Molina Healthcare Michigan Newsletter • Fall 2014

Provider Offices Across Michigan Celebrate Wins for Improvement in HEDIS Measures

Molina celebrates our providers who deliver high quality patient care to our members.

We recognize the following physicians and practices for their exceptional patient care throughout 2013:

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<th>Site Name</th>
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<td>Alcona Health Center Inc</td>
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<td>Annamma S Pullukat MD</td>
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<td>Artesian Springs Medical Center PLLC</td>
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<td>Crescent Family Practice</td>
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<td>Detroit Medical Group PLLC</td>
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<td>Dinesh Nayak MD FAAP Southgate</td>
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<td>Eastside Medical</td>
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<td>Hackley Community Care Center</td>
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<td>ICMH Tony Balice Clinic</td>
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<td>Ionia Associates LLC</td>
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<td>Mercy Cadillac</td>
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<td>Metro Health Community Clinic</td>
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<td>Muskegon Family Care</td>
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<td>Oakwood Ambulatory - Westland</td>
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<td>OMH Physicians Group</td>
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<td>Spectrum Health Gerber</td>
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<td>The Wellness Plan Group - East Clinic</td>
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<td>Thunder Bay Community Health Services</td>
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<td>Universal Pediatrics</td>
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<td>Waterford Medical Associates</td>
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Universal Pediatrics in Detroit receives an award and Michigan themed basket for their successful participation with Molina’s Provider Engagement project. The award, Leading By Example, was granted to this office for their achievement of improving childhood immunization rates.

MolinaHealthcare.com
Michigan Association of Health Plans Honors Molina Healthcare

Molina Healthcare of Michigan was recently recognized for its innovative and successful health promotion and care management programs, earning three prestigious Pinnacle Awards from the Michigan Association of Health Plans (MAHP):

- The Transitions of Care Program took top honors in the Chronic Disease Management for Medicaid category. The program works with health care providers, members and their families to deliver interventions to help support Medicaid members with complex needs as they transition across providers and settings.
- The Behavioral Health Utilization Management Program was recognized in the Care Management for Medicare Populations – Special Needs category. The program focuses resources on managing social-determinant factors such as inadequate housing, poor nutrition, unemployment, limited education, poverty, transportation and limited or nonexistent social supports. All of these factors can exacerbate medical conditions and negatively affect a positive home-based recovery after hospitalizations.
- Improved postpartum care rates (from the 25th percentile to the 75th percentile) were recognized in the Clinical Service Improvement category. Molina Healthcare of Michigan provides postpartum home visits (including a postpartum assessment and a postpartum depression screening), which helped increase the plan’s Healthcare Effectiveness Data and Information Set (HEDIS) rate.

“Molina Healthcare’s programs are central to providing access to quality health care services, which in turn help build healthier communities,” said Stephen Harris, president of Molina Healthcare of Michigan. “We are truly delighted with these recognitions. The results from our programs show that we are making a real difference.”

Did You Know?

Molina Healthcare Michigan has moved!
In September, Molina Healthcare of Michigan’s office location relocated within a few miles. This affects our mailing address only. All email addresses, phone numbers, fax numbers and claim submission addresses remain the same.

The new mailing address is:
Molina Healthcare of Michigan
880 West Long Lake Road, Suite 600
Troy, MI 48098

MolinaHealthcare.com

Photo (above): Pam Gourwitz, AVP, government contracts; Michelle Roberts, director healthcare services; James Forshee, MD, CMO; Christine Surdock, COO; Hagy Wegener, director, quality improvement; Stephen Harris, president; Kim English, VP, health care services; Keith Tartar, MD, medical director; Jennifer Walters, director, pharmacy services.
Clear Coverage – Monthly Raffle

Molina Healthcare of Michigan is launching a raffle for our hard working Providers! We developed the Clear Coverage program in an effort to improve the quality of care our members receive. The Clear Coverage program simplifies the authorization process by improving turnaround times, which will result in improved quality of care and services our members receive. This new application allows you to easily enter authorization information and have it loaded directly into our authorization system.

To help our Providers use the Clear Coverage program and improve the quality of care our members receive, you will be entered into a monthly raffle when you use Clear Coverage to request an authorization. The authorization request can be in process or finalized, either way you will still be entered to win!

If your name is drawn, you and your authorization team will win a gift card for lunch.

Begin using the Clear Coverage application for the chance to win! If you have any questions, please contact your Provider Service Representative.

Molina Healthcare of Michigan Removes Requirement for Authorization for Outpatient Behavioral Health Visits

Effective October 1, 2014, no authorization is required for outpatient behavioral health visits for Molina Healthcare of Michigan Medicaid (including Healthy Michigan) and Medicare members. The following services will still require authorization:

- Inpatient Services (Medicare benefit only)
- Outpatient Electroconvulsive Therapy (ECT)
- Partial Hospitalization (Medicare benefit only)
- Outpatient Neuropsychological and Psychological Testing

For Medicaid, the 20 outpatient behavioral health visit limit will apply.

Molina Medicare - Model of Care

Training & Attestation Process

Centers for Medicare and Medicaid Services (CMS)/Dual Enrollees – Mandatory Requirement

Molina Healthcare of Michigan is required to provide annual training to our entire care network regarding its Model of Care program for dual eligible enrollees. The Model of Care is the architecture for Molina’s care management policy, procedures and operational systems for our dual eligible population.

The written training materials on the Molina Healthcare Model of Care can be found on the Molina Medicare website at: http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx

Once you follow the link, then scroll to the bottom of the page for Compliance Training. Here you can review the training process and access the Training Attestation Form.

Please sign the Attestation as evidence of your training on the Molina Healthcare Model of Care. Thank you for your immediate response and cooperation. This training requirement is mandated by CMS and must be performed annually.
Community Connector Program

Molina Healthcare implemented our Community Health Worker (CHW) program in August 2013. Our CHW program is called “Community Connectors”. They work with all Molina members, including our pediatric population and their families.

The Community Connectors work closely with our case managers and transitional care nurses to serve as member advocates. They provide outreach to locate and/or provide support for disconnected members with special needs. They educate, engage, and assist them with managing their healthcare needs. The Community Connectors conduct ongoing telephonic and face to face outreach visits as needed.

One of the main goals of the program is to empower members to navigate the healthcare system and be able to schedule appointments, arrange transportation, get prescriptions filled, etc. Community Connectors work with members to decrease barriers. They help with access to community resources such as housing, food, and furniture as well as teaching basic skills (i.e., grocery shopping, bill paying, etc).

There is a great need for CHWs in our community. We are currently serving Molina members in Wayne, Oakland, Macomb and Kent Counties. An overwhelming number of our members are not only in need of health care, but community resources. Although the program has only been in operation for one year, the Community Connector program is already a success. We have been able to reach out to many of our members and not only get them needed care, but also help integrate them back into the community.

We continue to reach out to our providers and the communities we serve so that we can provide our members with the appropriate tools to become empowered. To obtain more information on the Community Connector program you can call Molina Member Services at (888)898-7969.
Deficit Reduction Act (DRA)

The DRA aims to cut fraud, waste and abuse from the Medicare and Medicaid programs.

Molina Healthcare of Michigan maintains a comprehensive Fraud, Waste, and Abuse program. The program is held accountable for the special investigative process in accordance with federal and state statutes and regulations. Molina Healthcare of Michigan is dedicated to the detection, prevention, investigation, and reporting of potential health care fraud, waste, and abuse. As such, the Compliance department maintains a comprehensive plan, which addresses how Molina Healthcare of Michigan will uphold and follow state and federal statutes and regulations pertaining to fraud, waste, and abuse. The program also addresses fraud prevention and the education of appropriate employees, vendors, providers and associates doing business with Molina Healthcare of Michigan.

Health care entities like Molina Healthcare of Michigan who receive or pay out at least $5 million dollars in Medicaid funds per year must comply with the DRA. As a contractor doing business with Molina Healthcare of Michigan, providers and their staff have the same obligation to report any actual or suspected violation of Medicare/Medicaid funds either by fraud, waste or abuse. Entities must have written policies that inform employees, contractors, and agents of the following:

- The Federal False Claims Act and state laws pertaining to submitting false claims
- How providers will detect and prevent fraud, waste, and abuse
- Employee protection rights as a whistleblowers

The Federal False Claims Act and the Medicaid False Claims Act have Qui Tam language commonly referred to as “whistleblower” provisions. These provisions encourage employees (current or former) and others to report instances of fraud, waste or abuse to the government. The government may then proceed to file a lawsuit against the organization/individual accused of violating the False Claims acts. The whistleblower may also file a lawsuit independently. Cases found in favor of the government will result in the whistleblower receiving a portion of the amount awarded to the government.

Whistleblower protections state that employees who have been discharged, demoted, suspended, threatened, harassed or otherwise discriminated against due to their role in disclosing or reporting a false claim are entitled to all relief necessary to make the employee whole including:

- Employment reinstatement at the same level of seniority
- Two times the amount of back pay plus interest
- Compensation for special damages incurred by the employee as a result of the employer’s inappropriate actions

Affected entities who fail to comply with the law will be at risk of forfeiting all Medicaid payments until compliance is met. Molina Healthcare will take steps to monitor Molina Healthcare of Michigan contracted providers to ensure compliance with the law.

Molina maintains confidential reporting mechanisms that providers can use to report suspected fraud, waste, and abuse. The Molina Healthcare AlertLine is available 24/7 and can be reached at any time (day or night), over the weekend, or even on holidays. To report an issue by telephone, call toll-free at (866) 606-3889. To report an issue online, visit https://molinahealthcare.AlertLine.com.
Hydrocodone Schedule Change

Effective October 6th, 2014, Hydrocodone combination products (Norco, Tussionex, Vicoprofen, etc.) will be considered a Schedule II controlled substance. Federal law is mandating this change.

Restrictions for Schedule II controlled substances include: no phone or fax prescriptions (except in rare situations such as emergencies) and no refills. Existing refills, written prior to October 6th, 2014, may still be filled through April 8th, 2015. However, in some cases, the pharmacy may require a new prescription due to their internal computer system and company policies.

Please schedule appointments for patients who are taking hydrocodone combinations to develop strategies for pain control. Keep in mind that codeine and tramadol are now the only potent analgesics that are not Schedule II controlled substances. Prescriptions for these can still be called in, faxed in, or e-prescribed.

Molina Recognizes Unsung Heroes at 8th Annual Community Champions Awards

In May 2014 Molina Healthcare recognized the good deeds of six local community heroes at our eighth annual Community Champions Awards. The ceremony was held at the Rattlesnake Club in downtown Detroit, with an invocation by Pastor Solomon W. Kinloch, Jr. of Triumph Church and musical entertainment by Cass Technical High School Chorale Ensemble.

We congratulate this year’s winners, which included Grenae Dudley, Ph.D., from The Youth Connection, Katherine Emmanuel from Franklin Wright Settlements, Charles Keith from Gleaners Community Food Bank, Janet McAuliffe of Alternatives for Girls, Connie Navarro from Latinos Working for the Future, and Maggie Varney from Wigs 4 Kids.

“We proudly salute the hard work and dedication of these extraordinary individuals,” said Stephen Harris, president of Molina Healthcare of Michigan. “It was a pleasure honoring this year’s Community Champions Award winners for the dedication and commitment they put into serving those in need in our communities.”
Think Fall, Think Flu!

Spread the news - Molina members over the age of 18 years may now get their flu shot at any participating pharmacy!

In addition to reminding your patients of good health habits which can help them avoid getting sick, you may also wish to encourage them to receive a flu vaccine as the best way to prevent seasonal flu. All the member needs to do is take their Molina Healthcare insurance card to the pharmacy of their choice and ask the Pharmacist for help.

The 2014/2015 flu shot provides protection from four strains of influenza: H1N1, H3N2, and B/Massachusetts/2/2012-like virus. Additionally, this season's quadrivalent vaccine contains B/Brisbane/60/2008–like inactivated virus. The Centers for Disease Control and Prevention (CDC) specifically recommends flu shots for those patients at highest risk: patients with medical conditions including asthma, diabetes, and chronic lung disease, pregnant women, and people over 65 years of age and older.

Fall Brings a Spike in Asthma Admissions

Are your Molina Members Using Their Controller Meds?

Fall is here! During the summer, many asthma patients stop taking their controller medications. Asthma patients who don't take their medicines in the summer are more likely to suffer in the fall.

Molina encourages providers to contact their asthmatics patients and make sure they are filling their prescriptions or ask if they need refills. Review of pediatric admissions for asthma show 75% of the children had not filled any asthma medicines the month prior to admission.

May we offer a few suggestions when treating asthmatic members:

- Stress the importance of staying on a controller medicine even when feeling well, and filling controller medications following admission or asthma exacerbation
- Create an Asthma Action Plan and emphasize the importance of following the plan
- Have each patient demonstrate they know the difference between rescue and controller medications
- Evaluate the inhaler technique of each of your patients
- Peak Flow Meters are FREE - every Molina member with asthma should have one
Coding for Cerumen Removal – Documentation Required

CPT code 69210 should be reported when removal of impacted cerumen (ear wax) requires additional work tasks that go beyond a normal office visit. Typically, removal of impacted cerumen is included in an office visit to visualize the tympanic membrane, and is not considered a separate procedure.

The key to obtaining reimbursement for 69210 is to submit the appropriate documentation that states what and how the physician removed the cerumen. Please note, the following do not support reimbursement for code 69210:

- Simple removal of wax (included in the E/M code)
- Nurse removal of wax via a lavage
- Physician removal of wax via lavage

It is important to note that only the physician can bill for 69210. Effort and Instruments used must be documented (wax curettes, suction, or forceps) in the chart.

Coding Edits - What Are They?

Coding edits are in place to trigger coding pairs that are not typically billed together. Coding edits are based off the following coding guidelines:

- NCCI
- CMS guidelines
- State of Michigan/MDCH rules

A health plan has the right to implement coding edits to review codes that are high targets for fraud, waste, and abuse.

If a claim is denied because of a coding edit, and the provider is not in agreement with the identified edit, an appeal must be submitted. Along with the appeal, please provide documentation as to why reimbursement should be granted. Documentation may include the detailed physician notes for the patient visit.

Well Visits – Billing with the Appropriate E/M Level

When billing a patient “Well Visit”, along with an E/M level, please remember to bill the correct New/Established Patient code to avoid claim denial. E/M codes are frequently abused, especially higher level codes in both the New and Established visits. If billing the E/M code, documentation must support the use of a separate E/M visit code and the selected E/M level.

It is important to note that both visits cannot be documented as New Patient. The guidelines for selecting the correct E/M still apply. If both claims and/or line items on the same claim are coded as New Patient then one of the claims/lines will be denied.
Collaborative Care - Medical and Behavioral Healthcare

Collaborative care is a set of clinical activities that treat the whole patient. As medical costs for treating patients with chronic medical and comorbid mental health/substance use disorders can be 2-3 times higher than for beneficiaries who do not have comorbid MH/SUD conditions, the implementation of collaborative care is necessary.

Often people with chronic comorbid conditions are subject to social isolation, economic worries and a variety of problems that can lead to depression, anxiety, substance abuse and other behavioral disorders. It can be difficult to determine if the MH/SUD disorder is causing a more severe medical condition, or does the severe medical condition exacerbate the MH/SUD condition? Unfortunately many individuals with chronic medical conditions and co-occurring MH/SUD disorders are never diagnosed and treated for their behavioral conditions.

Utilizing a standardized tool, such as the nine-question Patient Health Questionnaire (http://mqic.org/guidelines.htm), PCPs can screen and monitor patients that are at risk for depression. Depression is commonly co-occurring with highly comorbid and costly conditions including diabetes, cardiovascular illnesses, asthma, cancers, inflammatory diseases and Parkinson disease.

Molina Healthcare of Michigan has developed a number of resources to assist PCPs in the evaluation and treatment of members with co-morbid conditions, including an in-house Behavioral Health Department that consults with PCPs. These resources include a Board Certified Psychiatrist, specialized psychiatric Registered Nurses, Social Work Case Managers and Community Connectors that assist members through face to face interactions in their home and community.

As a Molina Healthcare provider, these resources are available to you. To access behavioral health resources please call (888) 898-7969 and ask to speak to a behavioral health specialist.
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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