

# Fall 2015 Partners in Care Newsletter

## Molina Healthcare's 2015 HEDIS® and CAHPS® Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 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.

In 2015, Molina Healthcare showed improvement on customer service. We also improved in making it easier to see a specialist or get tests and treatments for our members. We still need to improve on how well our doctors communicate with members as well as getting our members access to care as soon as needed.

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.

In 2015, Molina improved on the HEDIS® measures related to shots for adolescents, breast cancer screening and assessing body mass index (for measuring body fat). We need to improve on making sure our members receive timely prenatal care. We also need to improve on helping members control high blood pressure and asthma.

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).

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# Where to Find Answers about Drug Benefits

As a Molina provider, we encourage you to talk to your members about the medications they need. Information about the pharmacy benefits and formulary medications is on the provider page of the Molina website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com). On the website, you can find:

- A list of generic and brand name medications that we cover and do not cover (drug formulary)
- Limits on covered medications
- Changes and updates to the prescription drug list made during the year
- The process to ask for prior authorization or exception requests for medications not on Molina's formulary
- The process to change a drug to generic medication
- The process for using different medications that have the same effects, like a brand name or a generic medication
- Rules to try certain drugs first before we cover another medication for the same condition
- How you can ask us for approval of certain medications
- How you can ask for the amount of a medication the member may need
- Information needed by Molina Healthcare to get approval for medications

## Featured at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

- Clinical Practice and Preventive Health Guidelines
- Disease Management Programs for Asthma, Diabetes, Hypertension, CAD, CHF & Pregnancy
- Complex Case Management Information
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Provider Manual
- Current Formulary & Updates
- Pharmaceutical Management Procedures
- UM Affirmative Statement (re: non-incentive for under-utilization)
- How to Obtain Copies of UM Criteria
- How to Contact UM Staff & Medical Reviewer
- New Technology
- ICD-10 Updates

If you would like to receive any of the information posted on our website in hard copy, please call toll-free (855) 322-4079.

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# Important Reminder about Member ID Cards



Most members have Molina Medicare in addition to Medicaid coverage. For this reason, it's important to always ask the member to show you both ID Cards at the time of service.

## Advantages:

- Shows that the member is dually eligible
- Identifies who to bill; primary and secondary insurance
- Avoids member complaints about incorrect member billing which is prohibited by CMS/Medicare
- Tells you who to contact if prior authorization is required

## Molina Healthcare is ICD-10 ready!

Molina Healthcare is excited to announce the implementation of ICD-10. The date for ICD-10 implementation has been set and confirmed for October 1, 2015 and Molina Healthcare is ready.

Below are a few reminders to help expedite your claims and authorization requests.

In accordance with CMS guidelines, claims with incorrect coding will be rejected and returned to the submitter along with instructions on how to resubmit.

The guidelines are as follows:

- For dates of service prior to October 1, 2015, claims must have the appropriate ICD-9 diagnosis code
- For dates of service on or after October 1, 2015, claims must have the appropriate ICD-10 diagnosis code
- For outpatient services that span October 1, 2015, the claim must be split between dates, and date-appropriate coding used. Generally, inpatient claims should use the code in effect on the date of discharge

For submission guidelines on claim types not covered above, please refer to the detailed guidelines publicly available at the CMS website, [CMS.gov](http://CMS.gov).

The appeals process will not change upon ICD-10 implementation. Please continue to file appeals with the same method you've been using. If you have any questions or issues, your Provider Services Representative can assist you.

As of October 1, 2015, please make sure all prior-authorization requests include ICD-10 codes. We offer providers three options for submitting prior-authorization requests. You may: 1) Fax prior-authorization forms, 2) Make requests via the provider portal or 3) Submit Clear Coverage applications. For any questions about prior-authorizations, please contact Molina Healthcare's prior-authorization department.

For general ICD-10 questions, please refer to the updated FAQs on Molina's website. If you still have questions, please email [molina.ICD10@molinahealthcare.com](mailto:molina.ICD10@molinahealthcare.com).

# ICD-10 and Risk Adjustment

On October 1st, Molina will be making the transition to ICD-10. This change has a significant impact on the entire organization, but especially departments like Risk Adjustment. The primary reason for the change to ICD-10 is to improve clinical communication and documentation. This will lead to greater quality and outcomes of care for our members. ICD-10 will also provide a higher level of accuracy and specificity to assess a member's condition with over 69,000 codes compared to only 14,000 in ICD-9.

In Risk Adjustment, it's especially crucial to have an increased level of coding accuracy because it helps us identify members who may benefit from clinical coordination and medical management services. ICD-10 will help make sure that we are able to better understand the health care needs of our members to match them with the appropriate levels of care. It's important to maintain good working relationships with all of our providers and make Risk Adjustment an agenda item on every visit. Without the proper and complete documentation by the provider, there is a high risk for a negative impact to accurately capturing a member's health status, and the resources necessary to meet his or her needs.

Risk Adjustment is an ongoing essential component of ensuring our members always have access to the quality health care services they deserve. It takes more than one team or department to drive its success. Learn more about Molina's resources for ICD-10 and your role in Risk Adjustment. It's everyone's responsibility!



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# Abuse-Deterrent Opioids

The death rate for prescription drug overdose has more than tripled since 1990. Primary care doctors are the highest prescribers of painkillers. According to survey results published in the *Clinical Journal of Pain*, nearly half of primary care doctors thought abuse-deterrent opioids were not as addictive as regular prescription painkillers. This misconception can lead to over prescription and abuse. Data shows most abusers take the opioid pills by mouth, not by crushing, snorting or injecting the drug.

## How can you help reduce drug abuse?

Some doctors are creating “contracts” where patients agree to use the medicine as directed and not sell or give the drug to someone else. Doctors also support urine tests for chronic painkiller users. This can help to monitor the patients’ drug use.

Additional steps in helping reduce drug abuse are medication reconciliation and coordination of care activities. **The Joint Commission has established ‘Using Medicines Safely’ as a 2015 National Patient Safety Goal for Ambulatory Care.** This goal includes specific recommendations for comprehensive medication reconciliation.

Likewise, coordination of care activities – particularly during transitions of care – are crucial to efforts aimed at reducing the risk of abuse. Ask your patient about other providers they have. Be sure your patient completes a release of information for each provider. Confirm current medications and significant medication history with those providers. Furthermore, coordinating care with your patient’s Behavioral Health Specialist is an essential step in treatment planning and monitoring for signs of abuse. **The Center for Studying Health System Change (HSC) also offers strategies for improving coordination of care in the primary care setting.**

Do not underestimate the risk of abuse-deterrent opioids. They are not less addictive than standard narcotic pain killers.

## References:

The Joint Commission: 2015 Ambulatory Care National Patient Safety Goals:  
[http://www.jointcommission.org/assets/1/6/2015\\_AHC\\_NPSG\\_ER.pdf](http://www.jointcommission.org/assets/1/6/2015_AHC_NPSG_ER.pdf)

Center for Studying Health System Change: Coordination of Care by Primary Care Practices: Strategies, Lessons and Implications (HSC Research Brief No. 12), April 2009: <http://www.hschange.com/CONTENT/1058/>

# Clear Coverage

Are you submitting outpatient authorization request via Clear Coverage?

Some of the benefits of using Clear Coverage are:

- Easy to access 24/7 online access to Clear Coverage via the Molina Healthcare Provider Web Portal
- Receive real time authorization status by viewing your office's home page in Clear Coverage
- Automatic approvals for many services
- Services not automatically approved are immediately uploaded into Molina Healthcare's authorization system and queued for clinical review
- Ability to upload medical records
- Verify member eligibility
- Ability to print proof of authorization

For more information about the Web Portal and Clear Coverage, contact your Molina Healthcare Provider Services Representative at (855) 322-4079.

## 2015 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. For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2015 flu season, please visit the Centers for Disease Control and Prevention at <http://www.cdc.gov/flu/professionals/vaccination/>.

## Translation Services

We can provide information in our members' primary language. We can arrange for an interpreter to help you speak with our members in almost any language. We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Molina's Member Services Department. You can also call TDD/TTY: 711, if a member has a hearing or speech disability.

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