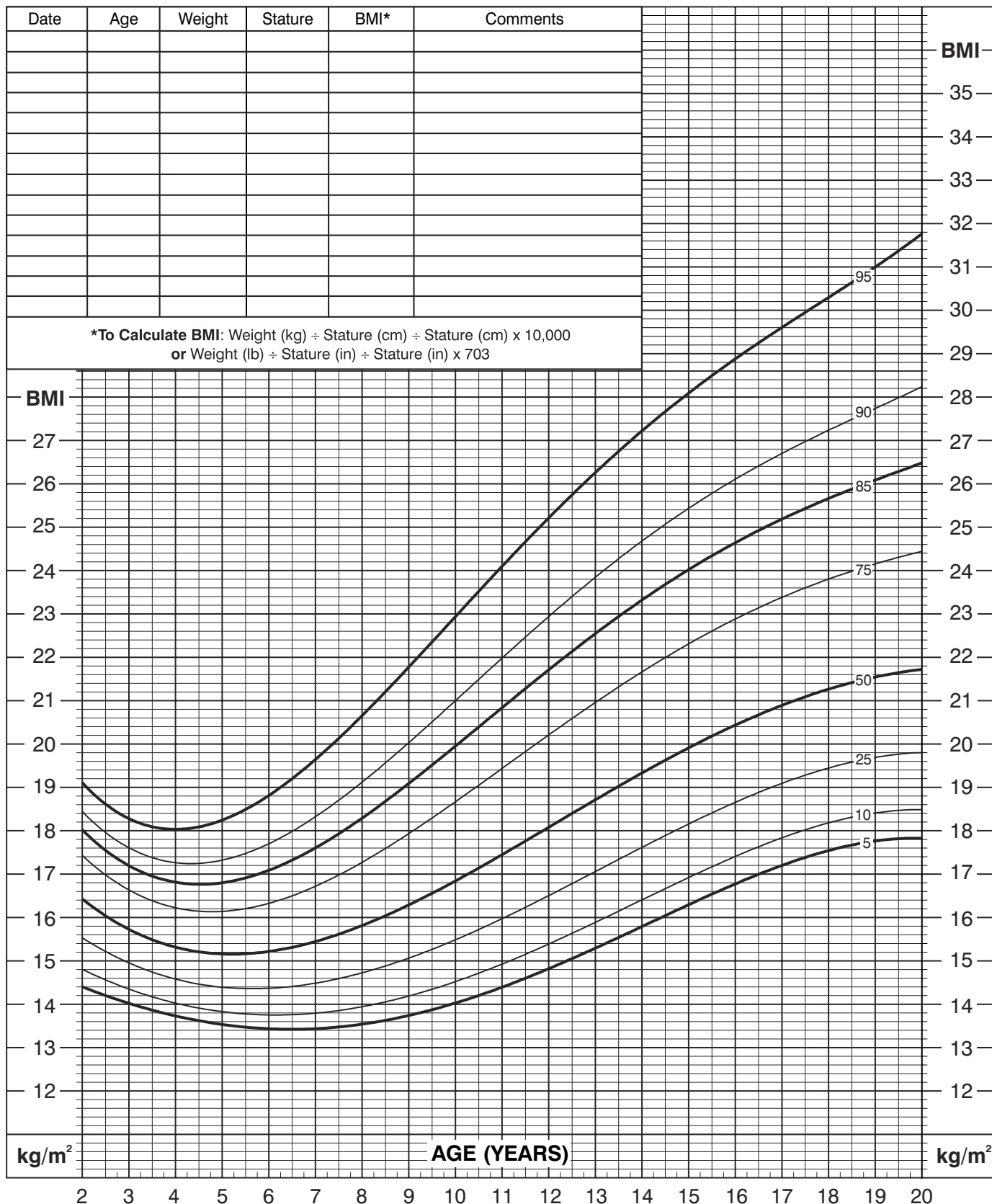
SAFER • HEALTHIER • PEOPLE™

# 2 to 20 years: Girls

## Body mass index-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



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# Procedure for Ordering Lead Testing Kits

## (Finger Stick Kits)

To receive test kits:

- Provider Site will obtain a Clinic Code by Michigan Department of Health and Human Services (MDHHS).
- Contact MDHHS at (517) 335-9040
  - Provide:
    - Site Name
    - Address
    - Phone Number
    - Contact Person
  - A choice to have lead test results:
    - Mailed or
    - Faxed back to the provider's office

Comments or questions regarding test results or testing methods contact the Trace Metals Unit:

- Keri Fischer, Acting Trace Metals Unit Manager  
Phone: 517-335-8357  
[FisherK@michigan.gov](mailto:FisherK@michigan.gov)

or

- Tom Mailand, Laboratory Scientist  
Phone: 517-335-9639  
[MailandT@michigan.gov](mailto:MailandT@michigan.gov)

Comments or questions regarding submitted specimens, ETOR, or to request reprints of results contact the DASH Unit:

- Matthew Bashore, Data and Specimen Handling Unit (DASH) Supervisor  
Phone: 517-335-8059  
[BashoreM@michigan.gov](mailto:BashoreM@michigan.gov)

# Quality Improvement (QI) Project: Increasing HPV Vaccination



## Evidence-based proven strategies!

- ♦ 2-dose HPV for adolescents not yet 15 years old.
- ♦ Proactive approaches that have helped other practices
- ♦ Information and resources on HPV vaccine safety and efficacy

**This Project can assist practices meet the new  
2017 HEDIS<sup>®</sup> indicator  
for adolescent immunization!**

Find out more by completing the form at this  
web link:

<https://www.surveymonkey.com/r/QIHPV>

**Free for your practice  
to participate!**

**FOR MORE  
INFORMATION  
CONTACT:**

**Stephanie Sanchez, MDHHS Division of Immunization  
AFIX Quality Improvement Coordinator  
Email: [Sanchezs@michigan.gov](mailto:Sanchezs@michigan.gov) or  
Phone: 517-284-4890**



# Quality Improvement (QI) Project: Increasing HPV Vaccination

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Michigan's Immunization Division is offering provider offices a free evidence-based quality improvement (QI) project that can assist with increasing HPV vaccination of adolescent patients. Physician offices that participate in the project will have a one-hour quality improvement meeting for their staff, a physician or other licensed provider must be present. Adolescents overdue for HPV vaccine will be mailed a letter, centrally from MDHHS.

The physician's office is encouraged to designate a "HPV champion" as the primary contact person throughout the project. The HPV Champion will participate in follow-up phone calls and will be involved with developing a Quality Improvement plan for the physician's office with strategies to vaccinate adolescents at the 11-12 year visit.

## **Throughout the Quality Improvement Project practices will receive:**

- Webinar session focused on evidence based quality improvement strategies to increase HPV vaccination
- Coaching with the key staff sharing current standards of care and best practices including action steps designed to be more efficient and save time for staff.
- Proactive approaches to Immunization, including reports specific for the practice containing current data and various listings of patients that are within the ACIP recommendations for HPV vaccine.
- Free mailing of letters to homes of your adolescent patients overdue for ACIP vaccines. Letters will be generated from Michigan Care Improvement Registry (MCIR) and sent from MDHHS centrally. Letters that are "return to sender" from the post office will be made inactive at the provider office level of MCIR.
- Free assistance and instruction on changing patient status from active to inactive-moved or gone elsewhere for adolescents not considered your patients.
- Free feedback and educational materials on how adolescents at your practice can be protected from vaccine preventable diseases at the recommended ages and intervals.
- Continued hands-on support from MDHHS Immunization Quality Improvement staff—we are dedicated to help your practice become more efficient with immunizations. Reinforcing immunization best practices and standards of care.
- Saving time can lead to increased revenue.

*The focused resources, education and assistance is free for your practice  
Quality improvement strategies catered toward your staffs specific needs and preferences.  
Increase the patient flow and improve the 2017 HEDIS<sup>®</sup> adolescent immunization measure.  
The project content supports immunization best practices and standards of care.*

*Complete the online enrollment form and our staff will be in contact for the next step toward quality improvement of adolescent HPV vaccination.*

Enroll your practice today at this web link: <https://www.surveymonkey.com/r/QIHPV>

# Prenatal/Postpartum Visits

## DOCUMENTATION

**Prenatal visit** in the first trimester or within 42 days of enrollment into Molina

**Proper documentation consists of:** A visit to an OB/GYN, practitioner, midwife, family practitioner or primary care practitioner with one of the following: basic physical obstetrical exam that includes auscultation of fetal heart tone or pelvic exam or measurement of fundus height or screening test in the form of an obstetrical panel or echography of a pregnant uterus. Primary care providers must include principle diagnosis of pregnancy with and LMP or EDD.

## CODING

### Any One Code

**Prenatal Care Visits CPT:** 99201-99205, 99211-99215, 99241-99245, 99500

**CPT II:** 0500F, 0501F, 0502F

**HCPCS:** H1000-H1004, T1015, G0463

**UB Rev:** 0514

**Obstetric Panel CPT:** 80055, 80081

**Prenatal Ultrasound CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828

**ICD-9 Procedure:** 88.78

**\*ICD-10 PCS:** BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

**ABO and Rh CPT (ABO):** 86900 CPT (Rh): 86901

**TORCH CPT (Toxoplasma):** 86777, 86778 CPT (Rubella): 86762

**CPT (Cytomegalovirus):** 86644 CPT (Herpes Simplex): 86694, 86695, 86696

**Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)**

**ICD-9 Diagnosis:** 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28

**\*ICD-10:** 009-016, 020-026, 028-036, 040-048, 060.0, 071, 088, 091, 092, 098, 099, 09A, Z03.7, Z33, Z34, Z36

**\*ICD-9 codes are included for historical purposes only and can no longer be used for billing.**

## DOCUMENTATION

**Postpartum visits** should be scheduled between 21-56 days after delivery (includes women with C-section)

**Proper documentation consists of:** Pelvic exam, or breast and abdomen check, evaluation of weight and blood pressure, or notation of "Postpartum care" or "PP care" or "PP check," or "6 week check"

## CODING

**CPT:** 57170, 58300, 59430, 99501

**CPT II:** 0503F **HCPCS:** G0101

**ICD-9-CM Diagnosis:** V24.1, V24.2, V25.11, V25.12, V25.13, V72.31, V76.2

**ICD-9-CM Procedure:** 89.26

**\*ICD-10-CM Diagnosis:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

**\*ICD-9 codes are included for historical purposes only and can no longer be used for billing.**

## INCENTIVES (For Medicaid Members Only.)

Program	Age / Gender	Eligible Population	Gift	What does the member have to do to receive the gift?	Who sends the gift and when?
Prenatal	Women	Pregnant Members	\$25 Gift Card	Existing members who have a prenatal visit within their 1 <sup>st</sup> trimester OR new members within the first 42 days of enrollment.	\$25 Gift Card will be mailed from Molina after verification of visit.
Postpartum Visit	Women	Women who have recently delivered a baby.	\$25 Gift Card	The member has to have her postpartum visit within 21-56 days after delivery.	Gift cards are mailed from Molina after claim verification of the visit is received.

## TRANSPORTATION (For Medicaid Members Only.)

For transportation to medical appointments call Molina Healthcare at (888) 898-7969. It is important to call 3 days in advance of your appointment to schedule the transportation.



## NOTIFICATION OF PREGNANCY

☐ MIHP \_\_\_\_\_

☐ OB

☐ PCP

Date of Referral: \_\_\_\_\_

Molina ID#: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Patient City: \_\_\_\_\_ Patient County \_\_\_\_\_

Zip Code: \_\_\_\_\_ Patient Phone Number: (\_\_\_\_\_) \_\_\_\_\_

EDD: \_\_\_\_\_ or LMP: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_

### RISK FACTORS:

- |                                                   |                                              |                                                  |
|---------------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Current/Hx Preterm Labor | <input type="checkbox"/> PIH                 | <input type="checkbox"/> HIV/AIDS                |
| <input type="checkbox"/> Prev Preterm Delivery    | <input type="checkbox"/> Pre-eclampsia       | <input type="checkbox"/> Maternal Age (<16, >35) |
| <input type="checkbox"/> Hx Miscarriages          | <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Late Prenatal Care      |
| <input type="checkbox"/> HTN                      | <input type="checkbox"/> Cardiac Hx          | <input type="checkbox"/> Domestic Violence       |
| <input type="checkbox"/> DM/Gestational DM        | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Hyperemesis             |
| <input type="checkbox"/> Incomplete Cervix        | <input type="checkbox"/> Cerclage            |                                                  |
| <input type="checkbox"/> Other: _____             |                                              |                                                  |

### EDUCATION AND COUNSELING:

- ☐ Pregnancy Adaptation
- ☐ ADL's
- ☐ Nutrition
- ☐ Medications

### SERVICE DATE: \_\_\_\_\_

- ☐ Warning Signs
- ☐ Tobacco
- ☐ Alcohol
- ☐ Drugs
- ☐ Preterm Labor Prevention
- ☐ Other

OB/PCP/Medical Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Ste.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mail, Email, or Fax to: Molina Healthcare  
880 West Long Lake Rd., Suite 600 Troy, MI 49098

**\*\*ATTN: Quality Management Dept.**  
Fax: (248) 925-1732



MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
<b>ADULT HEDIS® MEASURES</b>				
<b>ALL ADULTS</b>	Adult BMI Assessment	18-74 years	<p><u>≥20 years</u>: Documented body mass index (BMI) during the measurement year or the year prior.</p> <p><u>&lt;20 years</u>: Documented BMI percentile during the measurement year or the year prior.</p>	<p><b>*ICD-9:</b> V85.0-V85.5</p> <p><b>ICD-10:</b> Z68.1, Z68.20 - Z68.45, Z68.51-Z68.54</p>
	Controlling High Blood Pressure	18-85 years (hypertensive members)	<ul style="list-style-type: none"> <li>Members 18-59 years of age whose BP was &lt;140/90 mm Hg.</li> <li>Members 60-85 years of age with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg.</li> <li>Members 60-85 years of age without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg.</li> </ul>	<p><b><u>Codes to Identify Hypertension</u></b></p> <p><b>*ICD-9:</b> 401, 401.1, 401.9</p> <p><b>ICD-10:</b> I10</p>
<b>WOMEN</b>	Breast Cancer Screening	Women 50-74 years	<p>One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.</p> <p>Exclusion: Bilateral mastectomy.</p>	<p><b>CPT:</b> 77055-77057</p> <p><b>HCPCS:</b> G0202, G0204, G0206</p> <p><b>*ICD-9 PCS:</b> 87.36, 87.37</p> <p><b>UB Rev:</b> 0401, 0403</p>
	Cervical Cancer Screening	21-64 years	<p>Women who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>Women age 24-64 who had cervical cytology performed every 3 years</li> <li>Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years</li> </ul> <p>Exclusion: Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.</p>	<p><b><u>Codes to Identify Cervical Cytology</u></b></p> <p><b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p><b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>UB Rev:</b> 0923</p> <p><b><u>Codes to Identify HPV Tests</u></b></p> <p><b>CPT:</b> 87620-87622, 87624, 87625</p>
	Chlamydia Screening	16-24 years women	<p>At least one Chlamydia test during the measurement year for sexually active women.</p> <p>Exclusion: Patients who were included in the measure based on pregnancy test alone and the member had a prescription for isotretinoin or an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test.</p>	<p><b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810</p>



	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
PRENATAL CARE	Timeliness of Prenatal Care	All pregnant women	<p>Prenatal care visit in the first trimester or within 42 days of enrollment.</p> <p>Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these:</p> <ul style="list-style-type: none"> <li>• Basic physical obstetrical exam (e.g., auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height); standard prenatal flow sheet may be used</li> <li>• Obstetric panel</li> <li>• Ultrasound of pregnant uterus</li> <li>• Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present)</li> <li>• TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing)</li> <li>• Rubella &amp; ABO, Rubella &amp; Rh, or Rubella &amp; ABO/Rh test</li> <li>• Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/ education (for when the practitioner is a PCP)</li> </ul> <p>* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the</p>	<p><b><u>Prenatal Care Visits</u></b>  <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99500  <b>CPT II:</b> 0500F, 0501F, 0502F UB Rev: 0514  <b>HCPCS:</b> H1000-H1004, T1015, G0463  <b>Obstetric Panel CPT:</b> 80055, 80081  <b>Prenatal Ultrasound CPT:</b> 76801, 76805, 76811, 76813, 76815-76821, 76825-76828  <b>*ICD-9 PCS:</b> 88.78 <b>ICD-10 PCS:</b> BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ  <b>ABO and Rh CPT (ABO):</b> 86900 <b>CPT (Rh):</b> 86901  <b>TORCH CPT (Toxoplasma):</b> 86777, 86778  <b>CPT (Rubella):</b> 86762 <b>CPT (Cytomegalovirus):</b> 86644  <b>CPT (Herpes Simplex):</b> 86694, 86695, 86696</p> <p><b><u>Pregnancy Diagnosis:</u></b> *ICD-9: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28  <b>ICD-10:</b> O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36</p>
	Frequency of Prenatal Care	All pregnant women	<p>Completing at least 81% of expected prenatal care visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age. A full 42 week gestational pregnancy is expected to have 16 prenatal care visits.</p>	<p><b><u>Prenatal Care Visits</u></b> <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99500 <b>CPT II:</b> 0500F, 0501F, 0502F  <b>UB Rev:</b> 0514 <b>HCPCS:</b> H1000-H1004, T1015, G0463  <b>Obstetric Panel CPT:</b> 80055, 80081  <b>Prenatal Ultrasound CPT:</b> 76801, 76805, 76811, 76813, 76815-76821, 76825-76828  <b>*ICD-9 PCS:</b> 88.78 <b>ICD-10 PCS:</b> BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ  <b>ABO and Rh CPT (ABO):</b> 86900 <b>CPT (Rh):</b> 86901  <b>TORCH CPT (Toxoplasma):</b> 86777, 86778  <b>CPT (Rubella):</b> 86762 <b>CPT (Cytomegalovirus):</b> 86644  <b>CPT (Herpes Simplex):</b> 86694, 86695, 86696  <b>Pregnancy Diagnosis:</b> ICD-9: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28  <b>ICD-10:</b> O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36</p>

MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
POSTPARTUM CARE	Postpartum Care	All women who delivered a baby	Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. A Pap test within 21-56 days after delivery also counts. Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of these: <ul style="list-style-type: none"> <li>• Pelvic exam, or</li> <li>• Evaluation of weight, BP, breast and abdomen, or</li> <li>• Notation of “postpartum care”, PP check, PP care, six-week check notation, or pre-printed “Postpartum Care” form in which information was documented during the visit.</li> </ul>	<u><b>Postpartum Visit</b></u> <b>CPT:</b> 57170, 58300, 59430, 99501 <b>CPT II:</b> 0503F <b>HCPCS:</b> G0101 <b>*ICD-9-CM:</b> V24.1, V24.2, V25.11, V25.12, B25.13, V31.31, V76.2 <b>*ICD-9-PCS:</b> 89.26 <b>ICD-10-CM:</b> Z01.411, Z01.419, Z30.430, Z39.1, Z39.2  <u><b>Cervical Cytology</b></u> <b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 <b>UB Rev:</b> 0923
DIABETES	Comprehensive Diabetes Care	18-75 years (diabetics)	All diabetic tests listed below completed during the measurement year.	<u><b>Codes to Identify Diabetes</b></u> <b>*ICD-9:</b> 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04 <b>ICD-10:</b> E10, E11, E13, O24
	Diabetes HbA1c Test and Control	18-75 years (diabetics)	HbA1c test during the measurement year with the most recent test ≤9%.	<b>CPT:</b> 83036, 83037 <b>CPT II:</b> 3044F (if HbA1c<7%), 3045F (if HbA1c 7.0%-9.0%), 3046F (if HbA1c >9%)
	Diabetes Nephropathy Screening Test	18-75 years (diabetics)	Nephropathy screening (urine protein test) during the measurement year. Requirement also met if evidence of nephropathy during measurement year: Nephrologist visit, ACE/ARB, CKD, ESRD, kidney transplant.	<u><b>Codes to Identify Urine Protein Test</b></u> <b>CPT:</b> 81000-81003, 81005, 82042, 82043, 82044, 84156 <b>CPT II:</b> 3060F, 3061F, 3062F
	Diabetes Retinal Eye Exam	18-75 years (diabetics)	Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior.	<u><b>Codes to Identify Retinal or Dilated Eye Exam</b></u> <b>CPT:</b> 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 <b>HCPCS:</b> S0620, S0621, S3000 <u><b>Codes to Identify Diabetic Retinal Screening with Eye Care Professional (billed by any provider)</b></u> <b>CPT II:</b> 2022F, 2024F, 2026F, 3072F

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
RESPIRATORY	Spirometry Testing in COPD Assessment	40 years and older	Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received a spirometry testing to confirm the diagnosis in the 2 years prior to the diagnosis or within 6 months of the diagnosis.	<p><b><u>Codes to Identify COPD, Chronic Bronchitis, and Emphysema</u></b></p> <p><b>*ICD-9:</b> 491.0-491.1, 491.20-491.22, 491.8, 491.9, 492.0, 492.8, 493.20, 493.21, 493.22, 496</p> <p><b>ICD-10:</b> J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9</p> <p><b><u>Codes to Identify Spirometry Testing</u></b></p> <p><b>CPT:</b> 94010, 94014-94016, 94060, 94070, 94375, 94620</p>
	Adults with Acute Bronchitis	18-64 years	Adults diagnosed with acute bronchitis <b>should not</b> be dispensed an antibiotic.	<p><b><u>Codes to Identify Acute Bronchitis</u></b></p> <p><b>*ICD-9:</b> 466.0</p> <p><b>ICD-10:</b> J20.3-J20.9</p>
	Pharmacotherapy Management of COPD	40 years and older	<p>For members who had an acute inpatient discharge or ED encounter with a primary diagnosis of COPD, emphysema, or chronic bronchitis:</p> <ul style="list-style-type: none"> <li>• Dispense a systemic corticosteroid within 14 days of the discharge or ED visit</li> <li>• Dispense a bronchodilator within 30 days of the discharge or ED visit.</li> </ul>	<p><b><u>Codes to Identify COPD</u></b></p> <p><b>*ICD9:</b> 493.20, 493.21, 493.22, 496</p> <p><b>ICD10:</b> J44.0, J44.1, J44.9</p> <p><b><u>Codes to Identify Emphysema</u></b></p> <p><b>*ICD9:</b> 492.0, 492.8</p> <p><b>ICD-10:</b> J43.0, J43.1, J43.2, J43.8, J43.9</p> <p><b><u>Codes to Identify Chronic Bronchitis</u></b></p> <p><b>*ICD9:</b> 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9</p> <p><b>ICD-10:</b> J41.0, J41.1, J41.8, J42</p> <p><b><u>Systemic Corticosteroids:</u></b> Betamethasone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone</p> <p><b><u>Bronchodialators (anticholinergic agents):</u></b> Albuterol- ipratropium, Aclidinium-bromide, Ipratropium, Tiotropium, Umeclidinium</p> <p><b><u>Bronchodialators (Beta 2-agonists):</u></b> Albuterol, Arformoterol, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol, Indacaterol, Levalbuterol, Mometasone-formoterol, Metaproterenol, Olodaterol hydrochloride, Olodaterol-tiotropium, Pirbuterol, Salmeterol, Umeclidinium-vilanterol</p> <p><b><u>Bronchodialators (Methylxanthines):</u></b> Amniophylline, Dysphylline-Guaifenesin, Guaifenesin-Theophylline, Dyphylline, Theophylline</p>

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
RESPIRATORY	Antidepressant Medication Management	18 years and older	<p>For members diagnosed with major depression and newly treated with antidepressant medication, two rates are reported:</p> <ul style="list-style-type: none"> <li>• <i>Effective Acute Phase Treatment.</i> The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>• <i>Effective Continuation Phase Treatment.</i> The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul>	<p><b><u>Codes to Identify Major Depression</u></b>  <b>*ICD-9 Diagnosis:</b> 296.20-296.25, 296.30-296.35, 298.0, 311  <b>ICD-10:</b> F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p> <p><b><u>Antidepressant Medications</u></b>  <b>Miscellaneous antidepressants:</b> Bupropion  Vilazodone, Vortioxetine  <b>Phenylpiperazine antidepressants:</b> Nefazodone, Trazodone  <b>Psychotherapeutic combinations:</b> Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine  <b>SNRI antidepressants:</b> Desvenlafaxine, Levomilnacipran, Duloxetine, Venlafaxine  <b>SSRI antidepressants:</b> Citalopram  Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline  <b>Tetracyclic antidepressants:</b> Maprotiline  Mirtazapine  <b>Tricyclic antidepressants:</b> Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (&gt;6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine,  <b>Monamine oxidase inhibitors:</b> Isocarboxazid  Phenelzine, Selegiline, Tranylcypromine</p>
	Medication Management for People with Asthma	5-64 years persistent asthmatics	<p>Members who were dispensed asthma controller medications and remained on medications. Two rates are used:</p> <ul style="list-style-type: none"> <li>• Remained on asthma controller medication for at least 50% during the measurement year.</li> <li>• Remained on asthma controller medication for at least 75% during the measurement year.</li> </ul>	<p><b><u>Codes to Identify Asthma</u></b>  <b>*ICD-9:</b> 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92  <b>ICD-10:</b> J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p><b><u>Asthma Controller Medications</u></b>  <b>Antiasthmatic combinations:</b> Dyphylline-guaifenesin, Guaifenesin-theophylline  <b>Antibody inhibitor:</b> Omalizumab  <b>Inhaled steroid combinations:</b> Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol  Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free  <b>Leukotriene modifiers:</b> Montelukast, Zafirlukast, Zileuton  <b>Mast cell stabilizers:</b> Cromolyn  <b>Methylxanthines:</b> Aminophylline, Dyphylline, Theophylline</p>

MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
RESPIRATORY	Asthma Medication Ratio	5-64 years persistent asthmatics	Ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<p><b><u>Codes to Identify Asthma</u></b></p> <p><b>*ICD-9:</b> 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92</p> <p><b>ICD-10:</b> J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p><b><u>Asthma Controller Medications</u></b></p> <p><b>Antiasthmatic combinations:</b> Dyphylline-guaifenesin, Guaifenesin-theophylline</p> <p><b>Antibody inhibitor:</b> Omalizumab</p> <p><b>Inhaled steroid combinations:</b> Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol</p> <p><b>Inhaled corticosteroids:</b> Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free</p> <p><b>Leukotriene modifiers:</b> Montelukast, Zafirlukast, Zileuton</p> <p><b>Mast cell stabilizers:</b> Cromolyn</p> <p><b>Methylxanthines:</b> Aminophylline, Dyphylline, Theophylline</p>
	Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment	13 years and older	<p>For new episodes of alcohol or other drug (AOD) dependence:</p> <ul style="list-style-type: none"> <li>Initiation of AOD Treatment. Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within <u>14 days of the diagnosis.</u></li> <li>Engagement of AOD Treatment. Initiated treatment and who had two or more additional services with a diagnosis of AOD within <u>30 days of the initiation visit.</u></li> </ul>	<p><b><u>Codes to Identify AOD Dependence</u></b></p> <p><b>*ICD-9:</b> 291.0-291.5, 291.81, 291.82, 291.89, 291.9, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.30, 535.31, 571.1</p> <p><b>ICD-10:</b> F10.10-F10.20, F10.22-F10.29, F11.10-F11.20, F11.22-F11.29, F12.10-F12.22-F12.29, F13.10-F13.20, F13.22-F13.29, F14.10-F14.20, F14.22-F14.29, F15.10-F15.20, F15.22-F15.29, F16.10-F16.20, F16.22-F16.29, F18.10-F18.20, F18.22-F18.29, F19.10-F19.20, F19.22-F19.29,</p> <p><b><u>Codes to Identify Outpatient, Intensive Outpatient and Partial Hospitalization Visits (use with diagnosis codes above)</u></b></p> <p><b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p>
BEHAVIORAL HEALTH				

MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
BEHAVIORAL HEALTH				<b>UB Rev:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983 <b>CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 <b>CPT with POS 52, 53:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255
	Follow-up After Hospitalization for Mental Illness	<b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810+11:15+C2 2	<p>Members hospitalized for treatment of selected mental health disorders need to have an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: 1) Visit within 7 days of discharge, and 2) Visit within 30 days of discharge.</p> <p>Note: If the visit is completed within 7 days of discharge, requirements are met for the 7 days and 30 days of discharge rates. Goal is to complete visit within 7 days of discharge.</p>	<b>Codes to Identify Visits (must be with mental health practitioner)</b> <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510 <b>Transitional Care Management Visits:</b> 99496 (only for 7-day), 99495 (only for 30-day) <b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 <b>UB Rev (visit in a behavioral health setting):</b> 0513, 0900-0905, 0907, 0911-0917, 09199 <b>UB Rev (visit in a non-behavioral health setting):</b> 0510, 0515-0517, 0523, 0519-0523, 0526-0529, 0982, 0983 <b>CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 <b>CPT with POS 52, 53:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255
PEDIATRIC HEDIS® MEASURES				
WELL VISITS	Children and Adolescents' Access to Primary Care Practitioners	12 months-19 years	<p>PCP visit for children 12-24 months and 25 months-6 years during the measurement year.</p> <p>PCP visit for children 7-11 years and adolescents 12-19 years during the measurement year or the year prior to measurement year.</p>	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429 <b>HCPCS:</b> G0402, G0438, G0439, G0463 <b>*ICD-9:</b> V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 <b>ICD-10:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 <b>UB Rev:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983
	Well Child Visits 0-15 Months of Life	0-15 months	<p>Six or more well-child visits* 0 to 15 months.</p> <p>*Document health history, physical developmental history, mental developmental history, physical exam AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition)</p>	<b>CPT:</b> 99381, 99382, 99391, 99392, 99461 <b>HCPCS:</b> G0438, G0439 <b>*ICD-9:</b> V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 <b>ICD-10:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
WELL VISITS	Well-Child Visits 3-6 Years	0-15 months	Six or more well-child visits* 0 to 15 months.  *Document health history, physical developmental history, mental developmental history, physical exam AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition)	CPT: 99381, 99382, 99391, 99392, 99461 HCPCS: G0438, G0439 *ICD-9: V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9
	Adolescent Well Care Visit	12-21 years	One comprehensive well-care visit* with a PCP or OB/GYN during the measurement year *Document health history, physical developmental history, mental developmental history, physical exam AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise)	CPT: 99384, 99385, 99394, 99395 HCPCS: G0438, G0439 *ICD-9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9
	Weight Assessment and Counseling	3-17 years	Outpatient visit during the measurement year with a PCP or OB/GYN with the following: • BMI percentile • Counseling for nutrition (diet) or referral for nutrition education • Counseling for physical activity (sports participation/exercise) or referral for physical activity	<b>BMI Percentile</b> *ICD-9: V85.51-V85.54 ICD-10: Z68.51-Z68.54 <b>Counseling for Nutrition</b> CPT: 97802-97804 *ICD-9: V65.3 ICD-10: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 <b>Counseling for Physical Activity</b> *ICD-9: V65.41 ICD-10: Z02.5, Z71.82 HCPCS: G0447, S9451
DENTAL	Annual Dental Visit	2-21 years	At least one dental visit with a dental practitioner during the measurement year.	CPT: 70300, 70310, 70320, 70350, 70355 HCPCS: D0120, D0140, D0145, D0-150--D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D5994, D6010-D6205, D7111-D7999, D8010-D8999, D9110-D9999
LEAD	Lead Screening	0-2 years	At least one lead capillary or venous blood test <u>on or before age 2.</u>	CPT: 83655
IMMUNIZATIONS	Childhood Immunizations	0-2 years	Vaccines need to be administered <u>by age 2:</u>  4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 pneumococcal conjugate (PCV), 1 Hep A, 2-3 Rotavirus and 2 flu vaccines	CPT: DTaP 90698, 90700, 90721, 90723; IPV 90698, 90713, 90723; MMR 90707, 90710; HiB 90644-90648, 90698, 90721, 90748; Hep B (newborn): *ICD-9: 99.55; ICD-10: 3E0234Z Hep B 90723, 90740, 90744, 90747, 90748; PCV 90669, 90670; VZV 90710, 90716; Hep A 90633; Flu 90630, 90655, 90657, 90661, 90662, 90673, 90685, 90687; HCPCS G0008
	Immunizations for Adolescents	11-13 years	One dose of meningococcal vaccine and one Tdap or one Td <u>on or before the 13th birthday.</u>	Meningococcal CPT: 90733, 90644, 90734 Tdap CPT: 90715 or Td CPT: 90714, 90718
	Human Papilloma-virus Vaccine	Females 9-13 years	At least three HPV vaccinations <u>on or between the 9th and 13th birthdays.</u>	CPT: 90649, 90650, 90651

MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
RESPIRATORY	Appropriate Tx for Children w/ URI	3 months-18 years	If diagnosed with upper respiratory infection (URI), an antibiotic <b>should not</b> be dispensed within 3 days of diagnosis.	<b><u>Codes to Identify URI</u></b> *ICD-9: 460, 465.0, 465.8, 465.9 ICD-10: J00, J06.0, J06.9
	Appropriate Testing for Children with Pharyngitis	3-18 years	If a child was diagnosed with pharyngitis and dispensed an antibiotic, a Group A strep test should have been performed within 3 days prior to the diagnosis date through the 3 days after the diagnosis date.	<b><u>Codes to Identify Pharyngitis</u></b> *ICD-9: 462, 463, 034.0 ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91  <b><u>Codes to Identify Group A strep tests</u></b> CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880
BEHAVIORAL HEALTH	Follow-up Care for Children Prescribed ADHD Medication	6-12 years	Children 6-12 years of age who have been newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication need to have at least three follow-up care visits within a 10-month period.  Note: One visit needs to be within 30 days of when the first ADHD medication was dispensed. One visit after the initial 30 days can be a telephone visit with a practitioner.	<b><u>Codes to Identify Follow-up Visits</u></b> CPT: 90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 UB Revenue: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983 <b><u>CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72</u></b> 90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876 <b><u>CPT with POS 52, 53</u></b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <b><u>Codes to Identify Telephone Visits</u></b> 98966-98968, 99441-99443

Note: (\*) ICD-9 codes are included for historical purposes only and can no longer be used for billing. HEDIS® is a registered trademark of NCQA. The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which should be performed by a qualified medical professional. Molina Healthcare Inc. does not warrant or represent that the information contained herein is accurate or free from defects.



MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
<b>ADULT HEDIS® MEASURES</b>				
<b>ALL ADULTS</b>	Adult BMI Assessment	18-74 years	<p><u>≥20 years</u>: Documented body mass index (BMI) during the measurement year or the year prior.</p> <p><u>&lt;20 years</u>: Documented BMI percentile during the measurement year or the year prior.</p>	<p><b>*ICD-9:</b> V85.0-V85.5</p> <p><b>ICD-10:</b> Z68.1, Z68.20 - Z68.45, Z68.51-Z68.54</p>
	Controlling High Blood Pressure	18-85 years (hypertensive members)	<ul style="list-style-type: none"> <li>Members 18-59 years of age whose BP was &lt;140/90 mm Hg.</li> <li>Members 60-85 years of age with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg.</li> <li>Members 60-85 years of age without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg.</li> </ul>	<p><b><u>Codes to Identify Hypertension</u></b></p> <p><b>*ICD-9:</b> 401, 401.1, 401.9</p> <p><b>ICD-10:</b> I10</p>
<b>WOMEN</b>	Breast Cancer Screening	Women 50-74 years	<p>One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.</p> <p>Exclusion: Bilateral mastectomy.</p>	<p><b>CPT:</b> 77055-77057</p> <p><b>HCPCS:</b> G0202, G0204, G0206</p> <p><b>*ICD-9 PCS:</b> 87.36, 87.37</p> <p><b>UB Rev:</b> 0401, 0403</p>
	Cervical Cancer Screening	21-64 years	<p>Women who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>Women age 24-64 who had cervical cytology performed every 3 years</li> <li>Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years</li> </ul> <p>Exclusion: Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.</p>	<p><b><u>Codes to Identify Cervical Cytology</u></b></p> <p><b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p><b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>UB Rev:</b> 0923</p> <p><b><u>Codes to Identify HPV Tests</u></b></p> <p><b>CPT:</b> 87620-87622, 87624, 87625</p>
	Chlamydia Screening	16-24 years women	<p>At least one Chlamydia test during the measurement year for sexually active women.</p> <p>Exclusion: Patients who were included in the measure based on pregnancy test alone and the member had a prescription for isotretinoin or an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test.</p>	<p><b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810</p>

# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
PREVENTIVE SCREENINGS AND VACCINATIONS	Adult Access to PCP	20 years and older	Ambulatory or preventive care visit during the measurement year	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015 <b>**ICD-9:</b> V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 <b>ICD-10:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
	Adult BMI Assessment*	18-74 years	<u>≥20 years:</u> Documented body mass index (BMI) during the measurement year or the year prior.  <u>&lt;20 years:</u> Documented BMI percentile during the measurement year or the year prior.	<b>**ICD-9:</b> V85.0-V85.5  <b>ICD-10:</b> Z68.1, Z68.20 - Z68.45, Z68.51-Z68.54
	Care for Older Adults*	66 years and older	Evidence of each of the following during the measurement year: <ul style="list-style-type: none"> <li>• Advance Care Planning (e.g., advance directives such as a living will, health care power of attorney or health care proxy)</li> <li>• Medication Review* by prescribing practitioner or clinical pharmacist and presence of medication list with date</li> <li>• Functional Status Assessment* (e.g., ADLs, IADLs, OR assess ≥3 of these functions: cognitive status, ambulation status, sensory ability, functional independence)</li> <li>• Pain Assessment* (e.g., numeric rating scales, pain thermometer, Faces Pain Scale)</li> </ul>	<u><b>Advance care planning</b></u> <b>CPT:</b> 99497 <b>CPT II:</b> 1157F, 1158F <b>HCPCS:</b> S0257  <u><b>Medication review</b></u> <b>CPT:</b> 90863, 99605, 99606 <b>CPT II:</b> 1160F  <u><b>Medication list</b></u> <b>CPT II:</b> 1159F <b>HCPCS:</b> G8427  <u><b>Functional status assessment</b></u> <b>CPT II:</b> 1170F  <u><b>Pain assessment</b></u> <b>CPT II:</b> 1125F, 1126F  <u><b>TCM14 Day</b></u> <u><b>TCM 7 Day</b></u> <b>CPT:</b> 99495 <b>CPT:</b> 99496
	Colorectal Cancer Screening*	50-75 years	One or more screenings for colorectal cancer: <ul style="list-style-type: none"> <li>• FOBT (guaiac or immunochemical) during the measurement year</li> <li>• Flexible sigmoidoscopy during the measurement year or the 4 years prior</li> <li>• Colonoscopy during the measurement year or 9 years prior</li> </ul> Note: FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria. Exclusions: Colorectal cancer or total colectomy.	<b>FOBT</b> <b>CPT:</b> 82270, 82274; <b>HCPCS:</b> G0328  <u><b>Flexible Sigmoidoscopy</b></u> <b>CPT:</b> 45330-45335, 45337-45342, 45345-45347, 45349, 45350  <b>HCPCS:</b> G0104 <b>** ICD-9 PCS:</b> 45.24  <u><b>Colonoscopy</b></u> <b>CPT:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398  <b>HCPCS:</b> G0105, G0121  <b>**ICD-9 PCS:</b> 45.22, 45.23, 45.25, 45.42, 45.43

# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
	Breast Cancer Screening*	Women 50-74 years	One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Exclusion: Bilateral mastectomy.	CPT: 77055-77057 HCPCS: G0202, G0204, G0206 **ICD-9 PCS: 87.36, 87.37 UB Rev: 0401, 0403
	Flu Vaccination*	All	Received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS® survey was completed.	Data is collected through the Medicare CAHPS survey (member-reported).
	Pneumococcal Vaccination	65 years and older	Received a pneumococcal vaccine any time.	Data is collected through the Medicare CAHPS survey (member-reported).
HEALTH OUTCOMES SURVEY (HOS)	Fall Risk Management*	65 years and older	Members with balance/walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months, who discussed falls or problems with balance/walking, and who received fall risk intervention from their current practitioner.	Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported).
	Monitoring Physical Activity*	65 years and older	Members 65 years of age or older who had a doctor's visit in the past 12 months who discussed exercise with their doctor, and were advised to start, increase or maintain their level exercise or physical activity.	Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported).
	Improving Bladder Control*	65 years and older	Members 65 years of age or older who reported having a urine leakage problem in the past six months, discussed the problem and received treatment for their current urine leakage problem.	Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported).
	Improving or Maintaining Mental Health*	Sampled Medicare members	The percentage of sampled Medicare enrollees whose mental health status were the same or better than expected.	Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported).
	Improving or Maintaining Physical Health*	Sampled Medicare members	The percentage of sampled Medicare enrollees whose physical health status were the same, or better than expected.	Data is collected through the Medicare Health Outcomes (HOS) survey (member-reported).

# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
DIABETES	Comprehensive Diabetes Care	18-75 years (diabetics)	All diabetic tests listed below completed during the measurement year.	<b><u>Codes to Identify Diabetes</u></b> <b>ICD-9:</b> 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04 <b>*ICD-10:</b> E10, E11, E13, O24
	Diabetes HbA1c Test and Control*	18-75 years (diabetics)	HbA1c test during the measurement year with the most recent test ≤9%.	<b>CPT:</b> 83036, 83037 <b>CPT II:</b> 3044F (if HbA1c<7%), 3045F (if HbA1c 7.0%-9.0%), 3046F (if HbA1c >9%)
	Diabetes Nephropathy Screening Test*	18-75 years (diabetics)	Nephropathy screening (urine protein test) during the measurement year. Requirement also met if evidence of nephropathy during measurement year: Nephrologist visit, ACE/ARB, CKD, ESRD, kidney transplant.	<b><u>Codes to Identify Urine Protein Test</u></b> <b>CPT:</b> 81000-81003, 81005, 82042, 82043, 82044, 84156 <b>CPT II:</b> 3060F, 3061F, 3062F
	Diabetes Retinal Eye Exam*	18-75 years (diabetics)	Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior.	<b><u>Codes to Identify Retinal or Dilated Eye Exam</u></b> <b>CPT:</b> 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 <b>HCPCS:</b> S0620, S0621, S3000 <b><u>Codes to Identify Diabetic Retinal Screening with Eye Care Professional (billed by any provider)</u></b> <b>CPT II:</b> 2022F, 2024F, 2026F, 3072F
	Statin Therapy for Patients with Diabetes	40-75 years (diabetics w/o clinical ASCVD)	Members with diabetics who do not have clinical atherosclerotic cardiovascular disease (ASCVD):  <i>Received Statin Therapy:</i> Dispensed at least one statin medication of any intensity during the measurement year.  <i>Statin Adherence 80%:</i> Remained on statin medication of any intensity for at least 80% of the treatment period.	<b><u>Statin Medications</u></b> <b>High-intensity statin therapy:</b> Atorvastatin 40–80 mg, Amlodipine-Atorvastatin 40–80 mg, Ezetimibe-Atorvastatin 40–80 mg, Rosuvastatin 20–40 mg, Simvastatin 80 mg, Ezetimibe-Simvastatin 80 mg <b>Moderate-intensity statin therapy:</b> Atorvastatin 10–20 mg, Amlodipine-Atorvastatin 10–20 mg, Ezetimibe-Atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe-Simvastatin 20–40 mg, Niacin-Simvastatin 20–40 mg, Sitagliptin-Simvastatin 20–40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Niacin-Lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40 mg bid, Pitavastatin 2–4 mg <b>Low-intensity statin therapy:</b> Simvastatin 10 mg, Ezetimibe-Simvastatin 10 mg, Sitagliptin-Simvastatin 10 mg, Pravastatin 10–20 mg, Lovastatin 20 mg, Niacin-Lovastatin 20 mg, Fluvastatin 20–40 mg, Pitavastatin 1 mg

MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
CARDIOVASCULAR	Controlling High Blood Pressure*	18-85 years (hypertensive members)	<ul style="list-style-type: none"> <li>Members 18-59 years of age whose BP was &lt;140/90 mm Hg.</li> <li>Members 60-85 years of age with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg.</li> <li>Members 60-85 years of age without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg.</li> </ul>	<u><b>Codes to Identify Hypertension</b></u> <b>**ICD-9:</b> 401, 401.1, 401.9 <b>ICD-10:</b> I10
	Statin Therapy for Patients with Cardiovascular Disease	Males 21-75 years and females 40-75 years	Members with clinical atherosclerotic cardiovascular disease (ASCVD): <ul style="list-style-type: none"> <li>Received Statin Therapy: Dispensed at least one high or moderate-intensity statin medication during the measurement year.</li> <li>Statin Adherence: Remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ul>	<u><b>High-Intensity Statin Medication</b></u> Atorvastatin 40–80 mg Amlodipine-Atorvastatin 40-80 mg Ezetimibe-Atorvastatin 40-80 mg Rosuvastatin 20–40 mg Simvastatin 80 mg Ezetimibe-Simvastatin 80 mg <u><b>Moderate-Intensity Statin Therapy</b></u> Atorvastatin 10–20 mg Amlodipine-Atorvastatin 10-20 mg Ezetimibe-Atorvastatin 10-20 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg Ezetimibe-Simvastatin 20-40 mg Niacin-Simvastatin 20-40 mg Sitagliptin-Simvastatin 20-40 mg Pravastatin 40–80 mg Aspirin-Pravastatin 40-80 mg Lovastatin 40 mg Niacin-Lovastatin 40 mg Fluvastatin XL 80 mg Fluvastatin 40 mg bid Pitavastatin 2–4 mg
	Persistence of Beta Blocker Treatment after a Heart Attack	18 years and older	For members who were hospitalized and discharged with a diagnosis of Acute Myocardial Infarction (AMI), dispense persistent beta-blocker treatment for 6 months after discharge.	<u><b>Beta Blocker Medications</b></u> <b>Non-cardioselective betablockers:</b> Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propanolol, Timolol, Sotalol <b>Cardioselective beta-blockers:</b> Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol <b>Antihypertensive combinations:</b> Atenolol-Chlorthalidone, Bencroflumethiazide-Nadolol, Bisoprolol-Hydrochlorothiazide, Hydrochlorothiazide-Metoprolol, Hydrochlorothiazide-Propanolol

MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
MUSCULOSKELETAL	DMARD for Rheumatoid Arthritis*	18 years and older with rheumatoid arthritis	Dispense at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) to members diagnosed with rheumatoid arthritis.	<p><b><u>Codes to Identify Rheumatoid Arthritis</u></b>  <b>**ICD-9:</b> 714, 714.1, 714.2, 714.81  <b>ICD-10:</b> M05, M06  <b><u>DMARD Medications:</u></b>  <b>5-Aminosalicylates:</b> Sulfasalazine  <b>Alkylating agents:</b> Cyclophosphamide  <b>Aminoquinolines:</b> Hydroxychloroquine  <b>Anti-rheumatics:</b> Auranofin, Gold Sodium Thiomalate, Leflunomide, Methotrexate, Penicillamine  <b>Immunomodulators:</b> Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab Pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab  <b>Immunosuppressive agents:</b> Azathioprine, Cyclosporine, Mycophenolate  <b>Janus kinase (JAK) inhibitor:</b> Tofacitinib  <b>Tetracyclines:</b> Minocycline  <b><u>Codes to Identify DMARD Medications</u></b>  <b>HCPCS:</b> J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310</p>
	Osteoporosis Management for Fractures*	Women 67-85 years	Bone mineral density test or medication to treat/prevent osteoporosis in the 6 months after a fracture.	<p><b><u>Bone Mineral Test:</u></b>  <b>CPT:</b> 76977, 77078, 77080-77082, 77085, 77086  <b>HCPCS:</b> G0130 <b>**ICD-9 PCS:</b> 88.98  <b>ICD-10:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1</p> <p><b><u>Codes to Identify Osteoporosis Medications:</u></b>  <b>HCPCS:</b> J0630, J0897, J1000, J1740, J3110, J3487, J3488, J3489, Q2051  <b>HCPCS (long-acting osteoporosis medications for inpatient stays only):</b> J0897, J1740, J3487, J3488, J3489, Q2051</p> <p><b><u>Osteoporosis Medications:</u></b> Alendronate, Alendronate-Cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Calcitonin, Denosumab, Raloxifene, Teriparatide</p>

MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
USE/OVERUSE	Plan All Cause Readmissions*	18 years and older	Acute inpatient stays followed by an acute readmission for any diagnosis within 30 days. A lower readmission rate is better. Star Ratings measure is for members 65 years and older.	Not applicable.
	Non-Recommended PSA-Based Screening in Older Men	Men 70 years and older	Men 70 years and older should not be screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening. A lower rate indicates better performance. Exclusions: <ul style="list-style-type: none"> <li>• Prostate cancer at any time</li> <li>• Dysplasia of the prostate during the measurement year or year prior</li> <li>• An elevated PSA test result (&gt;4.0 ng/mL) during the year prior to measurement year</li> </ul> Dispensed prescription for 5-alpha reductase inhibitor (5-ARI) during measurement year	<u>Codes to Identify PSA Tests</u> <b>CPT:</b> 84152, 84153, 84154 <b>HCPCS:</b> G0103
BEHAVIORAL HEALTH	Follow-up After Hospitalization for Mental Illness	6 years and older	Members hospitalized for treatment of selected mental health disorders need to have an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: 1) Visit within 7 days of discharge, and 2) Visit within 30 days of discharge.  Note: If the visit is completed within 7 days of discharge, requirements are met for the 7 days and 30 days of discharge rates. Goal is to complete visit within 7 days of discharge.	<u>Codes to Identify Visits (must be with mental health practitioner)</u> <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510 <b>Transitional Care Management Visits:</b> 99496 (only for 7-day), 99495 (only for 30-day) <b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 <b>UB Rev (visit in a behavioral health setting):</b> 0513, 0900-0905, 0907, 0911-0917, 09199 <b>UB Rev (visit in a non-behavioral health setting):</b> 0510, 0515-0517, 0523, 0519-0523, 0526-0529, 0982, 0983 <b>CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 <b>CPT with POS 52, 53:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255

# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
BEHAVIORAL HEALTH	Antidepressant Medication Management	18 years and older	<p>For members diagnosed with major depression and newly treated with antidepressant medication, two rates are reported:</p> <ul style="list-style-type: none"> <li>• <i>Effective Acute Phase Treatment.</i> The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>• <i>Effective Continuation Phase Treatment.</i> The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul>	<p><b><u>Codes to Identify Major Depression</u></b>  <b>**ICD-9 Diagnosis:</b> 296.20-296.25, 296.30-296.35, 298.0, 311  <b>ICD-10:</b> F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p> <p><b><u>Antidepressant Medications</u></b>  <b>Miscellaneous antidepressants:</b> Bupropion, Vilazodone, Vortioxetine  <b>Phenylpiperazine antidepressants:</b> Nefazodone, Trazodone  <b>Psychotherapeutic combinations:</b> Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine  <b>SNRI antidepressants:</b> Desvenlafaxine, Levomilnacipran, Duloxetine, Venlafaxine  <b>SSRI antidepressants:</b> Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline  <b>Tetracyclic antidepressants:</b> Maprotiline, Mirtazapine  <b>Tricyclic antidepressants:</b> Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (&gt;6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine,  <b>Monamine oxidase inhibitors:</b> Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine</p>



# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
MEDICATION MANAGEMENT	Annual Monitoring Patients on Persistent Medications	18 years and older	<p>Adults 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.</p> <ul style="list-style-type: none"> <li>• <i>Annual monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB):</i> Need either a lab panel test or a serum potassium test and a serum creatinine test</li> <li>• <i>Annual monitoring for patients on digoxin:</i> Need either a lab panel test and a serum digoxin text, or a serum potassium test <u>and</u> a serum creatinine test <u>and</u> a serum digoxin test</li> <li><i>Annual monitoring for patients on diuretics:</i> Need a lab panel test or a serum potassium test <u>and</u> a serum creatinine test</li> </ul>	<p><b><u>Codes to Identify Lab Panel</u></b> CPT: 80047, 80048, 80050, 80053, 80069</p> <p><b><u>Codes to Identify Serum Potassium</u></b> CPT: 80051, 84132</p> <p><b><u>Codes to Identify Serum Creatinine</u></b> CPT: 82565, 82575</p> <p><b><u>Codes to Identify Digoxin Level</u></b> CPT: 80162</p>

# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
MEDICATION MANAGEMENT	Medication Adherence - Diabetes Medications, Renin Angiotensin System (RAS) Antagonists and Statins*	18 years of age and older	The percentage of plan members 18 years of age and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement year. The Treatment period must be at least 90 days long. Patients must fill at least two prescriptions of the following to be eligible.	<b><u>Diabetes Medications</u></b> Biguanides, Sulfonylureas, Thiazolidinediones, DiPeptidyl Peptidase (DPP)-IV Inhibitors, Incretin Mimetics, Meglitinides, and Sodium Glucose Cotransporter 2 (SGLT) Inhibitors <b><u>Renin Angiotensin System (RAS)</u></b> ACEI/ARB/Direct Renin Inhibitor <b><u>Statins</u></b> Statin Medications Statin Combination Products
	Medication Reconciliation Post-Discharge	18 years of age and older	Members for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days)	<b>CPT: 99495, 99496</b> <b>CPT II: 1111F</b>
RESPIRATORY	Pharmacotherapy Management of COPD	40 years and older	For members who had an acute inpatient discharge or ED encounter with a primary diagnosis of COPD, emphysema, or chronic bronchitis: <ul style="list-style-type: none"> <li>• Dispense a systemic corticosteroid within 14 days of the discharge or ED visit</li> <li>• Dispense a bronchodilator within 30 days of the discharge or ED visit.</li> </ul>	<b><u>Codes to Identify COPD</u></b> <b>**ICD9:</b> 493.20, 493.21, 493.22, 496 <b>ICD10:</b> J44.0, J44.1, J44.9 <b><u>Codes to Identify Emphysema</u></b> <b>**ICD9:</b> 492.0, 492.8 <b>ICD-10:</b> J43.0, J43.1, J43.2, J43.8, J43.9 <b><u>Codes to Identify Chronic Bronchitis</u></b> <b>**ICD9:</b> 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9 <b>ICD-10:</b> J41.0, J41.1, J41.8, J42 <b><u>Systemic Corticosteroids:</u></b> Betamethasone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone <b><u>Bronchodilators (anticholinergic agents):</u></b> Albuterol-ipratropium, Acridinium-bromide, Ipratropium, Tiotropium, Umeclidinium <b><u>Bronchodilators (Beta 2-agonists):</u></b> Albuterol, Arformoterol, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol, Indacaterol, Levalbuterol, Mometasone-formoterol, Metaproterenol, Olodaterol hydrochloride, Olodaterol-tiotropium, Pirbuterol, Salmeterol, Umeclidinium-vilanterol <b><u>Bronchodilators (Methylxanthines):</u></b> Amniophylline, Dysphylline-Guaifenesin, Guaifenesin-Theophylline, Dyphylline, Theophylline

# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
	Spirometry Testing in COPD Assessment	40 years and older	Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received a spirometry testing to confirm the diagnosis in the 2 years prior to the diagnosis or within 6 months of the diagnosis.	<p><b><u>Codes to Identify COPD, Chronic Bronchitis, and Emphysema</u></b>  <b>ICD-9:</b> 491.0-491.1, 491.20-491.22, 491.8, 491.9, 492.0, 492.8, 493.20, 493.21, 493.22, 496  <b>*ICD-10:</b> J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9</p> <p><b><u>Codes to Identify Spirometry Testing</u></b>  <b>CPT:</b> 94010, 94014-94016, 94060, 94070, 94375, 94620</p>
RESPIRATORY	Medication Management for People with Asthma	5-64 years persistent asthmatics	<p>Members who were dispensed asthma controller medications and remained on medications. Two rates are used:</p> <ul style="list-style-type: none"> <li>• Remained on asthma controller medication for at least 50% during the measurement year.</li> <li>• Remained on asthma controller medication for at least 75% during the measurement year.</li> </ul>	<p><b><u>Codes to Identify Asthma</u></b>  <b>*ICD-9:</b> 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92  <b>ICD-10:</b> J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p><b><u>Asthma Controller Medications</u></b>  <b>Antiasthmatic combinations:</b> Dyphylline-guaifenesin, Guaifenesin-theophylline  <b>Antibody inhibitor:</b> Omalizumab  <b>Inhaled steroid combinations:</b> Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol  Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free  <b>Leukotriene modifiers:</b> Montelukast, Zafirlukast, Zileuton  <b>Mast cell stabilizers:</b> Cromolyn  <b>Methylxanthines:</b> Aminophylline, Dyphylline, Theophylline</p>

# MEDICARE and MMP HEDIS®/STARS REFERENCE SHEET FOR PROVIDERS

	HEDIS® Measure	Age	Requirement and Documentation	Billing Codes and Medications
	Asthma Medication Ratio	5-64 years persistent asthmatics	Ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<p><b><u>Codes to Identify Asthma</u></b></p> <p><b>*ICD-9:</b> 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92</p> <p><b>ICD-10:</b> J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p><b><u>Asthma Controller Medications</u></b></p> <p><b>Antiasthmatic combinations:</b> Dyphylline-guaifenesin, Guaifenesin-theophylline</p> <p><b>Antibody inhibitor:</b> Omalizumab</p> <p><b>Inhaled steroid combinations:</b> Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol</p> <p><b>Inhaled corticosteroids:</b> Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free</p> <p>Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton</p> <p><b>Mast cell stabilizers:</b> Cromolyn</p> <p><b>Methylxanthines:</b> Aminophylline, Dyphylline, Theophylline</p>
<p>Note: Measures with an asterisk (*) indicate STAR Rating measures. (**) ICD-9 codes are included for historical purposes only and can no longer be used for billing. HEDIS® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which should be performed by a qualified medical professional. Molina Healthcare Inc. does not warrant or represent that the information contained herein is accurate or free from defects.</p>				

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient Age: \_\_\_\_\_

# Medicare and MMP HEDIS®/Stars Checklist

Measure	Who to Screen	What Needs to Be Done	Date Completed	Result
<b>Prevention and Screenings</b>				
Annual wellness visit	All	Annual preventive visit		
BMI Assessment	18-74 yrs	Document BMI (21 years and older) or BMI percentile (less than 21 years) every year in chart		
Mammogram	50-74 yrs (Women)	Mammogram every 1-2 years		
Colon Cancer Screening	50-75 yrs	gFOBT/iFOBT every year, or Flexible sigmoidoscopy within 5 years, or Colonoscopy within 10 years		
Medication Review	≥ 66 yrs	Review medication list every year		
Pain Assessment	≥ 66 yrs	Conduct pain assessment every year		
Functional Status Assessment	≥ 66 yrs	Conduct functional status assessment every year (e.g., ADL, IADLs)		
Flu Vaccine	All	Flu vaccine every year		
Pneumonia Vaccine	≥ 65 yrs	Pneumonia vaccine once after age 65		
<b>Cardiovascular Conditions</b>				
Blood Pressure Control for Hypertensive Patients (most recent BP reading of the measurement year)	18-85 yrs w/ HTN	Work with patients to reach a controlled blood pressure.		
		Age		
		18-59		
		60-85 with diabetes		
		60-85 with no diabetes	<140/90 mm Hg	
			<150/90 mm Hg	
Medication Adherence	All	Encourage patients to adhere to statins and hypertension meds		
<b>Diabetes Care</b>				
HbA1c Testing and HbA1c ≤9%	All diabetics 18-75 years	Perform HbA1c test every year and ensure HbA1c ≤9%; re-test if needed		
Nephropathy Screening	All diabetics 18-75 years	Perform nephropathy screening or monitoring test (urine protein test)		
Blood Pressure 140/90	All diabetics 18-75 years	Ensure BP is <140/90; re-test if needed		
Retinal Eye Exam	All diabetics 18-75 years	Retinal/dilated eye exam (optometrist/ ophthalmologist) every year		
Medication Adherence	All diabetics	Encourage patients to adhere to ACE/ARBs and Oral Diabetes Meds		
<b>Other Conditions</b>				
Rheumatoid Arthritis	≥ 18 yrs	Confirm RA vs. OA; must be on DMARD by 12/31 of the measurement year		
Osteoporosis Screening & Mgmt After Fracture	67-85 yrs (Women)	Bone density test or prescribed medication to treat/ prevent osteoporosis within 6 months		
<b>Discuss/Educate at Every Visit</b>				
Physical Health	All	Ask about physical health		
Mental Health	All	Ask about mental health		
Physical Activity	≥ 65 yrs	Discuss increasing or maintaining exercise		
Bladder Control	≥ 65 yrs	Discuss urinary incontinence & treatment options		
Fall Risk Prevention	≥ 65 yrs	Discuss ways to prevent falls		

# Health Risk Assessment (HRA)

## Frequently Asked Questions (FAQ)

### **Q. What is the Healthy Michigan Plan?**

A. The Healthy Michigan Plan provides healthcare benefits to Michigan residents at a low cost. The benefit design of the Healthy Michigan Plan ensures access to quality healthcare, encourages utilization of high-value services and promotes healthy behaviors.

### **Q. What is the Health Risk Assessment? (HRA)**

A. The Health Risk Assessment (HRA) is a health survey, used to provide individuals with an evaluation of their health risks and quality of life. The HRA is designed to identify healthy behavior goals and is intended to be completed during annual well care visits.

### **Q. When should the HRA forms be completed?**

A. The standard Health Risk Assessment (HRA) is to be completed annually, based on the member's enrollment date.

### **Q. What are the submission guidelines?**

A. The HRA form can be mailed or faxed to Healthcare Services Department by the provider or the member.

- Fax completed HRA's to our secure fax line at (855) 671-1283.

*Please note: For members who reside in the counties of Genesee, Bay, Saginaw, Tuscola, Lapeer or Shiawassee, submit completed HRA's to our secure fax at (810) 232-0457.*

OR:

- Mail completed HRA's to:  
Molina Healthcare of Michigan, Attn: Healthcare Services  
880 W Long Lake Rd, Suite 600, Troy, MI 48098

### **Q. Is there a CPT code needed for the HRA forms?**

A. Molina does not utilize a CPT code for tracking HRA's. Tracking is completed by mail or fax.

### **Q. Are all sections of the HRA mandatory?**

A. No. The members sections 1-3 are optional. Section 4 is mandatory for the provider and should be completed and signed.

### **Q. How far back can lab results be utilized?**

A. From one year of the current visit date.

## Q. How do I determine a Healthy Michigan Plan member?

A. You can verify a members eligibility and enrollment plan via the Provider Web Portal or by the members ID card.

HEALTHY MICHIGAN PLAN ID CARDS	
<b>Member Information</b>	
Member ID:	
Enrollment Plan: Healthy Michigan Plan	
Enrollment Status: ACTIVE	
Enrollment Effective Date: 09/01/2015	
Enrollment Termination Date:	

**MOLINA**  
HEALTHCARE

Member Name: MAXIMUS X TEST MEMBER  
Member ID: 599999999  
PCP Name: RICHARD D KUSTASZ  
PCP Phone: (123) 456 - 7890  
Program: HMP

This card is only valid if member maintains Molina Healthcare of Michigan eligibility.  
Eligibility should be verified before rendering services.  
Member Please show this card each time you receive health care services.  
Molina Healthcare does not charge copays for covered services.

Member Services  
24 Hour - Toll Free  
1-888-898-7969

Submit all Medical Claims to:  
MOLINA HEALTHCARE, INC.  
P.O. Box 22668  
Long Beach, California 90801  
Pharmacy Benefits are administered by

**CVS  
CAREMARK**

(800) 791-6856

If your card is lost or stolen, please  
call Member Services at (888) 898-7969  
www.molinahealthcare.com

## Q. Who should I contact if I have any questions?

A. Please call Provider Services (248) 729-0905 or email: [mhmproviderservicesmailbox@molinahealthcare.com](mailto:mhmproviderservicesmailbox@molinahealthcare.com)

# Molina Healthcare Marketplace

## Frequently Asked Questions (FAQ)

### Q. What is Marketplace?

A. The Health Insurance Marketplace is the federally facilitated insurance marketplace “Exchange” where individuals and small businesses are able to shop for and compare health coverage. Any individual or family may buy coverage in the Marketplace. Federal tax credits/Advance Premium Tax Credit (APTC/subsidies) are available to help with the cost of coverage for plans sold on the Marketplace/Exchange.

### Q. What is the Molina Marketplace product?

A. Molina’s Marketplace plan is designed to provide coverage and continuity of care as a member’s governmental coverage changes and for those who may not qualify for government programs.

### Q. How are Molina Marketplace plans different from other Molina products?

A. The Marketplace plans have various levels of benefits, **member out of pocket costs (i.e. copays, coinsurance and deductibles)** and restricted provider networks (Kent, Macomb, Oakland, Washtenaw and Wayne Counties).


### Q. When is enrollment for Marketplace members?

A. Open enrollment for 2017 coverage is November 1, 2016 through January 31, 2017. After the open enrollment period ends, members can only enroll under special circumstances (qualifying events) like marriage or birth.


### Q. How can I identify a Molina Marketplace member?

A. By any of the following methods:

- Member Roster: <https://provider.molinahealthcare.com/provider/login>
- Contacting the Provider Contact Center (888)-560-4087
- By the member ID card



**Molina Marketplace**  
 ID #: 0000000000  
 Member: JOHN Q PUBLIC  
 DOB: 00/00/0000  
 Subscriber Name: JOHN Q PUBLIC  
 Subscriber ID: 0000000000  
 Provider: SAMPLE PCP NAME  
 Provider Phone: (555) 555-5555  
 Provider Group: SAMPLE MEDICAL GROUP

  
 Plan: Molina Silver 100 Plan

---

**Medical Cost Share**  
 Primary Care: Not Applicable  
 Specialist Visits: \$10  
 Urgent Care: \$15  
 ER Visit: \$100

**Prescription Drugs**  
 Generic Drugs: \$2  
 Preferred Brand Drugs: \$15  
 Non-Preferred Brand Drugs: 10%  
 Specialty Drugs: 10%

Molina Healthcare of Michigan, Inc.
Rx Bin: 000000
Rx PCN: ADV
Rx Group: RX0000

This card is for identification purposes only and does not prove eligibility for service.

**Member:** Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care.

**Miembro:** Emergencias (24 horas al día): si una emergencia médica puede resultar en muerte o discapacidad, llame al 911 inmediatamente o acuda a la sala de emergencias más cercana. No necesita autorización previa para los servicios de emergencia.

**Remit claims to:** Molina Healthcare, P.O. Box 22668, Long Beach, CA 90801

**Customer Support Number:** (888) 560-4087

**24 Hour Nurse Advice Line:** (888) 275-8750

**Línea de Consejos de Enfermeras 24 horas al día (español):** (866) 648-3537

**CVS Caremark Pharmacy Help Desk:** (800) 364-6331

**Provider:** Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number.

**Prior Authorization/Notification of Hospital Admission and Covered Services:** (855) 322-4077

MolinaMarketplace.com

### Q. Do Molina Marketplace members have to be assigned a PCP?

A. Yes, members must select a PCP within 30 days of joining Molina otherwise Molina will select a PCP for them. Members can change their PCP at any time.



**Q. Where do I find providers that participate with Molina Marketplace?**

A. By contacting the Provider Contact Center at (888)-560-4087 or the online Provider Directory <https://providersearch.molinahealthcare.com/Provider/ProviderSearch>

**Q. How do I know if I participate in Molina Marketplace plans?**

A. Providers that are contracted with Molina Marketplace participates in **all** Molina Marketplace plans. You may also contact the Provider Contact Center at (888)-560-4087 or the online Provider Directory <https://providersearch.molinahealthcare.com/Provider/ProviderSearch>

**Q. How can I request to be contracted with the Molina Marketplace plans?**

A. You may submit your request via email to: [MHMProviderContractingMailbox@molinahealthcare.com](mailto:MHMProviderContractingMailbox@molinahealthcare.com)

**Q. What is the Molina Marketplace Prior Authorization process?**

A. Please refer to our Marketplace Prior Authorization/Pre Service Review Guide on the Molina website at: <http://www.molinahealthcare.com/providers/mi/marketplace/forms/Pages/fuf.aspx>.

**Q. Where do I submit and view Molina Marketplace claims to Molina?**

A. Claims submission and claims viewing information can be found online at: <http://www.molinahealthcare.com/providers/mi/marketplace/manual/Pages/provd.aspx>.

**Q. Where can I find information about appeals for Molina Marketplace?**

A. Please access the Provider Manual at: <https://www.molinahealthcare.com/providers/mi/marketplace/manual/pages/provd.px>

**Q. What if my patient is inpatient at the time of Molina Marketplace enrollment?**

A. Regardless of what program or health plan the member is enrolled in at discharge, the program or plan the member is enrolled with on the date of admission shall be responsible for payment of all covered inpatient facility and professional services provided from the date of admission until the date the member is no longer confined to an acute care hospital.

**Q. How is newborn enrollment handled for Molina Marketplace?**

A. When a Molina Marketplace Subscriber or their spouse gives birth, the newborn is automatically covered under the Subscriber's policy with Molina Healthcare for the first 31 days of life.

*\*In order for the newborn to continue with Molina Healthcare coverage past this time, the infant must be enrolled through the Marketplace Exchange with Molina Healthcare on or before 60 days from the date of birth.*

**Q. What types of Molina Marketplace benefit plans are available?**

A. The 2017 Molina Marketplace benefit plans are as follows:

- Bronze Level
- Silver Level: 100, 150, 200, 250
- Gold Level:

For an overview of the Molina Healthcare of Michigan Marketplace plans visit the following link: <http://www.molinahealthcare.com/members/mi/enUS/PDF/Marketplace/brochure-2017.pdf>.

**Q. What is the “Grace period” for Molina Marketplace members that receive APTC/subsidy?**

A. Molina Marketplace members that receive subsidy are given a three month grace period to pay his/her premiums. The grace period rules are as follows:

- Members will have to pay at least one month of premium for the benefit year
- During the first month of the grace period, Molina will pay the appropriate claims for covered services. However, during the second and third month of the grace period, Molina will not pay claims for services received, and will pend them. Members are responsible for any services received during the second and third months of the grace period if they do not pay the balance of his/her premium.

**Q. What is the “Grace period” for Marketplace members who DO NOT receive subsidy?**

A. Molina Marketplace members who DO NOT receive a subsidy are given a 30-day grace period.

**Q. How do I sign up for EFT (Electronic Funds Transfer)?**

A. Please visit the Molina website at:

<http://www.molinahealthcare.com/providers/common/marketplace/ediera/era/Pages/enrolleraeft.aspx>

**Q. How do I contact my Provider Service Representative?**

A. Please contact Provider Services at (855) 322-4077.

# Molina Community Connector



## Community Connectors Interventions Reference Guide

### COMMUNITY KNOWLEDGE

- Assist in accessing community resources
- Information on utilities assistance agencies
- Housing resources for homeless
- Caregiver assistance resources
- Food bank locations
- Food stamps, Social Security agencies
- Facilitate health and social services applications
- Access Meals on Wheels for homebound
- Support Groups information
- Financial resources and Medicaid eligibility

### HEALTH COACHING

- Provide Molina benefits education
- Help schedule appointments with providers
- Arrange transportation for healthcare visits
- Follow-up on missed appointments
- Conduct ongoing telephonic and/or face-to-face outreach visits
- Encourage completion of preventive screenings
- Encourage immunizations for children
- Employ behavior change strategies
- Support for members with special needs

### CAPACITY BUILDING

- Promote positive health behaviors
- Teach member how to navigate health care system
- Instruct how to access transportation resources
- Assist in building a support system through family, church, friends, community
- Help member with learning basic skills: grocery shopping, paying bills
- Act as member advocate
- Support self-care management of chronic conditions

### SYSTEM NAVIGATION

- Document contact and interventions in CCA
- Communicate findings to Case Manager or other Molina staff as appropriate
- Review Molina databases - addresses, claims
- Participate in projects and meetings as assigned
- Perform follow-up tasks as indicated
- Attend Interdisciplinary Care Team meetings

### HEALTH OUTREACH

- Locate member
- Review claims/care management databases
- Travel to last known address
- Contact providers, caregivers
- Travel to community resources locations
- Assess member needs through home visits
- Complete appropriate assessments
- Help get prescriptions filled
- Connect member to a Primary Care Physician
- Help eliminate barriers to following Care Plan
- Provide alternatives to Emergency Room visits
- Conduct safety check in home setting
- Help identify if a support system in home setting exists
- Identify barriers to accessing care

# FAX

**To:** Molina Healthcare HCS Department **From:** \_\_\_\_\_

**Fax:** 1-800-594-7404 **Phone:** \_\_\_\_\_

**Phone:** 1-888-898-7969 (ext: 150832 or ext:150838) \_\_\_\_\_

**Re:** Community Connector Referral **Date:** \_\_\_\_\_

☐ Urgent ☐ For Review Please Reply ☐ Telephonically OR ☐ Written Report

- 
- Comments:

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.



## Community Connector Referral Form

### MOLINA HEALTHCARE COMMUNITY CONNECTORS:

Molina Healthcare Community Connectors are available to provide in-home visitation and assist members to navigate the care system and obtain necessary services that will adequately meet their medical needs. All Molina Healthcare members *are* eligible for the Community Connector program. Members who should be referred to a Community Connector are those actively in treatment but are failing to meet care plan milestones. If you would like to refer a Molina Healthcare member for this program, please complete this form and fax it to: **Molina Healthcare of Michigan Utilization Management Department at 1-800-594-7404.**

### COMMUNITY CONNECTOR REFERRAL FORM:

Date: \_\_\_\_\_

Referral Requestor: \_\_\_\_\_ Requestor Contact#: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Member Phone# : \_\_\_\_\_ Member Primary Language: \_\_\_\_\_

Legal Guardian: (Name/#): \_\_\_\_\_ PCP (Name/#): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Recent Hospitalization Date/s: \_\_\_\_\_

Referral Reason: \_\_\_\_\_

Medications: \_\_\_\_\_

Current Home Health Care Services (Circle):      RN Visits      PT/OT/ST      IV Fluids/Meds

Home Health Care Services Needed? Yes/No If Yes, list: \_\_\_\_\_

Current DME Use: \_\_\_\_\_ DME Required? Yes/No If Yes, list: \_\_\_\_\_

List any Behavioral Care Needs: \_\_\_\_\_

List Current Living Situation: \_\_\_\_\_

Caregiver Available to Assist: Yes/No? If Yes, Name/#: \_\_\_\_\_

Comments: \_\_\_\_\_

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## Request to Change Primary Care Provider

☐ **Medicaid** (Healthy MI and CSHS)    ☐ **Molina Dual Options** (MI Health Link)    ☐ **Marketplace**  
☐ **Medicare** (D-SNP)

Member's Name: \_\_\_\_\_ Member's Molina ID #: \_\_\_\_\_  
Please print FIRST and LAST name  
Date of Birth: \_\_\_\_\_

### Additional Family Molina Members

Member's Name: \_\_\_\_\_ Member's Molina ID #: \_\_\_\_\_  
Please print FIRST and LAST name

Member's Name: \_\_\_\_\_ Member's Molina ID #: \_\_\_\_\_  
Please print FIRST and LAST name

Member's Address: \_\_\_\_\_  
(Please print)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Member's Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell or Alt. #: (\_\_\_\_\_) \_\_\_\_\_

My Molina ID card currently has my Primary Care Provider listed as: \_\_\_\_\_  
Please print provider's name

I would like to change my Primary Care Provider to: \_\_\_\_\_  
Please print NEW provider's name

NEW Provider's Address: \_\_\_\_\_  
(Please print)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW Provider's Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Member or Delegated Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print FIRST and Last Name

\_\_\_\_\_  
Date

**Fax completed form to: (810) 275-9264**

**Email to:**

**MHMPROVIDERPCPCHANGEREQUEST@Molinahealthcare.com**

**To make an immediate change while with your patient,  
please call toll-free at (855) 322-4077**

**Mail to: Molina Healthcare of Michigan, Inc.**

**Provider Services**

**1321 S. Linden Road**

**Flint, MI 48532**



# Claim Dispute/Appeal Request Form – Michigan

**This is not a status form, please contact Molina at 855-322-4077 or use WebPortal to status your claims(s)**

**NOTE: FAILURE TO COMPLETE THIS FORM WILL RESULT IN A DELAY OF PROCESSING YOUR REQUEST**

Please allow 45 business days to process this adjustment request

☐ Medicaid Line of Business (includes CSHCS)   ☐ Medicare Line of Business   ☐ Marketplace

Please return this complete form and any supporting documentation to:

Molina Healthcare of Michigan, 880 West Long Lake, Suite 600 Attn: Claims, Troy, MI 48098 Or Fax to: (248) 925-1768

## Section 1: General Information

Today's Date	No. of Claims	Claim Number	
Member Name		Member Id#	
Provider Name		Date of Service	
Provider ID (TIN)	Provider Fax #	Provider Phone #	Contact Person

## Section 2: Type of Claim Adjustment

Based upon the following reasons, we are requesting reconsideration of this claim.

Provider: Please check applicable reason(s) and attach all supporting documentation.

### Appeals

☐ **CCI Edits (documentation required)**

Attn: CCI Edits Appeal

**Fax to: 248-925-1768**

☐ **Timely Filing:**

Use to appeal claims denied past one year filing limit.

Must be submitted within 90 days of denial date

Attach claim & supporting documentation showing claim was filed in a timely manner.

**Newborn timely filing** denials will not be reviewed if proper documentation was not included with original claim submission.

Attn: Timely Filing Appeal

**Fax to: 248-925-1768**

### Coding Changes - Corrected Claim

☐ **Faxed copies are not accepted.** MAIL TO:

Medicaid: PO Box 22668 Long Beach, CA 90801

Medicare: PO Box 22811 Long Beach, CA 90801

Or submit corrected claim electronically

Molina's payor Id is #38334

### Authorization

☐ Authorization now on file – Please contact the call center 855-322-4077 to have the claim(s) processed.

For an authorization, change information on an existing authorization or to appeal a denied authorization, do not use this form. Authorization form & instructions are available on. Molina Healthcare website or WebPortal.

**MEDICAID Fax 800-594-7404**

**MEDICARE Fax 888-295-7665**

☐ COB-Related Adjustment **Fax to 248-925-1768**  
Alternate Insurance Information to **add or term** from a  
member file **Fax to 877-860-7751**.  
Please include Primary Insurance Carrier Information EOB

**Refunds or Return Checks**

☐ Mail to:  
Molina Healthcare of Michigan Inc.  
25874 Network Place  
Chicago, IL 60673-1258

Comments: \_\_\_\_\_

**Payment Amount**

☐ Overpayment – Explain use COMMENTS below  
☐ Underpayment – Explain use COMMENTS below.  
☐ Paid Wrong Provider, processed under incorrect tax  
identification number

**OTHER**

None of these categories apply – Please contact the call  
center 855-322-4077 to have the claim(s) reviewed

## Claims Dispute/Appeal Request Form Instructions

**This is not a status form, please contact Molina at 855-322-4077 or use WebPortal to status your claims(s)**

**NOTE: FAILURE TO COMPLETE THIS FORM WILL RESULT IN A DELAY OF PROCESSING YOUR REQUEST**

**Please indicate the Line of Business**

**SECTION 1: General Information**

1. If preferred, save the form to your own computer
2. Complete each box in Section 1
3. Use one form per claim number
4. Please do not alter this form, as it will not be accepted

**SECTION 2: Type of Claim Adjustment**

**PLEASE CHECK THE MOST APPROPRIATE BOX**

**1. Appeals:**

- CCI Edits and Timely Filing appeals must be submitted with supporting documentation.

**2. COB:**

- Requires a copy of primary payer EOP (Explanation of Payment).
- Requires effective date and/or term date, contract/policy number, and name of primary carrier: Or, send electronically with completed fields according to the EDI file layout.

**3. Payment Amount**

- Requires supporting documentation of the calculation/formula used to determine amount of under/overpayment.
- Indicate if a request for a reversal is to be completed for overpayments.
- Requires a copy of the claim and supporting documentation for all duplicate claims.
- Requires a copy of authorization for all authorization related issues.

Please use additional paper attachments if necessary to document comments.

Fax form and documentation attention: **Claims Department** at (248) 925-1768 or mail to:

Molina Healthcare of Michigan  
880 West Long Lake Road, Suite 600  
Attention: **Claims Department**  
Troy, MI 48098



# What's Inside the Web Portal?

The Web Portal is a secure site that offers Molina Healthcare providers convenient access, 24 hours a day, seven (7) days a week, to the following functions:

- Member Eligibility and Benefit Information: Users can verify member eligibility as well as view benefits, covered services, and members' health records.
- Member Roster: Users can view a list of assigned membership for PCP(s) within the user's provider panel.
- Service Requests/Authorizations: Users can create, submit, and review Prior Authorization requests.
- HEDIS® Profile: Users can view their HEDIS® scores and search for members with needed services.
- Claims: Users can submit, correct, and void claims. Users can also check claim status, and view claims reports for all submitted claims.

You can register for and access the Web Portal by going to:

**<https://Provider.MolinaHealthcare.com>**

## How to Register

1. Go to **<https://Provider.MolinaHealthcare.com>**.
2. Click on the "New Provider Registration" link under the Provider Web Portal Login box.
3. Under Admin User Responsibility, select "To continue with registration, click here" and you will be taken to the registration page.

### Registration is easy as 1, 2, 3!

1. Select your Line of Business (If choosing "Other Line of Business", also select your state).

Users who are rendering services for Medicare D-SNP as well as other Lines of Business, such as Marketplace and Medicaid products, can register for one Line of Business and then add the additional lines using the Manage Provider Tool within the Account Tools menu.

2. Select your Provider Type.

#### What Provider Type Should I Select?

**Facility/Group** can be used by any provider type, including solo practitioners. This registration type allows users to submit claims and service request/authorizations. To register as a Facility/Group you must have both the Molina Healthcare Provider ID and the associated TIN. This is the preferred primary method of registration.

**Individual Physician** is recommended for use when a provider does not need to submit new or corrected claims. Providers who participate with multiple provider groups and want to see information pertaining to each group should register with the Individual Physician type. If the provider is registered only as a Facility/Group, they will be limited to information for that registered group only.

Note: Users can register with both the Facility/Group and the Individual Physician Provider Types and link the accounts. When using the Portal, they simply select the appropriate account for the transactions needed.

### 3. Tax ID Number & Molina Provider ID

If you do not know your provider ID, please contact the Provider Services Department (contact information listed on page 6 in this toolkit).

Completing this step will take you to the Authentication Details screen of the registration process. You must enter your Name, Email Address, Username, Password, Security Questions and Answers and you must accept the Terms of Agreement.

#### **Role of the Administrator**

If you are the first user to register with this Provider ID, you become the primary administrator of the account. You can navigate to the Account Tools page and click on 'Manage Users' to view other users or administrators. As the administrator of an account, you are entitled to designate or promote a user to administrator, manage users by granting different levels of access, and add other user accounts onto your account. You are also able to invite others to join your provider's account.

#### **Requesting Access**

Other users may request access to an existing account by going to the Provider Web Portal, clicking on the "Request Access for New User" link under the Login section, and providing the following information:

- NPI or Provider Name
- Requester's First & Last Name
- Position Title
- Email Address
- Phone Number (and extension if available)
- Reason for Requesting Access.

A request will be sent to the administrator of the account you specified and they will have to take action within 3 days or the request will expire.

For Technical Questions, call Web Portal Help Desk at (866) 449-6848

# Molina Medicaid Redetermination

## Frequently Asked Questions (FAQ)

### **Q. What is the Redetermination process and how do I educate my patients?**

A. The Redetermination process is used for annual reviews to renew your patients' Medicaid benefits. The Michigan Department of Health and Human Services (MDHHS) must periodically re-determine an individual's eligibility for active programs. The redetermination process includes a thorough review of all eligibility factors.

### **Q. Where do my Medicaid patients submit their Redetermination paperwork?**

A. Once your patients complete their paperwork they must return it to their assigned MDHHS caseworker. Your patients' Redetermination paperwork should be taken to their local MDHHS office or returned by mail to their local MDHHS office by the date listed on their Redetermination paperwork. Your patients can visit: [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) to find their local MDHHS office phone number. Your patient must have their ID number or case number before they call.

### **Q. Can my Medicaid patients submit their Redetermination paperwork online?**

A. Yes. Please have your Medicaid patients visit [www.mibridges.michigan.gov/access/](http://www.mibridges.michigan.gov/access/) to renew their benefits online.

### **Q. What if my Medicaid patients want to submit their paperwork online, but do not have internet access?**

A. Have your patients contact their local library or their local MDHHS office regarding internet access.

### **Q. Who do my Medicaid patients contact to get their Redetermination paperwork if it hasn't been received?**

A. Please have your patients visit [www.mibridges.michigan.gov/access/](http://www.mibridges.michigan.gov/access/) to renew their benefits online.

### **Q. What if my Medicaid patients need assistance completing their Redetermination paperwork?**

A. If your patients need assistance with their paperwork please have them call their local MDHHS office or have your patients visit <http://www.michigan.gov/mdhhs>. Your patient must have their ID number or case number before they call. Molina Healthcare of Michigan Members can contact Member Services from 8:00 AM – 5:00 PM at 1-888-898-7969 for questions regarding their redetermination paperwork.

### **Q. What information will my Medicaid patients need to fill out their Redetermination paperwork?**

A. Your patients will need the following information, in order to fill out their paperwork, in addition to submitting copies of these documents "as they apply to their situation" as proofs to their local MDHHS caseworker:

- Identification
- Social Security numbers for everyone in the household who is applying
- Income (current or date it stopped)
- Application or receipt of unemployment compensation benefits (UCB)
- Assets (e.g., bank account statements, 401k and other investment account balances, investment accounts, trust funds etc.)
- Shelter expenses (e.g., rent receipt, mortgage payment, property tax bill, home owner insurance, heat, electric, phone, water etc.)
- Child support paid
- Day care expenses
- Medical or health insurance card
- Medical bills, unpaid
- Shut-off notices for shelter, heat or utilities

- Alien/Immigration status
- Marriage Certificate
- Divorce Decree
- Paternity Acknowledgement
- Pregnancy, expected date of delivery and number of children expected

### Q. How often do my Medicaid patients need to fill out their Redetermination form?

A. Your patients will need to fill out their paperwork annually. If your patients have a life change, they are required to contact their local MDHHS caseworker to inform them of the change. Life changes include:

- Name change
- Address change
- Income change (rate of pay, employer, hours worked per week if more than a 5 hour difference, if anyone stops getting Social Security, pension changes, child support changes, or any unearned income change more than \$50 since the last reported change.
- Job starts, changes and stops
- Changes in the number of people living in your home (including having a new baby)
- Shelter expenses (e.g., rent receipt, mortgage payment, property tax bill, home owner insurance, heat, electric, phone, water etc.)
- Work Related Activities (Report if anyone in your household participated in approved employment-related activities such as Work Participation program, High School completion, GED or College.)
- Child Care or Disabled Adult Care (report any need for, or change in, child care or disabled adult.)
- Assets (You should report such changes as buying, selling, giving away, transferring, or receiving any assets. Type of assets includes but is not limited to: bank accounts, land, cars and other vehicles, boats, life insurance, investments, lawsuit settlements and any other property.)
- Health insurance changes
- Medical expenses

### Q. Where can I find my patients eligibility?

A. You can your find your patient's information at Molina Healthcare's Provider Portal. Please visit: <https://provider.molinahealthcare.com/Provider/Home>

Below is a screen shot of the Molina Provider Portal highlighting your patients Medicaid Certification date.

#### Member Eligibility Details

Quick View	Member Information	Quick Links
<ul style="list-style-type: none"> <li>✓ Member is currently enrolled</li> <li>! Missed Services</li> <li>✓ No enrollment restrictions</li> <li>! Medicaid Cert Due : 07/31/2014</li> </ul>	<p>Member ID: [REDACTED]</p> <p>Enrollment Plan: Michigan Medicaid Benefit</p> <p>Enrollment Status: ACTIVE</p> <p>Enrollment Effective Date: 03/01/2016</p> <p>Enrollment Termination Date:</p>	<p><a href="#">Print</a></p> <p><a href="#">Submit Claim</a></p> <p><a href="#">Claim Status</a></p> <p><a href="#">Submit Service Request/Authorization</a></p> <p><a href="#">Service Request / Authorization Inquiry</a></p>

Member Details	Alerts		
<p>Member Information • <u>Enrollment Information</u> • Primary Care Provider Information • IPA/Group Information • History</p>			
<p>As of search date Today</p> <table> <tr> <td> <p>Enrollment Plan: Michigan Medicaid Benefit</p> <p>Enrollment Status: ACTIVE</p> <p>Enrollment Effective Date: 03/01/2016</p> <p>Enrollment Termination Date:</p> <p>Rate Code: ABAD-E-03</p> <p>Health Plan ID: [REDACTED]</p> <p>Subscriber ID: [REDACTED]</p> <p>Medicaid Cert Due : 07/31/2014</p> </td> <td> <p>Member has no current restrictions</p> <p>Member has no other Insurance</p> <p>View <a href="#">Member Benefit Handbook</a></p> <p>View <a href="#">Benefit Co-Pay Summary Amount</a></p> </td> </tr> </table>		<p>Enrollment Plan: Michigan Medicaid Benefit</p> <p>Enrollment Status: ACTIVE</p> <p>Enrollment Effective Date: 03/01/2016</p> <p>Enrollment Termination Date:</p> <p>Rate Code: ABAD-E-03</p> <p>Health Plan ID: [REDACTED]</p> <p>Subscriber ID: [REDACTED]</p> <p>Medicaid Cert Due : 07/31/2014</p>	<p>Member has no current restrictions</p> <p>Member has no other Insurance</p> <p>View <a href="#">Member Benefit Handbook</a></p> <p>View <a href="#">Benefit Co-Pay Summary Amount</a></p>
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Please see the MDHHS message below to post in your office as a reminder for your patients to fill out their Redetermination (Renewal) paperwork.

# Medicaid Renewal

## Medicaid members: It may be time to renew your Medicaid benefits.

You must report your household income to your local Michigan Department of Health and Human Services (MDHHS) **every 12 months** to see if you are still eligible for Medicaid benefits.

If you have already verified your income to MDHHS in the past 12 months, you do not need to renew your Medicaid for another 12 months.

Call your local MDHHS office to learn more.



# Submitting Electronic Data Interchange (EDI) Claims

## Benefits of EDI:

- Electronic Claims Submission ensure **HIPAA compliance**
- Electronic Claims Submission helps to **reduce operational costs** associated with paper claims (printing, postage, etc.)
- Electronic Claims Submission **increases accuracy** of data and **efficient** information delivery
- Electronic Claims Submission **reduces claims delays** since errors can be corrected and resubmitted electronically!
- Electronic Claims Submission **eliminates mailing time** and claims reach Molina **faster!**

## EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare 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 Services Web Portal <https://provider.molinahealthcare.com> for additional information about the claims submission options, available to you.

## FAQ'S

### ***Can I submit 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.

### ***What claims transactions are currently accepted for EDI transmission?***

837P (Professional claims), 837I (Institutional claims).

### ***Will you continue to accept paper claims?***

While Molina requires all Providers to utilize EDI claims submission options, there are certain circumstances where exceptions may be made. For more information contact your Provider Services Representative.

### ***What if I still have questions?***

More information is available at [www.molinahealthcare.com](http://www.molinahealthcare.com) under the EDI tab. You may also call or email us using the contact information below.

## Submitting Electronic Claims

1-866-409-2935

[EDI.Claims@MolinaHealthcare.com](mailto:EDI.Claims@MolinaHealthcare.com)

Molina Healthcare of Michigan Payer ID: 38334

## CURRENT PRACTICE INFORMATION

**ALL FIELDS IN THIS SECTION ARE REQUIRED**

Type of Provider:	Ancillary		Specialist		Primary Care Provider		Hospital		Urgent Care	
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[illegible][illegible]

Provider Name:

Group Name:

Tax ID:   -

Contact Person:

Phone # ( )

Requested Effective date of change:

Authorizing signature: \_\_\_\_\_

Authorizing signature printed:

*(Physician/Office Manager signature required)*

## PROVIDER CHANGE INFORMATION

**PROVIDE COMPLETE INFORMATION** - Your request will be processed for all participating lines of business. Changes will be effective within 60 days. If any of these changes result in a change on your W-9, you must submit a copy of your W-9 form with this change form. Please check the changes you are requesting.

**PLEASE PRINT OR TYPE**

**PLEASE PRINT OR TYPE**

☐ Adding a Practice Address   ☐ Deleting a Practice Address   ☐ Billing Address Change\*   ☐ Telephone/Fax Change   ☐ Office Hours Change  
☐ Include in Provider Directory   ☐ Exclude from Provider Directory   ☐ Correct a Practice Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (            )                      Fax: (            )                      Office Hours:

☐ Tax ID Change \*

New Tax ID:   -

<input type="checkbox"/>	Termination from Molina Healthcare Inc.
--------------------------	-----------------------------------------

Explanation/reason for termination: \_\_\_\_\_

If a PCP, who will be assuming your patient panel ( *Last Name, First Name* ) :

<b>Add Hospital Affiliation</b>	<b>Delete Hospital Affiliation</b>
---------------------------------	------------------------------------

Hospital Name: \_\_\_\_\_

## Panel Update

☐ Close panel to all new members, but keep existing panel    ☐ Open panel to all members

☐ Close panel to all members (new and existing) and reassign them to the following physician:

( Last Name, First Name)

Add a	Primary/	Secondary ( <i>indicate one</i> ) specialty	Remove a	Primary /	Secondary ( <i>indicate one</i> ) specialty
-------	----------	---------------------------------------------	----------	-----------	---------------------------------------------

Specialty Name: \_\_\_\_\_ Taxonomy Code: \_\_\_\_\_

☐ Name Change Only \*

Current Name: \_\_\_\_\_ New Name: \_\_\_\_\_

☐ **Change of Ownership \***

Effective date of ownership:           /           /

Legal Business Name of New Owner and Federal Tax ID

☐ Add a Covering Provider ☐ Remove a Covering Provider

Provider Name \_\_\_\_\_ End date of Coverage (if applicable)      /      /

**Please mail, fax or email this change form *and* supporting documentation to:**  
**Systems Configuration, Molina Healthcare of Michigan, 880 W Long Lake Rd, Troy, MI 48098; Fax (248) 925 – 1757**

[MHMProviderChangeForm@molinahealthcare.com](mailto:MHMProviderChangeForm@molinahealthcare.com)

**For Questions, please call the Provider Call Center at (888)898-7969, Option 1**

\*Indicates that a W-9 form is required with submission

Effective 9/1/2010



[MolinaHealthcare.com](https://MolinaHealthcare.com)