

Our Youngest Members: The Importance of Well-Child Visits

Molina Healthcare of Illinois (Molina) is committed to caring for our youngest Members, from birth through the early childhood years. As part of that commitment we encourage providers to conduct well-child visits with children between the ages of 31 days to 6 years of age.

Molina follows with guidelines provided by National Committee for Quality Assurance (NCQA). Guidelines for children are in alignment with the agency's Healthcare Effectiveness Data and Informational Set (HEDIS®) Technical Specifications and in support of Illinois Healthy Kids Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services protocols. While EPSDT Services include several common components including health histories, physical exams, and lab services, HEDIS® requirements include five common components for a visit to be categorized as a well-visit:

- Health history
- A physical developmental history assessment of physical milestones
- A mental developmental history
- Physical exam
- Health education/anticipatory guidance

Visits conducted by the following types of practitioners qualify for the HEDIS® measure.

- PCP (network or assigned)
- General or family-practice physician
- Physician assistant
- Pediatrician
- Hospital-based clinic
- Nurse practitioner
- Urgent care- If seen for routine well-child or preventative services

The main difference between the W15 and W34 measures is the number of well-child visits that must be completed for HEDIS® measure compliance. While only one well-child visit must occur during the year for any child between the ages of 3-6, there is a recommended schedule of six or more visits for infants and toddlers. The schedule is as follows:

Newborn-1 month old visit	6-8 months old visit
2-3 months old visit	9-11 months old visit
4-5 months old visit	12-15 months old visit

Well-child visits can occur during sick visits if the services are not associated with the condition or illness the Member presents with. Visits must be signed and dated by the provider to count.



Molina Cares Member Rewards

The Molina Cares Member Rewards Program is a mechanism utilized to encourage Members to receive preventive and chronic care services. Members requiring these services are identified through claims, and provider referrals – HEDIS® Technical Specifications are used.

Services rendered by the provider and confirmed via claims data, to meet HEDIS® specifications are identified quarterly.

Members then receive their Walmart incentive reward(s) approximately six to eight weeks after claim is received.

Incentive measures and gift card reward amount for Members include:

Diabetes Care—Nephropathy Monitoring and Diabetes Care HbA1C testing	\$50
Diabetes Care— Eye Exam	\$25
Breast Cancer Screening	\$50
Cervical Cancer Screening	\$25
Pregnancy Rewards	
Prenatal Care	\$25
Postpartum Care	\$25
Childhood immunizations (HEDIS®) combo 10	\$25
Well-Child Visits in the first 15 months of life	\$25

Molina's Quality Department Partners With Providers

Molina would like to continue supporting providers by offering health information exchange (HIE) type solutions. HIE allows providers to appropriately access and securely share Member's consolidated clinical and administrative records in an organized and easy to read format that shows Members' activity. Appropriate, timely sharing of vital Member information can better inform decision making at the point of care and allow providers to:

- Avoid readmissions
- Avoid medication errors
- Improve diagnoses

Molina Quality Improvement Department can provide HIE in the following ways:

- Coordination of secure and direct data feeds
- Upload of records securely via Molina's Provider Portal
- Electronic medical records (EMR) system access

How can providers participate?

- Providers may contact QIHEDISDivision@MolinaHealthcare.com for assistance with setting up the process for secure and direct data feeds to make medical records review seamless
- Sign up for the Provider Portal at <https://provider.molinahealthcare.com/provider/login>
- Reach out to your provider services representatives for access and/or trainings on using the Provider Portal.
- Discuss remote EMR access requirements with IT, Compliance.

Preferred Drug List Changes Effective July 1, 2017

Effective July 1, 2017, Molina Healthcare of Illinois implemented changes to its Illinois Preferred Drug List (PDL) also known as Formulary. Providers are asked to please submit prescriptions to each patient's pharmacy for the formulary option. Medications that were removed from the preferred drug list now require a prior authorization.

Non-Formulary effective July 1, 2017

- Ulesfia
- Cetirizine HCL Chewable Tablets 5mg, 10mg

Formulary Options:

Ulesfia

Permethrin 0.5 percent, 1 percent or 5 percent cream, Pyrethrins/piperonyl Botoxide, Spinosad

Cetirizine HCL Chewable Tablets 5mg, 10mg

Cetirizine syrup*

Loratadine ODT tablets*

Introvale—extended formulary allowed (1 pack/ 3 months)

Setlakin, Jolessa, Quasense, Levonorgestrel and Ethinyl, Levonorgestrel/ Ethinyl ES, Amethia LO, Camrese LO, Ashlyna, Camrese LO, Camrese, Levonorgestrel/ Eth Estradiol and Daysee

Molina Billing Guidelines

Molina Healthcare encourages providers to refer to published Molina billing guidelines for helpful information.

Please use the links below to refer to the appropriate billing procedure to ensure accurate billing.

- Division of Alcohol and Substance Abuse (DASA): <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/Provider-Memo-DASA-Provider-Memorandum-New-Guidelines.pdf>
- Long-Term Care (LTC): <https://www.illinois.gov/hfs/MedicalProviders/ltss/Pages/LongTermCareDirectBilling.aspx>
- Long-Term Waiver Services and Support Waiver (LTSS): http://www.molinahealthcare.com/providers/il/PDF/Medicaid/forms_IL_Medicaid_35289LTSSBillingGuide.pdf

Additional provider resources, including provider memorandum and provider newsletter documents, can be found on the News and Updates section on the provider public Molina Healthcare of Illinois site. Providers may use the following link to access the page: <http://www.molinahealthcare.com/providers/il/duals/comm/Pages/provbulletin.aspx>



Molina Healthcare Offers Provider Education Trainings

Molina Healthcare of Illinois has launched provider education webinars and training sessions to provide informational tools providers regarding quality measures. It is the goal of Molina to work closely with providers to help close care gaps.

The training sessions will help familiarize providers with a range of clinical quality topics every month. The information can help providers improve services and increase compliance rates. Education courses will focus on individual Healthcare Effectiveness Data and Information Set (HEDIS®) measures such as breast cancer screenings and diabetic care, and broader topics like electronic medical records (EMR) access and HEDIS® chart retrieval.

For a full list of training sessions can be found on the Molina provider public website. To register for webinar training courses, please [click here](#).

Frequently Asked Questions

How do I know if my patient/Member is still active with Molina or if they transitioned to fee-for-service?

Providers can continue to use the Molina Provider Portal or check the HFS Medical Electronic Data Interchange (MEDI) authorization system to check the Member's eligibility and payor for a specific date of service.

What happens if a Member is in a current treatment plan or receiving inpatient services and they transition to fee-for-service, who do I bill for services?

If a Member transitions to fee-for-service or another payor, please be aware that there may be different prior authorizations requirements. Providers will follow eligibility and claims processing rules as it relates to their service type or contract. If providers have any specific questions, please contact your PSR.

If a county in Illinois doesn't have active membership what does that mean in respect to my provider contract with Molina?

All existing provider contracts remain effective. Molina Members are eligible to see providers throughout Illinois. For example, providers who operate in contiguous counties are able to service Molina Members and many times are their primary care providers because of the proximity of where Members live.

How do I find out if a provider is in the Molina network?

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>

HFS Corner

Please make sure to review Illinois Department of Healthcare and Family Services (HFS) website for important updates and notifications. www.Illinois.gov/hfs/MedicalProviders/Pages/default.aspx

Provider Notifications

Provider notices and bulletins contain pertinent information for participating providers for medical services provided or for claims submitted for reimbursement.

<http://www.Illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx>

Prior Authorization (PA) Form

The Prior Authorization (PA) form is available to providers at:

<http://www.MolinaHealthcare.com/providers/il/duals/forms/Pages/fuf.aspx>

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>

