

Nursing Facility Partners in Care Newsletter

Spring 2017



Randy Langford, Administrator and staff of Pleasant Manor Health and Rehabilitation receive their MQL Plaque and pay-for-quality check.

Molina Quality Living Program - Over \$1.7 Million Awarded to Nursing Facilities!

The Molina Quality Living (MQL) Program has now hit a 2 year anniversary as of March 1st 2017! Molina was the first Managed Care Organization (MCO) to offer a pay-for-quality program with the Nursing Facility Carve-In. The program was designed to reward and encourage quality in nursing facilities.

The outcomes of the Molina Quality Living Program are impressive:

- Over \$1.7 Million Awarded from March 1st 2015 – December 31st 2016!
- 3,158 MQL Activities conducted in NFs
- 67,287 Resident lives enriched through attendance at MQL activities
- 75+ Molina Staff Volunteers participated in the MQL activities
- Almost 20% of Molina NF Members now reside in MQL qualified nursing facilities

In order to qualify for the MQL program, a nursing facility must be rated by CMS as an overall 4 or 5 star rating and have a minimum of 20 Molina Healthcare members. Once those thresholds have been met, certain CMS Quality Measures are reviewed. If the facility meets and/or exceeds both the National and the State average for those Quality

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Important Phone Numbers:

Customer Service:
(866) 449-6849

Provider Services:
(866) 449-6849
(Or call your assigned Provider
Services Representative)

Utilization Management:
(855) 322-4080

Service Coordination:
Phone: (866) 409-0039
Fax: (866) 420-3639

Nursing Facility
Questions/Issues:
NFProviderservices@
molinahealthcare.com

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MHTNF_SPRINGPIC2017_032217

Measures, then an additional \$10.00 per resident per month is awarded for each of those measures for a maximum of \$70 per resident per month. Payments are made on a quarterly basis.

Other benefits of the MQL program include Molina sponsored activities as conducted by the Nursing Facility Community Engagement Coordinators, as well as \$250 - \$500 per quarter in supplies support. Each nursing facility also receives a plaque, recognition on the Molina website and VIP servicing.

For more information on the Molina Quality Living Program, please email:
NFProviderServices@Molinahealthcare.com.

Nursing Facility Provider Satisfaction Survey Results

Nursing Facility Provider Satisfaction Surveys were completed in the Fall of 2015 as well as the Fall of 2016. The goal of the Provider Satisfaction Survey is to identify opportunities for improvement in meeting the Nursing Facilities expectations.

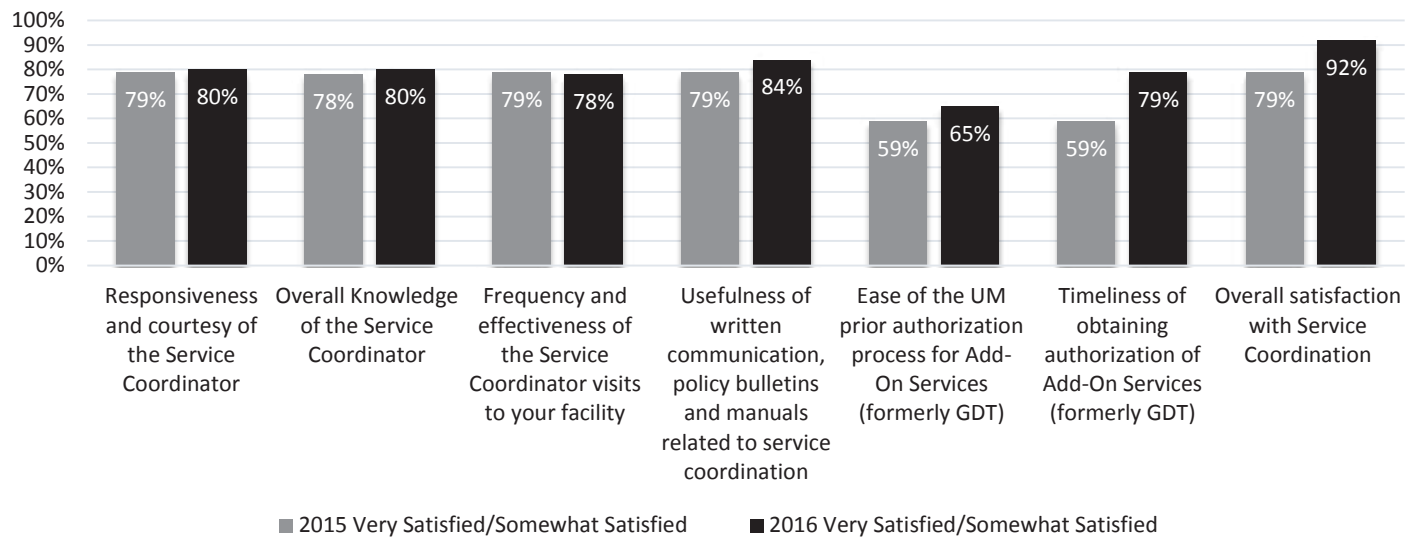
Each person that completed the survey was entered into a drawing for a \$100 gift card. Congratulations to the Assistant Business Office Manager at Gulf Healthcare Center on winning the drawing.

Surveys were completed regarding Provider Services (mainly dealing with claims) and Service Coordination of members. Generally, year over year, NF satisfaction has improved. Since one of Molina's key company values is "feedback is a gift", we always have opportunity to improve.

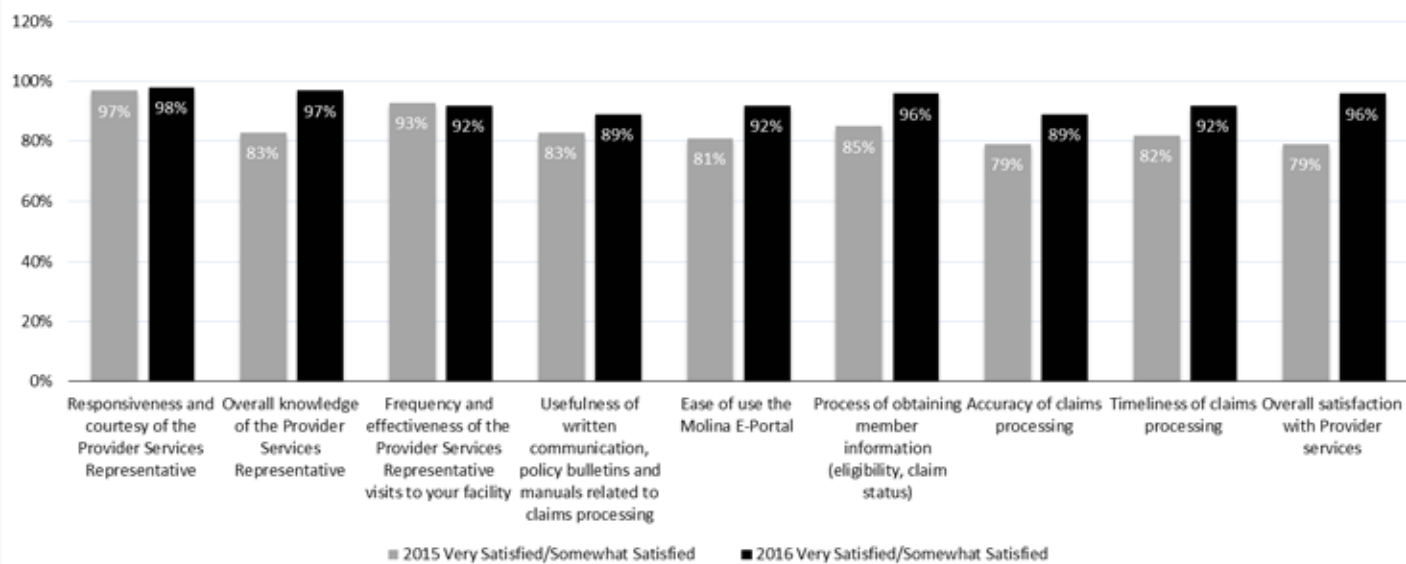
The feedback is used to create performance improvement plans to better meet the needs and expectations of nursing facilities.



Nursing Facility Provider Satisfaction Survey Service Coordination/Prior Authorization Process



Nursing Facility Provider Satisfaction Survey Provider Services/Claims Processing



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Community Engagement Spotlight: Meaningful Moments – Dallas Museum of Art

The Molina Quality Living Program partnered with the Dallas Museum of Art to host a “Meaningful Moments Day” for nursing facility residents living with dementia. This outing offered a unique opportunity to learn about art, as well as create an environment to relive old memories.

Nursing Facility Residents, escorted by 10 Molina Staff volunteers, were provided a private tour by a Museum Director, where they:

- viewed specific pieces from the European Art Collection which allowed residents to reminisce about old memories
- held pieces of art from the collection to promote a stimulative reaction
- created a special art project with the Museum’s Art Director for the residents to take home as a memory of their trip to the Dallas Museum of Art



Texas Health and Human Services (HHS) and Molina are partnering to bring you: Texercise Classic

Texercise Classic is a 12 week exercise program, conducted once per week, which can fit easily into any activity calendar and can be adapted to best fit the health and wellness needs of residents. Regular exercise can be a major factor in preventing and minimizing a variety of chronic conditions often found in the elderly.

Activities Directors are invited to attend a training session sponsored by HHS and Molina to learn how to conduct the program, and pick-up a Texercise Coordinator Kit for easy implementation.

Contact NFProviderServices@Molinahealthcare.com for more information and dates of training in your area.



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Marketplace Plans (Health Care Exchange)

Molina Marketplace is insurance coverage for those who enroll through the Health Care Exchange. Molina offers several choices with regard to Marketplace plans, including Gold, Silver and Bronze. All Marketplace plans offer a 25 days per year SNF benefit. Prior authorization is necessary in order to be paid for a skilled nursing facility stay.

Marketplace requires a separate contract with Molina or a Single Case Agreement (SCA). Verification of benefits is crucial due to the varying plans, deductibles, co-pays and out of pocket expenses as well as the number of SNF days previously used.

Marketplace Claims

- Follow UB04 Medicare claim format
 - File claim directly on Molina Portal
 - Electronic claim submission
 - Clean Claims for Marketplace will be adjudicated within 30 days of submission
- Filing Deadlines
 - 95 Days from the beginning date of service; OR
 - 95 Days after the date on the Remittance and Status (R&S) Report or explanation of payment from another carrier or contractor
- Claims corrections, appeals, and reconsiderations must be completed within 120 days from the remittance advice date

Change of Ownership (CHOW) Contracting Reminders

Any change of ownership requires a new contract to be executed for custodial care, SNF, Marketplace and MMP. As with all CHOWs, the outgoing owner will be placed on vendor hold by HHSC approximately 30 days prior to the effective date, therefore Molina will be unable to process those claims until the vendor hold is lifted by HHSC.

The new owner should not bill for services via TMHP or directly on the Molina portal until after checking with the assigned Provider Services Representative (PSR) to assure that the new ownership is properly set up in the Molina claims payment system.

To request a new contract please contact: TexasExpansionContracting@molinahealthcare.com

If you have any further questions, please contact your PSR or email: NFProviderServices@Molinahealthcare.com

Utilization Management Department

New Policy – Members returning to the same NF after hospitalization

In response to the urgency of an existing NF member returning from the hospital to the same NF while requiring skilled care, Molina has adopted a modified prior authorization process to allow the quick movement of the member.

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Prior Authorization (PA) is required for Skilled Care (SNF). The NF has up to 72 hours to submit the PA request for member returning to the same NF after a hospitalization.

Prior Authorization Process for returning members only:

- NF must submit PA request for SNF and supporting documentation within 72 hours of admission
- Medical necessity must be met for SNF
- Reimbursed at the Medicare SNF RUG rate back to the date of admission (no more than 72 hours) if the PA meets medical necessity for SNF
 - If the PA does not meet medical necessity, the NF will be reimbursed at the contracted Custodial RUG rate

Mental Health/Behavioral Health Services

The following benefits are available to Molina members and are a responsibility of the Health Plan:

- Mental health hospitalization
- Mental health outpatient services
- Psychotropic Drugs
- Mental health services within the scope of primary care physician
- Psychologists
- Psychiatrists

For Nursing Facility members, prior authorization must be obtained for the following behavioral health codes *before* services are rendered at the nursing facility. The Behavioral Health provider is responsible for obtaining prior authorization.

90791	Psych diagnostic evaluation	90847	Family psytx w/patient
90792	Psych diag eval w/med srvcs	99211	Office/outpatient visit est
90832	Psytx pt&/family 30 minutes	99212	Office/outpatient visit est
90834	Psytx pt&/family 45 minutes	99213	Office/outpatient visit est
90837	Psytx pt&/family 60 minutes	99214	Office/outpatient visit est
90846	Family psytx w/o patient	99215	Office/outpatient visit est

Custom Powered Wheel Chairs (CPWC)

Custom Powered Wheel Chairs are a benefit available to nursing facility members as an Add-On Service. The CPWC requires prior authorization that must be obtained by the DME vendor, but requires collaboration between the NF and the DME vendor. Health and Human Services produced very specific guidelines regarding qualifying for CPWC, which includes a trial in a chair by a resident. HHSC also clarified in the guidance that the nursing facility is responsible for the routine maintenance and repair, including battery replacement of the member's CPWC. Please refer to the link for more complete guidance from HHSC regarding CPWC.

https://hhs.texas.gov/sites/hhs/files//documents/laws-regulations/handbooks/sph/policy-updates/16-04-11_003.pdf

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Service Coordination

Nursing Facility Notifications to Service Coordination

Nursing Facilities are contractually obligated to notify Molina Service Coordination of certain events that occur with Molina members. These notifications can be done via email, fax or phone, but always must be in a HIPAA compliant manner.

The NF should notify Molina Service Coordination within one business day of the following events:

- Unplanned admission or discharge to a hospital or other acute facility, skilled bed, or another nursing home; long term care services and support (community/home).
- Adverse change in a member's physical or mental condition or environment that could potentially lead to hospitalization.
- Emergency room visit.

Other Notifications:

- Notify the Service Coordinator of any allegations of abuse or neglect or reportable incidents to DADS that involves a Molina member.
 - Provide the Service Coordinator with a copy of the DADS Investigative Report (form 3616A) and supporting documentation for any incident reported to DADS that involves a Molina member.
- Notifying the Service Coordinator of any other important circumstances such as the relocation of residents due to a natural disaster.
- Notifying the Service Coordinator if a member moves into hospice care.
- Notifying the MCO Service Coordinator within 72 hours of a member's death.

Medical Transportation

Emergency Transportation

When a Member's condition is life-threatening and requires use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate facility, emergency transportation is thus required. Emergency transportation includes but is not limited to ambulance, air, or boat transports.

Emergency Ambulance Transportation does NOT require authorization.

Non-Emergency Ambulance transportation

Molina Healthcare is responsible for authorizing non-emergency ambulance transportation for a Member whose medical condition is such that the use of an ambulance is the only appropriate means of transportation. (i.e., alternate means of transportation are medically contra-indicated.)

- All billing and payment occurs directly between the Ambulance provider and Molina
- Please refer to HHSC Guidance on NF Non-Emergency Transportation (9/4/15): <https://hhs.texas.gov/services/health/medicaid-and-chip/provider-information/contracts-and-manuals/texas-medicaid-and-chip-uniform-managed-care-manual>
- Nursing Facility providers must obtain authorization
- Ambulance providers must be contracted and credentialed with Molina

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Routine Non-Emergency transportation

The Nursing Facility is responsible for providing routine non-emergency transportation services.

- The cost of such transportation is included in the Nursing Facility Unit Rate.
- Transports of the Nursing Facility Members for rehabilitative treatment (e.g., physical therapy) to outpatient departments, or to physician's offices are not reimbursable services by Molina Healthcare.

Nursing Facility Respite Care Guide

Prior Authorization Process


When a member's caregiver determines that a respite stay in a Nursing Facility is required, the caregiver will notify Molina Member Services to initiate the process. A Molina Healthcare Service Coordinator will assist the caregiver in determining placement and will coordinate with the Utilization Management Department to issue the authorization to the Nursing Facility.

See below an example of "Notification of Authorized Services" that is faxed to the Nursing Facility prior to the respite stay.

Respite Care Claims Criteria

- Clean Claims will be adjudicated within 30 days of submission
- All respite claims should follow the UB04 claims format
- Claims must be filed directly on the Molina E-Portal, as TMHP is not an option for respite billing
- Filing Deadlines
 - 95 Days from the beginning date of service; OR
 - 95 Days after the date on the Remittance and Status (R&S) Report or explanation of payment from another carrier or contractor.

Claims corrections, appeals, and reconsiderations must be completed within 120 days from the remittance advice date



84 Northeast Loop 410, Ste 200
15115 Park Row Blvd, Ste 110
5605 N. MacArthur Blvd, Ste 400
Toll Free for all offices: Phone: 866-409-0039

San Antonio, TX 78216
Houston, TX 77084
Irving, TX 75038
Fax: 866-420-3639

This reference/authorization number is not a guarantee of reimbursement or of the patient's medical expenses. Reimbursement is based on the eligibility, medical necessity and benefit provisions of the patient's plan at the time services were rendered.

Notification of Authorized Services Current Date: March 16, 2017

To: HAPPY HOME NURSING AND REHAB

Company/Department: IN-NURSING FACILITY RESPITE

Fax No.: (777) 555-1234

From:

Department From: Molina Healthcare of Texas

Phone No./Extension: 1-866-409-0039

Return Fax Number: 1-866-420-3639

Member Information		
Member Name (Last, First) <u>SMITH, JOHN</u>	Date of Birth <u>05/02/1926</u>	Medicaid #: <u>888888888</u>
Address (No., Street, City, State, Zip) <u>1234 SUNSHINE BLVD</u>		Phone Number <u>(777) 555-4321</u>
Units per Week: <u>8X</u>	Days per week: <u>8X</u>	CPT HCPC: <u>85151</u>
Diagnosis: <u>850.0 R15.1</u>	Modifier: <u></u>	Auth Period: <u>05/15/16-11/30/16</u>
Tasks: <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Exercise <input type="checkbox"/> Feeding <input type="checkbox"/> Grooming <input type="checkbox"/> Hair/Skin Care <input type="checkbox"/> Toileting		
<input type="checkbox"/> Transfer/Ambulation <input type="checkbox"/> Cleaning <input type="checkbox"/> Laundry <input type="checkbox"/> Meal Prep <input type="checkbox"/> Escort <input type="checkbox"/> Shopping <input type="checkbox"/> Med Reminder		
Comments - ITEMIZE SUPPLIES REQUESTED		
SCHEDULE REQUESTED: (Out of home Respite: 1 day = 1 unit)		Authorization Number
NF Option: <u>55131 (RUG Level B1, Rate: \$10548)</u>		<u>1410301555</u>
Effective Date		<u>05/23/16 05/30/16</u>
Previous balance: <u>10</u>		
Total requested: <u>8</u>		
Remaining balance: <u>22</u> *****NO MODIFIER*****		

CONFIDENTIALITY NOTICE

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Filing Respite Claims in the Molina E-Portal

From the Molina E-Portal home page, select “Claims”

From the left side bar, select “Create Institutional Claims (UB04)”

The screenshot shows the Molina Healthcare Provider Self Services portal. The left sidebar contains a 'Claims' menu with the following options: Member Eligibility, Claims, Claims Status Inquiry, Create Professional Claim (CMS-1500), **Create Institutional Claim (UB04)**, Open Saved Claims, Create/Manage Claims Template, Export Claims Report to Excel, Service Request/Authorization, HEDIS Profile, Member, and Reports. A red arrow points to 'Create Institutional Claim (UB04)'. The main content area includes a 'Quick Member Eligibility Search' bar with a search box and a 'Go' button. Below this are three sections: 'What's New' (For expedited credentialing), 'Important!' (Please notify Molina Healthcare at least 30 days in advance when you have any of the following), and a 'Poll' (Do you like our new look?).

Enter the Member number or Medicaid number and authorized service dates (Member demographics will self populate)

What would you like to do? ☒ Create Claim ☐ Correct Claim ☐ Void Claim

Eligibility Check
Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID:

OR

Last Name: First Name: Date of Birth: (mm/dd/yy)

AND

Statement From Date: (mm/dd/yyyy) Statement To Date: (mm/dd/yyyy)

Insured's Information

Last Name: First Name: Middle Initial:

Insured's ID: DOB: Sex:

Address1: Address2:

City: State: Zip Code:

Insured Group Number: Employer Name:

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated

Patient Relationship to Insured:

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The following fields will need to be completed:

Is there another Health Benefit Plan: This is usually not applicable in Respite billing.

Type of Bill -NF options - select the type of bill using the look up window and/or the following guidelines:

- 211 admit-discharge same month
- 212 admit- still a patient
- 213 continuing stay claim
- 214 discharge claim

Admission Date - Enter the Date of admission/start date of the prior authorization

Admission Type - Elective

Admission Source - Utilize the lookup window for the appropriate code

Admission Hour - Enter the time the member entered the facility

Discharge Hour - Enter the time the member left the facility

Status - utilize the look up window for the appropriate code

Value Code – Enter 80 as that is the code denoting covered days

Amount – Enter the number of authorized days

Other Insurance
Is there another Health Benefit Plan? ☐ Yes ☒ No

Type of Bill: 211

Patient Conditions
Patient Condition related to: Employment ☐ Yes ☐ No Auto Accident ☐ Yes ☐ No Other Accident ☐ Yes ☐ No

Admission Date: 05/23/2018 (mm/dd/yyyy)
Admission Hour: 12 (0-23)
Admission Type: Elective
Admission Source: 9
Discharge Hour: 12 (0-23)
Status: 01

Condition Codes: Add Another Condition Code
Occurrence Codes: Occurrence Date: (mm/dd/yyyy) Add Another Occurrence Code
Occurrence Span Codes: Occurrence Span From: (mm/dd/yyyy) Occurrence Span To: (mm/dd/yyyy) Add Another Occurrence Span Code
Value Code: 80 Amount(\$): 8 Add Another Value Code

Next Save For Later Save as Template Cancel

Select the “Next” button at the bottom of the screen.

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Billing Provider Information - Select the billing provider from the drop down list of facilities. When the facility is selected, information will self populate.

Patient Control Number - facility identification number (medical record number)

Revenue Code – should always be 0663

HCPCS – should always be S5151, as stated on the authorization

Service date - Is the beginning date of the claim (our portal uses this date to count forward)

Service Units - number of days billed/authorized

Total Charges - The daily rate is listed on the authorization

Assignment of benefits - select the appropriate response from the drop down box

Release of information - select the appropriate response from the drop down box

Authorization Number – The authorization number is printed on the Prior Authorization form

Diagnosis codes – The diagnosis code is printed on the Prior Authorization form

POA - (Present on Admission) is not a required field

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Complete the physician information.

Attending Physician*

NPI: First Name: Last Name: Secondary ID Qualifier: Provider Secondary Identifier:

Select Physician Type: Select

NPI: First Name: Last Name: Qualifier: Provider Secondary Identifier: **Add Another Physician**

Supporting Information

Type of Attachment: Select

File: Browse... Upload

Supported file formats are PDF, TIF, JPG, BMP and GIF. Upload 1 file at a time.
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Remarks
Clinical Notes or Comments: 256 character Max

256 characters remaining.

Previous **Next** **Save For Later** **Save as Template** **Cancel**

Select the “Next” button from the bottom of the screen.

UB-04 Facility Claim

Member **Provider** **Summary**

Expand All **Print** **Previous** **Save For Later** **Save as Template** **Submit** **Save For Batch** **Cancel**

Member Summary

Provider Summary

Authorization Summary

Print **Previous** **Save For Later** **Save as Template** **Submit** **Save For Batch** **Cancel**

At this point, the “Expand All” button can be utilized to view the completed UB04.

After reviewing the claim, select “submit claim”.

Provider Training Events

Join us and learn more about being a Molina STAR+PLUS and MMP Nursing Facility Provider. Molina's Provider Training sessions offer an opportunity to learn about upcoming changes and information on Care Coordination, Prior Authorizations, Claims, Billing and the benefits of being a Molina provider. Molina representatives will be available to answer your questions.

Webinar

Friday, May 5, 2017

10:00 a.m. CST

Go to: <https://molina.webex.com/molina/j.php?MTID=mcb0ecf7f2eef3697bf1ef784ebb7836f>

US Toll Free: 855-665-4629

Meeting Number: 806 583 473

Webinar

Friday, June 16, 2017

10:00 a.m. CST

Go to: <https://molina.webex.com/molina/j.php?MTID=m6d8453c65862622b71ccbc498ac7e3cb>

US Toll Free: 855-665-4629

Meeting Number: 804 886 510

Webinar

Friday, July 28, 2017

10:00 a.m. CST

Go to: <https://molina.webex.com/molina/j.php?MTID=m7b8670107947c8301d4661d252784e33>

US Toll Free: 855-665-4629

Meeting Number 806 714 559

Webinar

Friday, September 8, 2017

10:00 a.m. CST

Go to: <https://molina.webex.com/molina/j.php?MTID=mbe84d68ebaf0dcf0901215cdad587621>

Toll Free: 855-665-4629

Meeting Number: 804 900 468

Webinar

Friday, October 20, 2017

10:00 a.m. CST

Go to: <https://molina.webex.com/molina/j.php?MTID=m62105c4f511d507cf61a5a98219d71da>

Toll Free: 855-665-4629

Meeting Number: 808 839 527

Webinar

Friday, December 1, 2017

10:00 a.m. CST

Go to: <https://molina.webex.com/molina/j.php?MTID=m72fe25fc8d16b90f34538e2fc1e202e7>

Toll Free: 855-665-4629

Meeting Number: 805 253 869

If you have any questions, please email Molina Healthcare Nursing Facility Provider Services at NFProviderservices@molinahealthcare.com.

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Resources and Links:

NFProviderServices@MolinaHealthcare.com – any questions related to nursing facilities can be directed to this email box. The box is monitored daily and questions are routed to the most appropriate department to provide the response.

Nursing Facilities Partners in Care Spring 2015 Newsletter

- Common Reasons for NF Claims Denials

<http://www.molinahealthcare.com/providers/tx/medicaid/comm/PDF/TX-medicaid-provider-newsletter-spring-2015.pdf>

Nursing Facilities Partners in Care Fall/Winter 2015 Newsletter

- Common Reasons for NF Claims Denials
- Correcting Denied Claims in the Molina E-Portal
- Claims Report in Excel
- NF Provider Issue Log
- NOMNC Process
- Non-Emergency Ambulance Transportation Authorizations

<http://www.molinahealthcare.com/providers/tx/medicaid/comm/PDF/Nursing-Facility-Fall-2015.pdf>

Nursing Facilities Partners in Care Fall 2016 Newsletter

- Prior Authorization – SNF and Therapy
- Market Place Plans
- Electronic Funds Transfer (EFT)
- “Money Follows the Person” program (MFP)
- Claim Tid-Bits
- Claim Correction Tips
- Claim Appeals

<http://www.molinahealthcare.com/providers/tx/medicaid/comm/PDF/Fall-Newsletter-2016.pdf>

Add-On Therapy Services (formerly known as Goal Directed Therapy) Prior Authorization and Claim Filing Process

<http://www.molinahealthcare.com/providers/tx/PDF/Medicaid/Nursing-Facility-STAR-PLUS-Add-on-therapy-prior-authorization-and-claim-filing-process.pdf>

Prior Authorization Guide/Form

<http://www.molinahealthcare.com/providers/tx/medicaid/forms/PDF/MHT-Prior-Auth-Guide-Q1-2017.pdf>

<http://www.molinahealthcare.com/providers/tx/medicaid/forms/PDF/2017-MHT-PA-Code-Matrix-Q1-1-1-17.pdf>

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Behavioral Health Prior Authorization Form

<http://www.molinahealthcare.com/providers/tx/medicaid/forms/PDF/Behavioral-Health-Prior-Authorization-Form.pdf>

NF Explanation of Payment Guide

<http://www.molinahealthcare.com/providers/tx/PDF/Medicaid/nursing-facility-explanation-of-payment-guide.pdf>

NF Provider Manual

<http://www.molinahealthcare.com/providers/tx/medicaid/manual/PDF/Provider-Manual-Nursing-Facility.pdf>

NF Provider Orientation – STAR+PLUS

<http://www.molinahealthcare.com/providers/tx/medicaid/comm/PDF/Provider-Orientation-STARPLUS-Nursing-Facility.pdf>

NF Provider Orientation – MMP (Medicare Medicaid Program)

<http://www.molinahealthcare.com/providers/tx/PDF/Medicaid/nursing-facility-medicare-medicaid-plan-provider-training.pdf>

HHSC Guidance on NF Non-Emergency Transportation (9/4/15)

<https://hhs.texas.gov/services/health/medicaid-and-chip/provider-information/contracts-and-manuals/texas-medicaid-and-chip-uniform-managed-care-manual>

HHSC regarding CPWC

https://hhs.texas.gov/sites/hhs/files/documents/laws-regulations/handbooks/sph/policy-updates/16-04-11_003.pdf

The Molina “Contract Request Form”

http://www.molinahealthcare.com/providers/tx/medicaid/forms/PDF/33216_TX_%20Medicaid_Contract_Request_Form_Final.pdf



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5605 N. MacArthur Blvd., Suite 400
Irving, TX 75038

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Spring 2017**

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