Focus on Quality: How you can help make HEDIS® successful!

As a way of learning more about how effective we are as a health plan and you as our providers, the Molina Healthcare of Illinois (Molina) Quality Improvement department is conducting several Healthcare Effectiveness Data and Information Set (HEDIS®) medical record reviews at provider sites, throughout our coverage area, to measure our care and service performance. HEDIS® requires that all Managed Care Companies who are NCQA accredited or seeking accreditation perform HEDIS® reviews each year. Results will help us identify quantity initiatives, developed interventions, and provide educations information and programs for Members.

As a reminder, we may be reaching out to you or your practice for assistance with completing this HEDIS® process. The Quality Improvement department is actively sending request for medical records via fax and mail. This process will end April 24, 2016. With this short window of time for completion, your attentiveness to responding to these requests is of the utmost importance.

We appreciate your cooperation and timeliness in submitting the request medical record information. Your partnership is essential to make HEDIS® a success.

If you have questions about HEDIS® please contact your Provider Services Representative or email IllinoisProviders@MolinaHealthcare.com.

Medications for Treatment of Chronic Hepatitis C

In December of 2013, the U.S. Food and Drug Administration approved a new class of medications to treat hepatitis C and oral nucleotides analogues. These medications have a reported higher sustained virological response than previous treatments. For this reason a Medications for Treatment of Chronic Hepatitis C Prior Authorization Form is needed and must be filled out completely. This prior authorization form was revised recently, so please be sure to visit the Molina Healthcare website to obtain the latest version of the form. This form can be found at: htt://www.MolinaHealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx.

Find a Provider

For a complete list of Providers in the Molina Healthcare network, visit www.MolinaHealthcare.com and click on the "I'm a Professional" option. Search under the "Find a Provider" section or at:

https://providersearch.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaStaticWeb

HCC Pearls

Molina's HCC Pearls program focuses on the coding and documentation rules of Hierarchical Condition Category (HCC) applied by the Centers for Medicare and Medicaid Services (CMS).

HCC Pearls are concise tips for effectively and easily identifying, coding, and documenting the health status of your patients.

HCC Pearls can be found at:

http://www.molinahealthcare.com/providers/il/duals/comm/Pages/hcc-pearls.aspx

The following information, along with the prior authorization form, is needed for prior authorization on each of these medications.

- Laboratory documentation of **HCV genotype**
- Laboratory documentation of **viral load** within the past 6 months
- Laboratory documentation of Stage 3 or greater fibrosis confirmed by either
    a. **liver biopsy** (METAVIR F3 or F4, Ishak score 4 or greater or b. *ultrasound based transient elastography Fibroscan* score greaten than or equal to 9.5 kPa (please note that Fibrosure, Fibrotest, FIB-4 or Fibrospect will NOT be accepted by Molina Healthcare)
- Documentation of **Child-Pugh score**
- Laboratory documentation of **liver and renal function** tests within the past 30 days
- Documentation that the Member does not have a clinically-significant medical disorder (s) or medical/psychiatric/social comorbidities (i.e. **past medical history**)
- Documentation of abstinence from alcohol/drug (i.e. **social history**) use and stable psychiatric condition within the past 6 months
- Laboratory documentation of **urine drug screen** within the past 30 days
- A validated **substance abuse screening** tool administered within 30 days
- Documentation that the Member has been **counseled on the importance of medication adherence**
- Supporting clinical notes and laboratories results (NOTE: in addition to a completed Hepatitis C Prior Authorization Form, it is critical that supporting clinical notes and laboratories results are attached to the request)

Fraud, Waste and Abuse

Molina Healthcare seeks to uphold the highest ethical standards for the provision of health care services to its Members, and supports the efforts of federal and state authorities in the enforcement of prohibitions of fraudulent practices by provider s or other entities dealing with the provision of health care services. More information on Molina Healthcare policies on fraud, abuse, and compliance is available online at www.MolinaHealthcare.com.

Examples of Fraud, Waste and Abuse by a Provider

- Billing for services, procedures and/or supplies that have not actually been rendered
- Providing services to patients that are not medically necessary.
- Balance billing a Medicaid Member for Medicaid covered services. For example, asking the patient to pay the difference between the discounted fees, negotiated fees, and the provider's usual and customary fees.

Pharmacy Update: Preferred Drug List (PDL)

On April 1, 2016, Molina updated its Preferred Drug List (PDL), also known as a Formulary. The PDL is updated once every quarter and is available at www.MolinaHealthcare.com. An abridged version of the PDL is also available. This document is titled 'Condensed Formulary-At-A-Glance 2016' and it highlights Formulary options for some common therapeutic classes.

Providers may fax a completed drug prior authorization form with supporting medical documentation to Molina at (855) 365–8112. This form is available at www.MolinaHealthcare.com. A response to a prior authorization requests will be provided within 24 business hours.

- Intentional misrepresentation or manipulating the benefits payable for services, procedures and or supplies, dates on which series and/or treatments were rendered, medical record of service, condition treated or diagnosed, charges or reimbursement, identity or provider/practitioner or the recipient to services, "unbundling" of procedures, non-covered treatment to receive payment, "up-coding", and billing for services not provided.
- Concealing patients misuse of Molina Healthcare of Illinois identification card.
- Failure to report a patient's forgery/alteration of a prescription
- Knowingly and willfully soliciting/receiving payment of kickbacks or bribes in exchange or the referral or Medicaid patients.
- A provider knowingly and willfully referring Medicaid patients to health care facilities in which or with which the provider has a financial relationship. (The Stark Law)

Alcohol Dependence Assessment

Every April, in an effort to increase public awareness and understanding on alcohol abuse and rehabilitation, the National Council on Alcoholism and Drug Dependence declares the fourth month of the year as Alcohol Awareness month.
We take this month to remind our providers about the importance of understanding how to diagnose and assess patients suffering from Alcohol Use Disorder (AUD). The American Psychiatric Association has developed the criteria for the clinical diagnosis of abuse and dependence. The Diagnostic and Statistical Manual-V (DSM-) defines abuse and dependence as:

1. Alcohol taken in larger amounts or over longer period than was intended.
2. Persistent desire or unsuccessful efforts to cut down or control use.
3. Large amount of time spent in activities necessary to obtain or use alcohol, or recover from effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent use resulting in failure to fulfill major role obligation at work, school or home.
6. Continued use despite knowledge or having persistent or exacerbated by effects of alcohol.
7. Important social, occupational or recreational activities given up or reduced because of use.
8. Recurrent use in situations in which it's physically hazardous.

For more information on DSM-V diagnostic criteria for alcohol dependency, please visit our website at www.MolinaHealthcare.com/provider/il/duals/comm/Pages/hcc-pearls.aspx and review our October 2015 HCC Pearl on 'Coding Education: Alcohol Dependency'.

HFS Corner

Please make sure to review the HFS website for important updates and notifications. www.Illinois.gov/hfs/MeidcalProviders/Pages/default.aspx

Medicaid Redetermination

www.Illinois.gov/hfs/MedicalClients/medrede/

- Illinois Medicaid Redetermination Project (IMRP) Quarterly Report 02.2016.

  www.Illinois.gov/hfs/ SiteCollectionDocuments/IMRP%20Qtrly%20Report%20Q2-FY%202016.pdf

IMPACT

www.Illinois.gov/hfs/impact/Pages/AboutIMPACT.aspx

- Provider Notification Issues 3/15/2016: Impact Provider Revalidation-Due Date Extensions

  www.Illinois. Gov/hfs/ MedicalProviders/notices/Pages/prn160315a.aspx

Frequently Asked Questions

Q. How do I find out if a provider is contracted, and in-network, if I need to make a referral?
Providers can call Provider Services at (855) 866- 5462 or access the Molina Healthcare of Illinois Provider Finder to locate pharmacies, hospitals/facilities and all provider types are in-network.
https://providersearch.MolinaHealthcare.com

Q. Will a provider receive referrals from Molina?
If a provider or a Member contacts Utilization Management (UM) because they are unable to find a Molina in-network provider, the UM team will at times guide Members to in-network providers and may call their offices to refer Members based off the specialty or location.

Q. Are all providers considered in-network if the group they are affiliated with is contracted with Molina?
It is important to make referrals to specific providers and not just the group name as not all providers in a group are in-network.

Q. What are some tips to help in working with Utilization Management?
Be sure to reference: http://www.MolinaHealthcare.com/providers/Il/Meidcaid/Pages/home.aspx
Additionally, when making request to UM via fax or the portal:
1. Reference the 2016 Prior Authorization Codification List to see if the service requires prior authorization. This form is available at the Molina website.
2. The rendering provider should complete and submit the prior authorization form.
3. When completing the prior authorization form be sure to:
    a. Determine if the request is urgent vs. non-urgent (selecting appropriately).
    b. Complete the form entirely, and include diagnosis codes and CPT codes. Be sure to also include how many units are being requested by each CPT code.
    c. Include specific clinical information related to the request (example: for Home Health Skilled Nursing visits provide diagnosis, symptoms, the documentation related to why these services are required such as IV medications, dressing changes, etc).

Questions?

For additional information, please contact your Provider Services Representative or call (855) 866-5462.