The Molina Messenger

First Edition • Summer 2015

Welcome

Welcome to the inaugural edition of the Molina Messenger, Molina Healthcare of Florida's newsletter specifically for providers. Through this quarterly publication, we hope to bring our providers valuable information about Molina, as well as industry news and updates.

The first and second quarters of 2015 presented us with many new and exciting changes, including extraordinary growth in the Healthcare Marketplace and network expansion in Medicaid Region 4. We have also expanded in the area of Healthcare Services, adding programs like Molina's ER Diversion Program, and Community Connectors. Our Web Portal was also upgraded and now includes several new features that providers will certainly appreciate! These are just a few highlights of Molina's first quarter activities, with many others slated for the third quarter.

Though we are excited about our growth, we recognize that it comes with great challenges. As providers, you may have felt some of our growing pains in our Customer Service areas, including Member, Provider and Healthcare Services. All of these areas are now staffed with additional personnel, our call queues have been redesigned, and additional training and education has been offered to providers to utilize the self service options available on our Web Portal. Molina continues to strive for excellence in Customer Service, and we hope that these improvements have also been noticed by our providers.

This issue includes articles about all of these topics as well as several operational matters that we think our providers will find both interesting and educational. We hope you will take a few minutes to browse through the Molina Messenger and give us your feedback!

Regards,

Lissette Martinez
Director, Provider Services

In this Edition

Updating Provider Information

It is important to keep our network information up to date, to allow our members to access care and to make sure we have correct information for important communications and notifications, such as Remittance Advices or appeal notices.

It is required that Providers notify Molina Healthcare of Florida in writing by mail, email, or by fax with any of the following changes:

- Changes in practice ownership, name, address, phone number or Federal Tax ID numbers
- When adding a new physician to the practice or if a physician is leaving the practice
- Upon loss or suspension of your license to practice
- In the event of bankruptcy or insolvency
- In the event of any suspension, exclusion, debarment, or other sanction
- In the event of any indictment, arrest, conviction for a felony, or any criminal charge related to your practice
- If there are any material changes in cancellation or termination of liability insurance
- If or when you are closing your practice to new patients and vice versa
- When terminating your affiliation with Molina Healthcare of Florida or one of its provider networks, in accordance with the termination provisions in your Molina provider agreement (typically 60-90 prior notice required)

Please submit any changes:

Email:
MFLProviderServices@MolinaHealthcare.com

Fax:
866-948-3537

By Correspondence:
Molina Healthcare
8300 NW 33rd Street Suite 400
Doral, Florida 33122
Attn: Provider Services Department

Check Eligibility Verification to Avoid Billing Issues

Many billing issue complaints begin with lack of eligibility verification. Molina Healthcare would like to help remove this barrier by providing multiple ways to communicate and obtain information fast and easy.

Molina Healthcare offers various tools for verifying member eligibility. Providers may use our online self-service Web Portal, integrated voice response system (IVR), or speak with a live Customer Service Representative.

Web Portal: https://eportal.MolinaHealthcare.com/Provider/login
Customer Service: (855) 322-4076 (M-F 8:00 am – 7:00 pm)
IVR Automated System: (866) 472-4585 (24 Hours)

Verifying eligibility can reduce billing issues and improve the process for you and your patients. For example, knowing the member's line of business ensures that your office is billing the covered codes for the services rendered, and knowing the member's copayment allows you to collect payment at the time of service.

Remember: Always ask the Member to show their ID card at the time of service.

New Claims Functionalities

The changes you've been asking for have arrived! One of the most used functionalities by Molina Healthcare Providers is the ability to submit claims electronically on the Provider Portal. We've listened to your feedback and have launched several new claims functionalities for both the Professional and Institutional claim forms.

The following new features are now available online: Claims Corrections, Claims Void, Claims Attachments, Claims Templates and Batch Submission. We expect to improve your overall online experience by increasing feature richness, enhancing user productivity, and helping save on mailing costs.

Feature Summary:

Claims Corrections

Select any claim in final status and submit your correction online to speed things up! The correction is treated as a new claim submission with duplicate checking turned off. It will also be auto-pended for a Claims Analyst to pick up in their queue to evaluate and process.

Claims Voids

Select a claim and submit a Void request. No longer will you have to rely on paper to submit a void request.

Claims Templates

The ability to create templates has been added so you will be able to save existing claims. There is no longer a need to repeatedly enter the same information into various claims.

Claims Attachments

You can now add attachments when you create or correct a claim. Submit your attachments online to support your claim, including but not limited to coordination of benefit evidence. You can also add additional supporting documents into claims that are currently in the process.

Batch Send

In addition to submitting single claims one-at-a-time, you will be able to batch claims together to submit multiple claims at the same time. Upon logging into or logging off from the portal, you will be notified of claims that are ready for submission. You can also selectively send, or send the entire group of claims together.

Therapy Providers

Important Change to Molina's Therapy Guidelines

Molina will be changing its current therapy claims processing guidelines to require the rendering provider information on claims submissions. As you may be aware, Molina currently accepts claims with the facility information in Box 31 of the CMS-1500 (or its electronic equivalent). In the near future, Molina will begin transitioning to this new process and therapy providers may receive denials or rejections if the therapist information is not submitted.

Additionally, Molina Provider Services Department will be reaching out to all facilities to collect lists of employed/contracted therapy providers. These providers will be loaded in our system for both claims and directory purposes, but will not require separate credentialing.

This transition will occur over the next several months, and Molina will continue to provide information and education about the changes. If you wish to submit your list of therapists immediately, please send it to the email address below. The list must contain each therapist's name, NPI number, license number and service location in order to be processed.

Submit therapy provider rosters to:
Email: MFLProviderServices@MolinaHealthCare.Com

Therapy Authorizations

Most therapy services are billed in units. A unit of service consists of a minimum of 15 minutes of face-to-face therapy treatment between the therapist or therapy assistant and the recipient.

Molina allows the initial therapy evaluation and 6 visits without authorization. Providers should request authorization prior to the 6th visit, but ensure that the start date of the request is reflective of the date of service of the 7th visit and beyond. This will allow for sufficient time for the authorization request to be reviewed and not delay the delivery of care for our members.

Example:	1/1/2015 – Evaluation (No authorization required)
	1/7/2015 – Therapy Visits (No authorization required)
	1/14/2015 – Therapy Visits (No authorization required)
	1/21/2015 – Therapy Visits (No authorization required)
	1/28/2015 – Therapy Visits (No authorization required) **Provider requests authorization for additional visits starting on 2/18/2015*
	2/4/2015 – Therapy Visits (No authorization required)
	2/11/2015 – Therapy Visits (No authorization required)

When submitting a prior authorization request for therapy, ensure that the request includes:

- CPT Code
- Diagnoses Code
- Length of therapy session in minutes
- Total number of visits requested
- Date Span

Immunizations/Vaccines

Medicaid eligible recipients from birth through (18) years of age are eligible to receive free vaccines through the federal Vaccines for Children (VFC) Program. Providers are reimbursed only for the administration of the vaccines. The vaccines are free to the provider through the Vaccines for Children (VFC) program, and provided by the Department of Health.

Medicaid eligible recipients (19) through (20) years of age may receive vaccines through their health care provider. These vaccines are not free to the provider and are reimbursed by Molina. Reimbursement includes the administration fee and the cost of the vaccine, as set by Medicaid.

Molina covers the following adult immunizations for Medicaid members as an expanded benefit through CVS Pharmacies:

- Influenza, once per year
- Pneumococcal, once per lifetime
- Herpes Zoster (shingles), once per lifetime

Medikids recipients are not eligible for VFC. Medicaid Providers should bill state Medicaid directly, for immunizations provided to Medikids recipients.

Marketplace members are not eligible for VFC, however, Molina covers immunizations for children, adolescents and adults recommended by the Centers for Disease Control and Prevention (CDC) for these members. Providers may bill Molina for recommended immunization services.

Health Care Services

ER Diversion Program

Molina's ER Diversion Program is similar to its Community Connectors program in its goals. Members whose records indicate more than 2 emergency room visits within a 30 day time period are enrolled in the ER Diversion Program, and assigned to an ER Case Management Processor. Like Community Connectors, these individuals are highly trained in healthcare management and will work with Molina members to identify the reasons for the frequent ER visits, schedule appointments with the member's PCP, review ER discharge records to ensure members receive appropriate follow up care, and facilitate the filling of prescriptions. Members are contacted by phone and in person every 7 days for up to 30 days following the member's enrollment in the ER Diversion Program. ER Case Management Processors will also coordinate the hand-off of the member's healthcare needs to other Molina programs, including Community Connectors and Case Management for continued support.

Community Connectors

The Community Connectors are a team of non-clinical staff with strong healthcare background. They offer support to Molina members by removing healthcare barriers. For example, a member may be overdue for multiple preventive treatments, annual physical exams, or follows up visits with specialists for complex disease processes. By building a trusting relationship with the member, the Community Connector is able to assist the member in scheduling and facilitating their follow up visits for their exams, preventive treatments, and clinical procedures, ensuring that external circumstances such as language barriers or transportation do not contribute to the member receiving needed services. The Community Connector may also have knowledge of the member's conditions and disease processes, and can assist the member in understanding the importance of seeking care and keeping appointments.

Although Molina's Community Connectors Program is a recent addition to the Healthcare Services Department, Molina is already seeing the benefits that Community Connectors can bring to both members and providers. Members have the benefit of a layperson that can help the member navigate through a sometimes complex healthcare system, and providers are seeing an increase in member adherence to recommended treatment and reduced missed appointments.

Providers are urged to collaborate with Molina's Community Connectors. This team was created to remove healthcare barriers, and we may reach out to your office with questions about members' care, appointments or other information. Community Connectors may also serve as a resource to your office, assisting clinicians or office staff with questions about authorizations, forms, or to facilitate interactions with Molina. We encourage you to engage with our Community Connectors and join our efforts to improve quality of care.

To reach a Community Connector, contact Member Services at (866) 472-4585.

DID YOU KNOW?

Providers may utilize only participating pharmacies when prescribing medications to Molina Healthcare members. Molina Healthcare's Pharmacy Benefit Manager is CVS/Caremark, and our network does not include Walgreens Pharmacies.

For a complete listing of participating pharmacies, please visit www.molinahealthcare.com and select Find a Pharmacy.

If you have any questions regarding this information, please contact Provider Services at (855) 322-4076.

We appreciate your continued partnership in the delivery of care to Molina Healthcare members.

Upcoming Training Sessions

The upcoming training sessions will be held on site at Molina's Doral office:

Molina Healthcare of Florida
8200 NW 33rd Street
Glades Room
Miami, Florida 33122

June 26th 2015-
Web Portal/Authorizations training

July 10th 2015-
MarketPlace training

To register for a training session, please contact our statewide trainer, Shaun Marshall at shaun.marshall@MolinaHealthcare.com or (866) 422-2541 Ext. 222176.

Risk Adjustment

Molina recently introduced a new program to provide coding tips to our provider network. The tip sheets, called "HCC Pearls" are distributed to targeted providers, on a weekly basis, and meant to provide clarity to some of the coding and documentation rules that are applied by Centers for Medicare and Medicaid Services (CMS).

We know the coding rules can sometimes be confusing and not make sense to the way a clinician is trained. Molina is utilizing the best information to give concise sound bites weekly with tips on how to best identify, code, and document your patient's health status. This information is pertinent to not only Molina patients but to all of your insurance lines of business.

Knowing what to look for can save you time and money. It also reduces your risk of a compliance review. There are many ways for you to accurately capture a more appropriate Hierarchical Condition Category. Here are 10 common mistakes that can easily avoid an audit:

Top 10 Risk Adjustment Coding Errors

1. The record does not contain a legible signature with credential.
2. The electronic health record (EHR) was unauthenticated (not electronically signed).
3. The highest degree of specificity was not assigned the most precise ICD-9-CM code to fully explain the narrative description of the symptom or diagnosis in the medical chart.
4. A discrepancy was found between the diagnosis codes being billed vs. the actual written description in the medical record.
5. Documentation does not indicate the diagnoses are being monitored, evaluated, assessed, addressed, or treated (MEAT).
6. Status of cancer is unclear. Treatment is not documented.
7. Chronic conditions, such as hepatitis or renal insufficiency, are not documented as chronic.
8. Lack of specificity (e.g., an unspecified arrhythmia is coded rather than specific type of arrhythmia).
9. Chronic conditions or status codes aren't documented in the medical record at least once per year.
10. A link or cause relationship is missing for a diabetic complication, or there is a failure to report a mandatory manifestation code.

2015 Medicare Quality Partner Program

Molina Healthcare and its team of nurses, provider services representatives and quality specialists are partnering with your office in our Molina Medicare Quality Partner Program. This program recognizes participating providers who have statistically demonstrated sound clinical care practices, accurate evaluation and recording of chronic conditions, and quality focused services. The program will provide valuable tools and resources to assist you in assuring Molina Healthcare's members are receiving necessary services as described by the National Committee for Quality Assurance (NCQA), HEDIS and Centers for Medicare and Medicaid Services (CMS).

Provider must remain in full compliance with Molina Healthcare's contract requirements including:

- Provider is a Molina Medicare, Healthy Advantage. Healthy Advantage Plus, or Dual Options MMP contracted Primary Care Physician (PCP).
- Assigned Members are Molina Medicare Options Plus, Healthy Advantage, Healthy Advantage plus Members, or Dual Options MMP.
- Provider makes timely and accurate submission of clean claims for covered services.
- Provider remits any refunds due to the Plan.
- Provider is registered on the Web Portal

Molina Healthcare of Florida's Medicare Quality Partner Program is for Molina Healthcare Dual Options and/or Molina Healthcare Medicare Options Plus Members. This program includes:

- An Annual Comprehensive Exam (ACE) bonus;
- Hierarchical Condition Categories (HCC) risk score performance bonus; and
- HEDIS performance bonus

P4P Program – Bonus Overview

Program	Maximum Incentive Amount
ACE – Annual Comprehensive Exam Program	$350 per ACE Form completed by 4/30/15 $250 per ACE Form completed between 5/1/15-6/30/15
HCC – Hierarchical Condition Categories – Health Chronic Conditions Risk Score Accuracy Incentive	Up to $100 per qualified assigned Member
HEDIS – Healthcare Effectiveness Data and Information Set – Required Services Completion	Up to $100 for each HEDIS service completed
Total Maximum Potential Incentive per Member / HEDIS service	$450 or more per qualified assigned Member / HEDIS service (ACE completion + HCC incentive + HEDIS incentive)

Fraud, Waste, and Abuse Recap

Molina Healthcare of Florida seeks to uphold the highest ethical standards for the provision of health care benefits and services to its members. Molina Healthcare of Florida regards health care fraud as unacceptable, unlawful, and harmful to the provision of quality health care in an efficient and affordable manner.

What is Medicaid Fraud, Waste and Abuse?

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to oneself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 Code of Federal Regulations Section 455.2)

"Waste" means overutilization of healthcare services, devices and prescriptions

"Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 Code of Federal Regulations Section 455.2)

Examples of Provider Fraud, Waste and Abuse:

- **Falsification of Information** – False coding, records or altered claims. Billing for services not rendered or goods not provided.
- **Questionable Practices** – Billing separately for services that should be a single service. Billing for services not medically necessary
- **Overutilization** – Medically unnecessary diagnostics; unnecessary durable medical equipment; unauthorized services; inappropriate procedure for diagnosis.

Instances of known or suspected fraudulent healthcare activity can be reported anonymously:

Compliance Officer
Molina Healthcare of Florida
8300 NW 33rd St, Suite 400
Doral, Florida 33122
Confidential Fax: 866-440-8591
Email: mhfcompliance@MolinaHealthcare.com

Or

Florida Agency for Healthcare Administration (AHCA), Consumer Complaint Hotline toll-free at 1-888-419-3456.

We welcome your feedback! Please send us your comments regarding the content of our newsletter and suggestions for future articles to:

Email:

MFLProviderServices@MolinaHealthcare.com

By Correspondence:

Molina Healthcare of Florida
Provider Services Director
8300 NW 33 Street Suite 400
Miami, FL 33122

MOLINA HEALTHCARE

Provider Services
8300 NW 33rd Street
Suite 400
Doral, FL 33122

Molina Patients with Questions About Their Health?

Call Our Nurse Advice Line!

English: (888) 275-8750
Spanish: (866) 648-3537

OPEN 24 HOURS!

Your family's health is our priority!
For the hearing impaired, please call
TTY (English): (866) 735-2929
TTY (Spanish): (866) 833-4703
or 711

MolinaHealthcare.com

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