

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Fall 2018



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2018 2019 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older. It’s especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.

Important Update:

- It is recommended that LAIV4 not be used. Vaccination providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). LAIV4 is an option for those for whom it is appropriate.
- The nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) is again a recommended option for influenza vaccination of persons for whom it is otherwise appropriate.
- All recombinant vaccine will be quadrivalent. (No trivalent recombinant vaccine will be available this season.)
- No intradermal flu vaccine will be available.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2018-2019 flu season, please visit the Centers for Disease Control and Prevention at <http://www.cdc.gov/flu/professionals/vaccination/>.

Molina Healthcare's Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse

The National Healthcare Anti-Fraud Association estimates between three and ten percent of the nation's health care costs, amounting to tens to hundreds of billions of dollars, is lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have recently passed a number of laws, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.



You and the SIU

The SIU analyzes providers by using software that identifies questionable coding and/or billing patterns, along with issues involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions provided. Should you have questions, please contact your Provider Services Representative.

“Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members,” explains Mary Alice Garcia, the Molina Associate Vice President who heads up the SIU. “Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity.”

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, you may contact the Molina AlertLine toll-free at (866) 606-3889. In addition, you may use the service's website to make a report at any time at <https://MolinaHealthcare.AlertLine.com>.

It's Your Life. Treat Your Diabetes Well.

November is National Diabetes Month. Here's to managing your diabetes for a longer, healthier life.

There isn't a cure yet for diabetes, but a healthy lifestyle can really reduce its impact on your life. What you do every day makes the difference: eating a healthy diet, being physically active, taking medicines if prescribed, and keeping health care appointments to stay on track.

The Basics

More than 30 million people in the United States have diabetes, but 1 out of 4 of them don't know they have it.

There are three main types of diabetes: type 1, type 2, and gestational diabetes (diabetes while pregnant, which can put the pregnancy and baby at risk and lead to type 2 diabetes later).

With type 1 diabetes, your body can't make insulin (a hormone that acts like a key to let blood sugar into cells for use as energy), so you need to take it every day. Type 1 diabetes is less common than type 2 diabetes; about 5% of the people who have diabetes have type 1. Currently, no one knows how to prevent type 1 diabetes.

Most people with diabetes—9 out of 10—have type 2 diabetes. With type 2 diabetes, your body doesn't use insulin well and is unable to keep blood sugar at normal levels. If you have any of the risk factors below, ask your doctor if you should be tested for diabetes. The sooner you find out, the sooner you can start making healthy changes that will benefit you now and in the future.

Type 2 diabetes risk factors include:

Having prediabetes (blood sugar levels that are higher than normal but not high enough to be diagnosed as diabetes).

Being overweight.

Being 45 years or older.

Having a parent, brother, or sister with type 2 diabetes.

Being physically active less than 3 times a week.

Ever having gestational diabetes or giving birth to a baby who weighed more than 9 pounds.

Race and ethnicity also matter: African Americans, Hispanic/Latino Americans, American Indians/Alaska Natives, Pacific Islanders, and some Asian Americans are at higher risk for type 2 diabetes.

You can lower your risk for developing type 2 diabetes by losing a small amount of weight if you're overweight and getting regular physical activity. A small amount of weight loss means around 5% to 7% of your body weight, just 10 to 14 pounds for a 200-pound person. Regular physical activity means getting at least 150 minutes a week of brisk walking or a similar activity. That's just 30 minutes a day, five days a week.

Source: <https://www.cdc.gov/features/livingwithdiabetes/index.html>

Diabetes by the Numbers

- More than 30 million US adults have diabetes—and 1 out of 4 of them don't know they have it.
- At least 1 out of 3 people will develop diabetes in their lifetime.
- Medical costs for people with diabetes are twice as high as for people without diabetes.
- Risk of death for adults with diabetes is 50% higher than for adults without diabetes.

Get more facts about diabetes.

<https://www.cdc.gov/diabetes/home/index.html>

Balance Billing

Providers contracted with Molina cannot bill Molina Member for any covered benefits. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

Providers agree that under no circumstance shall a Molina Member be liable to the Provider for any sums owed by Molina to the Provider. Balance billing a Molina Member for services covered by Molina is prohibited. This includes:

- Holding the Molina D-SNP Members liable for Medicare Part A and B cost sharing
- Requiring Molina Members to pay the difference between the discounted and negotiated fees, and the Provider's usual and customary fees
- Charging Molina Members fees for covered services beyond copayments, deductibles or coinsurance

Reimbursement Guidance and Payment Guidelines

Providers are responsible for submission of accurate claims. Molina requires coding of both diagnoses and procedures for all claims. The required coding schemes are the International Classification of Diseases, 10th Revision, Clinical Modification ICD-10-CM for diagnoses. For procedures, the Healthcare Common Procedure Coding System Level 1 (CPT codes), Level 2 and 3 (HCPCS codes) are required for professional and outpatient claims. Inpatient hospital claims require ICD-10-PCS (International Classification of Diseases, 10th Revision, Procedure Coding System). Furthermore, Molina requires that all claims be coded in accordance with the HIPAA transaction code set guidelines and follow the guidelines within each code set.

Molina utilizes a claims adjudication system that encompasses edits and audits that follow Federal requirements and also administers payment rules based on generally accepted principles of correct coding. Payment rules based on generally accepted principles of correct coding include, but are not limited to, the following:

- Manuals and RVU files published by the Centers for Medicare and Medicaid Services (CMS), including:
 - National Correct Coding Initiative (NCCI) edits, including procedure-to-procedure (PTP) bundling edits and Medically Unlikely Edits (MUEs). If a professional organization has a more stringent/restrictive standard than a Federal MUE, the professional organization standard may be used.
 - Medicare National Coverage Determinations (NCDs).
 - Medicare Local Coverage Determinations (LCDs).
 - CMS Physician Fee Schedule Relative Value File (RVU) indicators.
- Current Procedural Technology (CPT) guidance published by the American Medical Association (AMA).
- ICD-10 guidance published by the National Center for Health Statistics.
- Other coding guidelines published by industry-recognized resources.
- Payment policies based on professional associations or other industry-recognized guidance for specific services. Such payment policies may be more stringent than Federal guidelines.
- Molina policies based on the appropriateness of health care and medical necessity.
- Payment policies published by Molina.

Provider Portal Corner



Visit the Provider Web Portal today and avoid unnecessary calls to Member Services. You can obtain information related to claims, eligibility verification, benefits clarification, and much more. Please refer to the Web Portal Quick Reference Guide for more information:

<https://www.molinahealthcare.com/webportaldocs/Providers/UserManual/Quick%20Reference%20Guide.pdf.pdf>