Guidelines for Documenting the ‘Chief Complaint’

In reference to outpatient coding, the Chief Complaint (CC) is one of the most important elements in identifying the primary diagnosis. The CC is the reason the patient came in for the visit. The CC is often stated in the patient’s words. For example: nausea, headache, stomach pain, dizziness, etc.

In a medical visit, lab work or other diagnostic work may be ordered for the provider to determine a definitive diagnosis. This is common; however there will be times that due to a prior diagnosis or assignment of medication, a doctor may advise a scheduled visit for a follow-up. In this instance, what will you do for the CC?

The following example is one that is not acceptable to use as a CC: follow-up or FU. Another example that is not acceptable is: Office Visit or OV

The words ‘follow-up’, by themselves, are not acceptable for the CC. Providers need to be as detailed in the CC, as they are with the visit notes, to be compliant with coding guidelines. When a patient is coming in for a ‘follow-up’ visit, the CC should state that actual condition for the follow-up.

Example: Follow-up visit for new medication change.

Example: Follow-up for diabetic monitoring

Example: Follow-up for lab results for….

Do not find yourself out of coding compliance and risk being audited.
Billing for Hearing Aids

To ensure appropriate reimbursement and timely payment of Hearing Aids, be sure to submit the actual manufacturer’s invoice with the original claim. The invoice must include the model and manufacturer’s numbers, the date the unit was shipped, and cost of the unit. Claims may be rejected or denied if appropriate documents are not submitted with the claim.

Molina Healthcare in Detroit

Exciting times for Molina and the City of Detroit. For those who have not heard, Molina is leasing a 30,000 square foot building previously owned by the Detroit Media Partnership, located at 615 W. Lafayette Boulevard, in downtown Detroit. This office will focus on corporate initiatives, primarily staffing a claims department that will handle professional and outpatient claims for our members across the enterprise.

Our Detroit and Troy expansion is expected to create 462 new jobs. The Detroit office is expected to grow an impressive 180 employees by the end of 2015. These offices will include positions such as client service representatives, case managers, community health workers and more.

MolinaHealthcare.com
Medicare Provider Claim Redetermination

Providers seeking a redetermination of a claim previously adjudicated must request such action within one-hundred-twenty (120) days* of Molina Medicare original remittance advice date. Additionally, the item(s) being resubmitted should be clearly marked as a redetermination and must include the following:

- Requests must be fully explained as the reason for redetermination.
- Previous claim and remittance advice, any other documentation to support the request and a copy of the referral/authorization form (if applicable) must accompany the request.
- Requests for claim redetermination should be mailed to the address referenced at the end of this section.
  - Corrected claim submissions are not adjustments and should be directed through the original submission process marked as a corrected claim or it will result in the claim being denied.
  - When submitting a corrected claim on a CMS-1500 form, please put the number “7” along with the original claim number in box 22 of the form.
  - When submitting a corrected claim on a UB-04 form, please utilize the number “7” at the end of the Bill Type.

* Note: Molina Medicare, P.O. Box 22811, Long Beach, CA 90801 The 120 days also applies to Timely Filing and Code Editing appeals.

Provider Claims Issue Resolution

Please reference the following set of tips when seeking assistance with provider claims issue resolution:

- For general claims issues, please contact the Molina Customer Service Department Provider Line at (855) 322-4077.
- Remember, some services require authorization and require formal appeal if authorization was not obtained in advance. Please see the Utilization Management Section of the Provider Manual for appeals instructions: http://www.molinahealthcare.com/providers/mi/medicaid/manual/PDF/7_Utilization_Management.pdf.
- If a provider performs a service code other than the one authorized, he/she can submit a retrospective authorization request denoting the change in code to Utilization Management via fax at (800) 594-7404.

Adding New Providers to Group

If you are looking to add a new provider to your group, please contact your Molina Provider Services Representative for assistance. If you don’t know who your Provider Service Representative is, please contact Provider Services at (248) 925-1790 ext. 155216 for your assigned Representative’s contact information.
Molina Partners with Accordant Health Services for a New Disease Management Program

Molina Healthcare of Michigan (MHM) is pleased to announce our new partnership with Accordant Health Services, a CVS Caremark company, effective December 2014 for Medicaid, Medicare and Marketplace Members. We are collaborating to provide AccordantCare™, a disease management program for eligible members who are diagnosed with certain rare conditions. This is a specialized educational and support program designed to support you as you care for patients with certain complex, chronic diseases. The program works to prevent predictable complications and improve patient compliance with your treatment plan.

The AccordantCare™ program will complement MHM’s existing case management program, as Accordant Health Services will only manage some of our members who are identified as having at least 1 of the 17 rare complex chronic diseases.

This program will focus on the following 17 complex, chronic conditions:

- Epilepsy (Seizures)
- Rheumatoid Arthritis
- Multiple Sclerosis
- Crohn’s Disease
- Ulcerative Colitis
- Parkinson’s Disease
- Systemic Lupus
- Erythematous
- Myasthenia Gravis
- Sickle Cell Disease
- Cystic Fibrosis
- Hemophilia
- Scleroderma
- Polymyositis
- CIDP
- ALS
- Dermatomyositis
- Gaucher Disease

MHM has partnered with Accordant Health Services to supplement patient education efforts, enhance patient compliance, and improve clinical outcomes and member satisfaction. AccordantCare™ is available to select patients at no charge through Molina Healthcare. The program is delivered via telephonic, web, and mail services by well-trained, experienced staff of RNs and resource specialists. We anticipate this program will also help our providers by:

- Evaluating, monitoring, and supporting patients to prevent or limit disease-related complication and reduce the incidence of predictable events.
- Providing patients and their families with support services, and information about local and national resources.
- Ensuring preventive and screening measures are accomplished for all patients in the population.

Providers may be contacted by a nurse from Accordant Health Services to obtain member information or medical information if one of your patients is eligible to participate in this program. The AccordantCare™ program is entitled to receive this information about MHM members. We would appreciate your assistance in providing the AccordantCare™ program with the requested member information.

The Accordant Health Services nurse will work to support your treatment goals for the patient and will also let you know of any health changes in the patient that may require your attention. You will also have access to Accordant Health Services medical directors and nationally recognized medical advisors to discuss complex patient or treatment issues and administrative assistance to support your patient program management efforts.
Providers may also refer patients diagnosed with one of the 17 complex conditions listed above to Accordant via their referral intake line at (866) 247-1150 or http://referral.Accordant.com.

To refer Molina members to Molina’s Case Management program, please call (888) 898-7969 or complete a Case Management Referral form located on the Molina Internet and fax the form to (800) 594-7404.

To speak to an Accordant Health Services representative for more information about this program, call toll-free at (866) 655-7443 Monday - Friday, 8:00am to 9:00pm, EST or send an email to intakes@accordant.net.

Additionally, you can always contact your respective Molina Provider Services Representative, or call (855) 322-4077 ext. 155216.


As of January 1, 2015, the updated Molina Healthcare of Michigan 2015 Authorization Guide will go into effect for all lines of business:

- Molina Medicaid
- Molina Medicare
- Molina MIChild

Key update(s) to the Prior Authorization Guide include the following:

- Behavioral Health: Authorization is no longer required for office visits or intensive outpatient programs. Authorization is required for Applied Behavioral Analysis (ABA) for the treatment of Autism Spectrum Disorder (ASD) and Outpatient Electroconvulsive Therapy (ECT).
- Chiropractic Services: Authorization is no longer required.
- Dialysis: An annual “one time only notification” is required.
- Habilitative Therapy (Healthy Michigan Plan): Requires authorization after initial evaluation plus six (6) visits.
- High Tech Imaging: Refer to Molina’s website or portal for the specific codes that require authorization.
- Nutritional Supplements and Enteral Formulas: Authorization is no longer required.
- Podiatry under Office Based Procedures: Authorization is no longer required.
- Occupational Therapy/Physical Therapy/Speech Therapy: Authorization is required after the initial evaluation plus (6) visits for outpatient and home settings. Speech Therapy services rendered in a home setting is a Medicare benefit only.
- Pain Management: Authorization is no longer required for trigger point injections.
- Radiation Therapy and Radiosurgery: Refer to Molina’s website or portal for the specific codes that require authorization.
- Unlisted and Miscellaneous Codes: Authorization is required for T (Temporary) codes. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.

Molina Healthcare Employees Get Into the Spirit of Giving

This holiday season was very busy and exciting at Molina Healthcare. Molina employees truly got into the spirit of giving donating their time to help with Thanksgiving Dinner at Matrix Human Services, baking and delivering holiday treats, and Adopt-A-Child at Cobo Hall.

On November 20th Molina Healthcare of Michigan celebrated Thanksgiving with Matrix Human Services in Detroit. Molina employees volunteered to assist with several different areas including registration, cooking, serving food, and arts and crafts with children. In addition, Molina donated the funds necessary for Matrix to purchase the Thanksgiving turkeys. Molina Healthcare hosted a holiday baking opportunity which received tremendous support from employees in early December. More than 45 employees volunteered their time to bake over 3,500 holiday treats for local families in need of a little extra holiday cheer this season. Molina’s Community Engagement Department then delivered the baked goods to community organizations serving our most vulnerable populations including: Franklin Wright Youth Program, Detroit Rescue Mission, and Matrix Human Services.

In light of December being the “season of giving” Molina employees came together to adopt seven families in Detroit for the holidays. Twenty-four employees spent hours wrapping gifts for these families in need, which were then delivered to Cobo Hall Friday December 5th. Ten Molina volunteers were able to attend the Adopt-a-Child event at Cobo Hall where they had the pleasure of spending time and getting to know each family on a more personal level.
WebPortal Enhancements

The Customer Experience web services team has been working diligently to create an improved user experience within our Providers personal and secure web portal. Input was gathered from Molina Providers, as well as analyzing the most frequently accessed pages within the portal. Based on this feedback the tools and information that Providers look for most have been brought to the forefront and are now easily accessible. In addition, providers are able to customize their Favorites to ensure they have convenient access to the features they need most to help our Members and provide the best customer experience possible.

It is important to note that this update is simply affecting the navigation of the provider portal and in no way changes the subsequent functionalities that are contained in the provider portal. The enhancement has been created specifically to provide the following:

- Updated look and feel, more efficient use of space
- Easier navigation
- Uniform layout, consistent with the Molina public website

New Features

Several new features include a redesigned Home Page, Expandable Left Navigation, Member Eligibility Search, customizable “My Favorites” section and improved Member Eligibility details.

Redesigned Homepage

The WebPortal has a new streamlined look that mirrors the Molina Healthcare Public Website. This creates consistency between the environments our Providers use, and ultimately creates less confusion.

Expandable Left Hand Navigation

The navigation throughout the Portal is now located on the left hand side (previously a top navigation bar). The expandable menu allows users to select a topic, and then choose from a variety of detailed pages to quickly find the exact information for which they are looking.

Easy-to-locate Quick Member Eligibility Search

Analytics showed that the most frequently used feature is the Member Eligibility Search. This tool allows users to quickly identify if a Member has coverage with Molina. This feature has been relocated to the home screen which allows all users to easily access this information.

“My Favorites” Customizable section

On the right side of the Home Page, users can customize the ‘My Favorites’ section to include their most commonly used functionalities. By selecting ‘Edit’ they can choose up to 8 options for easy accessibility.

Member Eligibility Details has an Improved Design

With the addition of a ‘Quick View’ section and additional tabs, users can find all of the important Member information they are looking for in a quick glance. This will allow users more time to spend with our Members and offer them the best user experience possible.

If you would like additional information or training on the features of the Molina WebPortal, including training on Clear Coverage – our online authorization tool, please contact your Provider Service Representative.
Molina Healthcare Launches Its 2015 Risk Adjustment ACE Bonus Program

Molina Healthcare is proud to roll-out its 2015 Risk Adjustment (RA) Bonus Program. The goal is to ensure all chronic conditions are re-documented annually and that complete and accurate diagnostic coding is used by providers at each face-to-face visit with our Medicare patients.

Although documents will not be distributed until February 2015, Molina Healthcare wants to proactively get the word out in the event some patients are seen in January. During this bonus period, Molina Healthcare will be offering an incentive to providers for accessing and re-documenting all chronic conditions for all qualified Members. This incentive will include appropriate diagnosing, assessing, and treating Members’ chronic conditions to the highest degree of specificity.

To earn the highest possible incentive, all applicable Annual Comprehensive Examination (ACE) forms, documented medical records, claims, and/or encounters must be submitted within the same timeframes. Each provider will be limited to one RA payment for each Member per calendar year. The ACE must be completed by June 30, 2015 and ACE forms must be submitted by July 15, 2015. The RA Incentive Bonus is payable within 60 calendar days after receipt of the completed ACE form and any required documentation.

Following are helpful hints for completing and submitting ACE forms. Please be sure to include:

- Date of service on each page of the assessment
- Appropriate Member demographic information
- Encounter dates
- Legible provider signature and contact information

Note: If using an Electronic Medical Record (EMR), please ensure completeness by:

1) using the Subjective, Objective, Assessment, and (Treatment) Plan (SOAP) documentation method employed by health care providers to create a patient’s chart,
2) your signature must have CMS approved authentication and,
3) all conditions must be addressed to be considered for re-documentation.

Molina Healthcare uses the ACE form to create awareness of opportunities for evaluation and enhancement of the member’s health. Additionally, it helps in treatment planning related to physical health deficits and maintenance needs. The ACE form is patient-focused and highlights Review of Medications, collection of patient’s Vital Signs, performance of a Review of Systems (ROS) and Physical Examination (PE), review with the patient End-of-Life planning (or Advance Directives), Preventive Health Counseling, Pain Scale, and Functional Assessment. It also features a new section for Psychological Assessment (PHQ-9), to affirm if the patient is positive for clinical depression and need a follow-up plan.

Providers are eligible for a $350 or $250 bonus payment for Members with a qualifying visit once the provider submits the completed ACE form, and/or when the provider submits chart notes supporting a face-to-face visit with documentation of medical records. The health assessments should only require an extra 15 minutes with a patient while doing their annual physical or sick visit. It’s time well spent to review their history, current complaints, and physical findings and develop a problem list.

To be eligible for the Bonus Incentive, remember a face-to-face visit must occur by June 30, 2015 and accurate documentation must be submitted to the Health Plan by July 15, 2015. For more information, contact your Provider Services Representative or call (866) 449-6828, ext. 155822.

Molina Annual Comprehensive Examination Includes PHQ-9 Depression Screening

A successful and useful tool has been added to Molina Healthcare’s Annual Comprehensive Examination (ACE)
program to address Medicare member’s mental health status and treatment, the Patient Health Questionnaire (PHQ) 9.

The PHQ-9 will help clinicians perform better concise, self-administered screening and diagnostic information, enabling them to gain knowledge of a Members’ mental health disorders. The PHQ-9 screening tool is quick and user-friendly. It is being hailed by many providers as being instrumental in improving the recognition rate of depression and anxiety, and in facilitating the diagnosis and treatment.

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression. It incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool. The tool rates the frequency of the symptoms which factors into the scoring severity index. There is also a question to screen for the presence and duration of suicide ideation. Because of the variations in the affected patient’s level of function, the tool also screens and assigns weight to the degree of the patient’s specific depressive problems.

By having this information readily available, patients’ with conditions that require focused attention, including medication treatment regimens and other treatment plan options, can be appropriately monitored by their primary care physician and/or mental health provider.

The PHQ-9 is brief and useful in clinical practice. It is completed by the patient in minutes and is rapidly scored by the clinician. It can also be administered repeatedly to reflect improvement or worsening of depression in response to treatment. PHQ-9 scores of 5, 10, 15, and 20 represent mild, moderate, moderately severe and severe depression. Clinicians should rule out physical causes of depression, such as normal bereavement and a history of a manic/hypomanic episode, however, PHQ-9 can be used to make a tentative depression diagnosis.

By incorporating this valuable screening tool into the 2015 ACE program, Molina Healthcare hopes that clinicians can readily identify depression and the appropriate follow-up care needed for clinical depression.

### 2015 Molina Healthcare Risk Adjustment Incentive Bonus Program Timeline

<table>
<thead>
<tr>
<th>Submission Dates</th>
<th>Bonus Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2nd to April 30th</td>
<td>$350 per ACE Form completed by 4/30/15 AND submitted by May 15, 2015.</td>
</tr>
<tr>
<td>May 1st to June 30th</td>
<td>$250 per ACE Form completed between 5/1/15 - 6/30/15 AND submitted by July 15, 2015.</td>
</tr>
</tbody>
</table>

PLUS, YOU MAY TAKE ADVANTAGE OF THIS BONUS

Molina Healthcare will be offering an additional incentive to providers for accessing and re-documenting all chronic conditions for all qualified Members reported and active in 2014.

Up to $100 per qualified assigned Member EXTRA BONUS. Contact Your Provider Services or Risk Adjustment Specialist for more info.

To earn highest possible incentive, the Annual Comprehensive Exam **must be completed by April 30, 2015 and submitted by May 15, 2015.**

*Example: Provider has 500 Molina Healthcare Members and completes the ACE form on 375 Members before April 30, 2015, including all required documentation.*

375 x $350 = Bonus $131,250

To earn the $250 per member incentive, the Annual Comprehensive Exam **must be completed by June 30, 2015 and submitted by July 15, 2015.**

*Example: Provider has 500 Molina Healthcare Members and completes the ACE form on 425 Members between May 1 and June 30, 2015, including all required documentation.*

425 x $250 = Bonus $106,250

Bonus payments are payable within 60 calendar days after receipt of the completed ACE form and any required documentation.

For more information, please call your Provider Service Representative or contact Risk Adjustment Operations - Jonathan Quinley, Risk Adjustment Specialist at (888) 562-5442 ext. 155204, Delois Spearman, Risk Adjustment Specialist at (888) 562-5442 ext. 155377, or Ian Reese, Risk Adjustment Operations Manager at (888) 562-5442 ext. 151725.
Community Champions

Last year Molina Healthcare awarded six local Champions who tirelessly dedicated their time to the community at its seventh annual Community Champions Awards. The Community Champions Awards were created in honor of Dr. C. David Molina to shine light on the sometimes overshadowed heroes in our community. Each Community Champion was awarded with a $1,000 grant to donate to the non-profit of their choice.

This year we are searching for six new champions! If you know a local hero deserving of a Community Champion Award let us know by requesting a nomination form by emailing MHMCommunityOutreach@MolinaHealthCare.Com or calling (866) 449-6828 ext. 155210.

MI Health Link

Effective March 1, 2015, the Michigan Department of Community Health (MDCH), in partnership with the Centers for Medicare and Medicaid Services (CMS), will implement a new capitated managed care program, called MI Health Link for individuals who are dually eligible for full Medicare and full Medicaid. The goals of the program are to improve coordination of supports and services offered through Medicare and Medicaid, enhance quality of life, and improve quality of care.

MI Health Link offers a broad range of medical and behavioral health services, nursing home care, pharmacy and home and community based services through new managed care entities called Integrated Care Organizations (ICO) and Medicaid’s existing Pre-paid Inpatient Health Plans (PIHP). ICOs, PIHPs and providers will be connected through the Care Bridge, a web-based platform for information exchange that is used to coordinate supports and services.

Molina Healthcare Michigan has been selected as one of the five ICOs. In line with requirements of MI Health Link, Molina Healthcare Michigan will be visiting provider offices to conduct an ADA site review of your facility. Upon arrival, the Molina Representative will introduce themselves and their purpose for the visit. Our intent is to minimize any impact our presence has on the operations of your office and staff. Once the site review has been completed, the Molina Representative will provide a copy of assessment to the office manager or designee.

We appreciate your cooperation as a MI Health Link provider. Additional information about how MI Health Link can be found on the MI Health Link website at: www.michigan.gov/mihealthlink >> MI Health Link Information for Providers.

MI Health Link - Provider Webinars

Invitations ONLY for Counties Impacted by MI Health Link Program

Region 1
Upper Peninsula
Tuesday, February 17, 2015
1:00pm-2:30pm

Region 4
Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph & Van Buren Counties
Tuesday, March 3, 2015
10:00am – 11:30am

Region 7
Wayne County
Tuesday, March 17, 2015
10:00am – 11:30am

Region 9
Macomb County
Tuesday, March 31, 2015
2:00pm – 3:30pm

For registration information, visit http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-127606--,00.html.

Did You Know??

- Coming Spring 2015 Molina is opening a new office in Grand Rapids to better serve West Michigan.
- Please allow 45 days after claim submission prior to calling on the status of the claim.
- Quest Diagnostics and JVHL are Molina’s PAR laboratory providers for referring your patients.
Claims: Modifier 59, New modifiers XE, XS, XP, and XU

Modifier 59 is the most commonly used modifier hospitals use to override procedure to procedure (i.e., bundling) edits in the NCCI. Effective 01/01/2015, new modifiers have been identified to be more descriptive when billed, and are defined as follows:

- XE: Separate Encounter - A service that is distinct because it occurred during a separate encounter
- XS: Separate Structure - A service that is distinct because it was performed on a separate organ/structure
- XP: Separate Practitioner - A service that is distinct because it was performed by a different practitioner
- XU: Unusual Non-Overlapping Service - The use of a service that is distinct because it does not overlap usual components of the main service

CMS stated they will continue to recognize modifier -59, but modifier -59 is normally a modifier of last resort when no more specific modifier applies. These new modifiers will provide more specific information regarding why the two services are appropriately reported and, therefore, if one of them applies, they will take precedence over modifier -59.

Molina is able to accept these new modifiers.

HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS®), developed and maintained by the National Committee for Quality Assurance (NCQA), is a well-known and respected tool used by more than ninety percent of American health plans to report performance on quality of care and service. Molina Healthcare of Michigan (MHM) will begin collecting and compiling this data in the near future for HEDIS 2015. MHM will also request medical records for Medicare Risk Assessment (RA) for appropriate members, simultaneously. By combining these activities, Molina hopes to minimize the disruptions of your office and staff when this HEDIS 2015 project is underway.

MHM will employ the services of Healthport for those sites who utilize Healthport’s services. As defined by the Health Insurance Portability and Accountability Act (HIPAA), Healthport will serve as a “business associate” of “covered entities” and therefore, is legally bound to protect, preserve, and maintain the confidentiality of any protected health information (PHI) obtained pursuant to its contracted obligations to Molina Healthcare. You can be confident Healthport will treat your patient's PHI with total protection and confidentiality.

We appreciate your cooperation in extending professional courtesy to the Molina Healthcare Quality Management staff and to our vendor staff, as they begin this year’s data collection and abstraction process. Please do not hesitate to contact Hagy Wegener at (248) 925-1790 ext. 150840 if you have any questions.

Thank you for your assistance in this effort and for your continued work to improve the health of our members and communities.

HEDIS® is a registered trademark of the National Committee for Quality Assurance

MolinaHealthcare.com
West Michigan – New Office Location

Exciting news!! Molina has recently secured the site for the Grand Rapids office location (featuring convenient access to 28th Street and I-96 expressway). This newest addition to the MHM offices will house several team members from the Provider Services, Community Outreach and Provider Engagement teams. In addition, our remote employees residing in those areas will have access to Molina facilities without having to drive to our Troy office.

West Michigan, specifically the Grand Rapids area, has long been home to a large number of MHM members and providers. With this in mind, we are dedicated to displaying our commitment to these important stake-holders, as well as to our community partners who are working with us to provide quality services to all those we serve.

We are extremely enthusiastic about the progress we’ve made in this region and hope to continue bringing great news about West Michigan developments throughout the year.
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

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MolinaHealthcare.com