

# PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks



## Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

### Focusing together on a positive patient experience will have many important benefits to your practice:

- Increased patient retention
- Increased compliance with physician clinical recommendations
- Improved patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates.

### Please encourage your patients who have received the CAHPS survey to participate.

Listed below are a few topics addressed in the survey regarding patient care:

- Getting Needed Care
- Getting Care Quickly
- How Well the Doctors Communicate

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Here are a few suggestions that may help:

| Maximize all visits  | Enhance patient triage process  | Encourage Open Communication  |
|--|---|---|
| <p>For patients who are seen for an office-based E&amp;M services (a sick visit) and are due for a preventative health care visits, consider performing a preventative health care visit if time and indication allow. If time does not allow, please schedule the preventive health care visits for another time.</p> | <ul style="list-style-type: none"> <li>• Consider assigning staff to perform preliminary work-up activities.</li> <li>• While waiting provide something to occupy their attention such as reading materials.</li> <li>• Give a brief explanation for any provider delays and provide frequent updates.</li> </ul> | <p>Review all treatment option with patient.</p> <ul style="list-style-type: none"> <li>• Review all medications to ensure understanding for taking medication properly.</li> <li>• Offer resources, such as health education material and interpreters.</li> <li>• Show empathy and take complaints seriously. Try to resolve their issues immediately.</li> </ul> |

**Additional CAHPS information including, a list of Frequently Asked Questions (FAQ), CAHPS tip sheet and a Provider brochure are available at:**  
<https://www.molinahealthcare.com/providers/mi/PDF/Duals/CAHPS-Provider-Brochure.pdf>

**Molina Healthcare’s 2018 HEDIS<sup>®</sup> and CAHPS<sup>®</sup> Results**

The Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) is a survey that assesses Molina members’ satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received results of how our members scored our providers and our services.

**Medicaid:** In 2018, Molina Healthcare’s best rated measure was customer service, which was within one percentage point of meeting the national 75<sup>th</sup> percentile. We need to improve on the rating of our health plan, the rating of personal doctors, rating of specialist seen most often, as well as getting members needed care.

**Medicare:** In 2018, Molina Healthcare demonstrated improvement in the customer service rating, rating of health plan, and rating of personal doctor. There is opportunity to improve the percentage of members who receive the flu and pneumonia vaccines.

**Marketplace:** In 2018, Molina Healthcare demonstrated improvement in the rating of getting needed care, rating of all health care and rating of personal doctor. Rating of customer service was identified as an area of opportunity, as well as getting care quickly.

**MMP:** In 2018, Molina Healthcare observed improved scores for getting needed care, getting care quickly, and rating of health plan. There is opportunity to improve the percentage of members who receive the flu and pneumonia vaccines.

Another tool used to improve member care is the Healthcare Effectiveness Data Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

**Medicaid:** In 2018, Molina Healthcare improved our HEDIS® performance in the areas of cancer screening, including breast cancer screenings and cervical cancer screenings. We also improved with testing and monitoring diabetic members for nephropathy. We need to improve our rates for diabetic member testing and monitoring for blood pressure control and rates for follow-up for children prescribed ADHD medication.

**Medicare:** In 2018, Molina Healthcare improved our performance in the areas of pharmacotherapy management of COPD exacerbation and follow-up after hospitalization for mental illness. We also demonstrated that we are providing better care for older adults (use of high-risk medications in the elderly and use of spirometry testing in the assessment and diagnosis of COPD). Areas that need improvement are controlling high blood pressure and colorectal cancer screening.

**Marketplace:** In 2018, Molina Healthcare observed improved scores among comprehensive diabetes care measures, including eye exams among members with diabetes and testing and monitoring for nephropathy among members with diabetes. Areas that need improvement are adult BMI assessment and cervical cancer screening.

**MMP:** In 2018, Molina Healthcare observed commendable rates for comprehensive diabetes care measures, including eye exams and medical attention for nephropathy. Areas for improvement include breast cancer screening and colorectal cancer screening.

You can look at the progress related to the goals that Molina Healthcare has set for the annual CAHPS® survey results and the annual HEDIS® measures in more detail on the Molina Website. You can also view information about the QI Program and print a copy if you would like one. Please visit the provider page on Molina's website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

## Smoking Cessation

### Encourage your patients to stop smoking

Practitioners are in a unique position to intervene with patients who use tobacco. One simple question can have a huge impact on your patient's health. The question ***“Are you ready to quit using tobacco?”*** might just open the door to your patient taking the first step to improve their health and possibly save their life.

## Michigan QuitLine

At Molina, we understand the risks associated with tobacco use and the benefits of quitting, that's why we are providing you with information about the Michigan QuitLine (1-800-QUIT-NOW or 1-800-784-8669) tobacco cessation program.

The program provides counseling and pharmacological support to all Molina members who enroll. Members aged 12 and older are eligible to participate in the tobacco cessation program.

Participants enroll online or by telephone, receive personalized coaching, guidance on tobacco cessation medications, email and text support, and educational materials. Participants work with a coach to prepare a quit plan, set a quit date, understand tobacco triggers, manage cravings, and address relapses.

Your patients will receive a series of coaching calls to offer support and guidance while they attempt to quit. They can enroll either by self or provider referral. Once enrolled, they will be assigned a "Health Coach" who will keep track of his/her progress.

### **Michigan QuitLine (QuitLogix®) Program Components**

Participants will have access to a variety of resources:

- Tobacco cessation coaches available 17 hours/day; 7 days/week; 363 days/year
- Up to 5 proactive coaching sessions with unlimited inbound calls
- Full pharmacotherapy program including Nicotine Replacement Therapy provisions and coordination of pharmacy benefits
- eCoach—a web-based, text messaging, email and mobile program available 24/7
- Clinical oversight and extensive training of coaches and staff by National Jewish Health faculty

### **How to Refer Patients**

<https://michigan.quitlogix.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients>

**Provider Web Referral** (For Patients Without NRT Contra-indications) [Provider Web Referral](#)

**eReferral** – Use the Contact Us page if you are interested in using eReferral

<https://michigan.quitlogix.org/en-US/Contact-Us>

**Fax Referral Form** <https://michigan.quitlogix.org/CMSPages/GetFile.aspx?guid=cbbf7b04-5f55-4887-9967-dc288e650004>

### **Tobacco Cessation Counseling preformed at your office**

Your tobacco cessation counseling with your patient can be documented using the codes below.

| HCP/CS/CPT CODE | TYPE OF COUNSELING | DESCRIPTION  |
|-----------------|--------------------|--|
| 99406           | Intermediate       | Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes |
| 99407           | Intensive          | Smoking and tobacco use cessation counseling visit is greater than 10 minutes                                  |

## Medicaid Dental Benefits for Pregnant Women



Molina Healthcare provides dental services to pregnant women, ages 19 to 64. Pregnant Medicaid members will be able to use their Molina Healthcare Medicaid ID card to obtain dental services.

Molina Dental Services under Medicaid are provided to members at no cost. Molina's dental benefit includes cleaning, fillings and other preventive services.

Early prenatal care is an important way to prevent complications in pregnancy that can

affect the health of both mother and baby. Prenatal visits should begin as soon as the pregnancy is confirmed or immediately after the member is enrolled.

Use the **Notification of Pregnancy Form** to assist Molina with early identification of your pregnant patients. This ensures they receive educational materials and enrollment in the enhanced Medicaid benefit which provides dental coverage during pregnancy through 90 days after they deliver.

The form is available on the website under the header **Provider Forms**

<https://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx>

**Fax forms to: (844) 861-1932 ATTN: Quality Management**

### **Important Note**

**Intake documents for visits performed by an RN must be co-signed by the attending physician overseeing the patient's care.**

We're here to help! Please call the M.O.M.S. Program at (888) 898-7969, Monday - Friday, from 8 a.m. to 5 p.m., EST. If you are hearing impaired, please call our TTY line at 711, Monday - Friday, from 8 a.m. to 5 p.m., EST. You may also visit [MolinaHealthcare.com](http://MolinaHealthcare.com).

## Provider Portal Corner

Third Party Billers (3PB) have access to certain functions in the Provider Portal.



Molina contracted Providers may now grant access to their contracted third-party billers who will be able to log into the Provider Portal. Once they are registered and granted access by a provider they can utilize the following functionality:

- Member Eligibility Inquiry
- Member Roster
- Claims (Inquiry & Submission)

To register a 3PB, the Provider Portal Account administrator for the Provider’s office must invite the 3PB via the “Manage Users” function. Once the new 3PB user is selected to Invite, the administrator will:

- Select “Biller” as the user role
- Attest to the Third-Party Biller contract and BAA status
- Once the invitation is submitted, the 3PB will receive an invitation via the email address provided.

**Manage User Screen**

User Details  
User Id: AdminAccount121

Functionality Access

| Provider                               | Role   |
|--|--------|
| MOLINA HEALTH - 123456789 - xxx5555    | Biller |
| MOLINA HEALTH PC - 123456789 - xxx6556 | Biller |

Yes  No Click here if this invitation is for a Third Party Biller outside of your organization  
 Click here if you attest that the Third Party Billing firm has an active contract with your organization  
 Click here if you attest that the Third Party Billing firm has a current business associate agreement with your organization

Save Go Back

If a role type is not selected, it is defaulted to "Basic"

Please note the following: The 3PB can toggle between multiple Pay-To groups from the same state with one user ID, similar to the non-3PB Biller role. If they need access to another state’s Pay-To group, they will need to create a separate User ID with a different email address.

## 2019 Provider Manuals

The 2019 Provider Manuals are available on Molinahealthcare.com. The provider manual is intended to provide Molina contracted Providers with guidance in understanding Molina Healthcare’s programs, processes and policies. Manuals may be revised as Molina Healthcare’s policies, programs or regulatory requirements change. All changes and revisions will be updated and posted to the Molina Healthcare website located at [www.molinahealthcare.com](http://www.molinahealthcare.com).

## Prior Authorization Updates

The Prior Authorization Guide and Prior Authorization Code Matrix are updated for an **April 1, 2019 effective date**. All Provider Authorization tools are available online at <http://www.molinahealthcare.com> under “Forms” and services that require a prior authorization are easily searchable within the PA Code Matrix.

## Appeals and Grievances\Claims Disputes

All providers have the right to appeal any denial decision made by Molina. Any denied claim for a service that requires authorization is considered a post-service appeal. Appeals are reviewed by the Molina Appeals Team and resolved within 30 days.

Molina values our providers. In cases where a claim was denied or processed incorrectly provider may submit a written claims dispute form located on the Molina website:

[Preferred method of submission is through the provider portal as you will receive a claim adjustment or denial within 45 days for a Claim Dispute and 30 days for an appeal.](#)

### Before submitting you appeal verify:

- ✓ Member Eligibility
- ✓ Contracting Line of Business
- ✓ Member Benefits
- ✓ PA Guide for Authorization Needs

## Molina Provider Portal

<https://provider.molinahealthcare.com/provider/login>

### Submitting Provider Appeal/Dispute Request Form Via Provider Portal:

1. Log onto the Molina Provider Portal [WWW.Molinahealthcare.com](http://WWW.Molinahealthcare.com)
  - Click on “I’m a Health Care Professional”
  - Log In with your User ID and Password. If you are not yet registered contact your Provider Services Representative for your unique Provider ID Number.
2. Click on “Claims”, “Claims Status Inquiry”

The screenshot shows the Molina Provider Portal interface. On the left is a navigation sidebar with a red arrow pointing to the 'Claims' menu. The main content area is divided into three columns: 'Messages and Announcements' (showing 0 new messages), 'Recent Activity' (with links to view recent activity), and 'Quick Member Eligibility Search' (with a search box for Member ID). Below these are sections for 'What's New', 'Important!' (regarding a specialty drug provider change), and 'Feed Diffe'.

3. Select the Claim you are appealing/disputing.
4. After the Claim is selecting, the Claim Detail Page will appear, select the Appeal Claim Button. click on "Appeal Claim" at the bottom of the page.



5. The Provider Appeal Request Form page comes pre-populated with details from the original claim, complete and click "submit".
  - All populated data cannot be updated, these values are set and cannot be changed.
  - Email Confirmation will be received

### Appeal Attachment Rules

- Attach any supporting documents that are related to the appeal request.
- Maximum file size is 5MB for individual files, and 20MB for the total size of all attachments.
- Attachment must be submitted in on the following formats: .tif, .gif, .pdf, .bmp, or .jpg.
- Attachments can be uploaded by using the Supporting information section.
- Once all fields have been completed and attachments made, you must agree to the terms and conditions by typing your name into the Submitter Name field.
- The check box next to the disclaimer at the bottom of the form will also need to be selected.
- The appeal request is considered complete once the Submit button has been selected at the bottom of the form.

Once all fields have been completed and attachments made, you must agree to the terms and conditions by typing your name into the Submitter Name field.

### You may also submit an appeal via:

Fax:  
Molina Healthcare of Michigan  
Attn: Provider Appeals  
248-925-1799

Mail:  
Molina Healthcare of Michigan  
Attn: Provider Appeals  
880 West Long Lake Rd., Suite 600  
Troy, MI 48098

<https://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/Claim-DisputeAppeal-RequestForm.pdf>



## Reminder CHAMPS Registration Required

In accordance to MDHHS Bulletin (MSA 17-48), any individual and entity that provides services, or order and prescribes services, for individuals with Michigan Medicaid coverage must enroll in the Community Health Automated Medicaid Processing System (CHAMPS).

Enrollment in CHAMPS is solely used for screening providers participating in Medicaid and does not enroll providers in Fee-For-Service Medicaid.

Medicaid rules prohibit payment to providers not appropriately screened and enrolled.

**January 1, 2019**, MDHHS **prohibits** Molina from making payments to all providers **not** enrolled in CHAMPS.

**Rendering, Ordering, Referring, Attending, Prescribing, and Billing NPI must be enrolled in CHAMPS effective 1/1/2019.**

**For dates of service on or after July 1, 2019, MDHHS Fee-for-Service and Medicaid Health Plans will prohibit payment for prescription drug claims written by a prescriber who is not enrolled.**

Providers requiring additional information or assistance enrolling in CHAMPS may call the MDHHS Provider Support Help line or visit MDHHS provider websites resources are listed below.

### MDHHS Resources

- **Provider Support** Help Line
- **Typical Providers:** 800.292.2550
- **Atypical Providers:** 800.979.4662
  
- Provider General Information: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)
- CHAMPS Provider Enrollment: <https://milogintp.michigan.gov>

If you have questions regarding your Molina enrollment due to CHAMPS participation, please call Provider Services at 248.729.0905 or email at [MHMProviderServicesMailbox@Molinahealthcare.com](mailto:MHMProviderServicesMailbox@Molinahealthcare.com).

**NOTE: If you receive a denied claim and you are enrolled/registered in CHAMPS with an active or retroactive status from the beginning date of service January 1, 2019, please allow 14 business days before submitting a corrected claim.**

## Reminder EFT Registration

**Have You Registered for Direct Deposit?**

Register Here: <https://providernet.adminisource.com>

or contact Change Healthcare ProviderNet Services 877.389.1160

[wco.provider.registration@changehealthcare.com](mailto:wco.provider.registration@changehealthcare.com)

**BENEFITS**

- You can search/view/print/download/save the PDF electronic version of your Explanation of Payment - EOP (also known as Remittance Advice).
- You can have your 835 files routed to your FTP file

**THAT REGISTRATION IS FAST AND EASY?**

- **Go** to <https://providernet.adminisource.com>, click Register and Accept the Terms and Conditions.
- **Provider Verification** Select Molina Healthcare from the Payers list, enter your primary NPI, your primary Tax ID and then enter a recent Claim Number and/or Check Number associated with this Tax ID and Molina Healthcare.
- **Create** your User Account Information: Use your email address as your user name; strong passwords are enforced (at least 8 characters consisting of letters and numbers).
- **Verify** your Contact Information, your Bank Account Information, and your Payment Address

**Note: Any changes to your Payment Address may interrupt the Electronic Funds Transfer (EFT) process.**

You can also visit the Healthcare Professional side of Molina Healthcare's website for a PDF version of the registration instructions at

<https://www.molinahealthcare.com/providers/mi/medicaid/Pages/home.aspx>

The information can be found under the tab "EDI ERA/EFT" and by selecting "Enrollment Information for ERA/EFT." There is a link on the page called "Change Healthcare ProviderNet Registration Instructions."

**Note: If you are already registered and just need to add additional pay to NPI's they can be added through the "Provider Info" screen.**