Provider Webinar

Molina Healthcare of Arizona

February 05,2025

MOLINA® HEALTHCARE

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MOLINA HEALTHCARE

Welcome and Introductions

Molina Healthcare of Arizona Network Team:

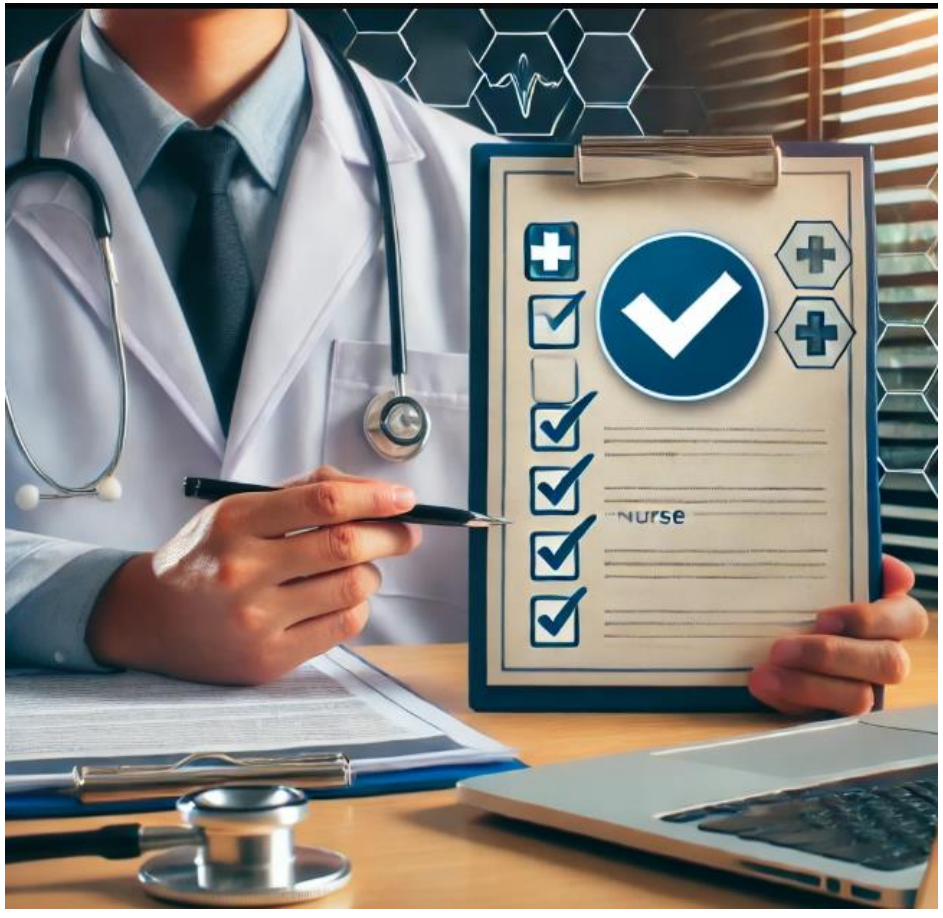
- Kelley Pavkov, Director, Network Development
- Desirae Montano, Contracting Manager
- Ray Legenzoski, Provider Relations Representative
- Keri Lopez, Provider Relations Representative
- Beverly Diaz, Provider Relations Representative
- William Hernandez, Non-Par Provider Representative
- Robert Samaniego, Claims Educator

Molina Healthcare of Arizona
News, alerts & updates

Model of Care Training and Attestation

If you are a DSNP provider and have not completed model of care training and attestation, please visit the below link to complete it.

You can find the model of care training and attestation form under provider materials. Links can be found here:



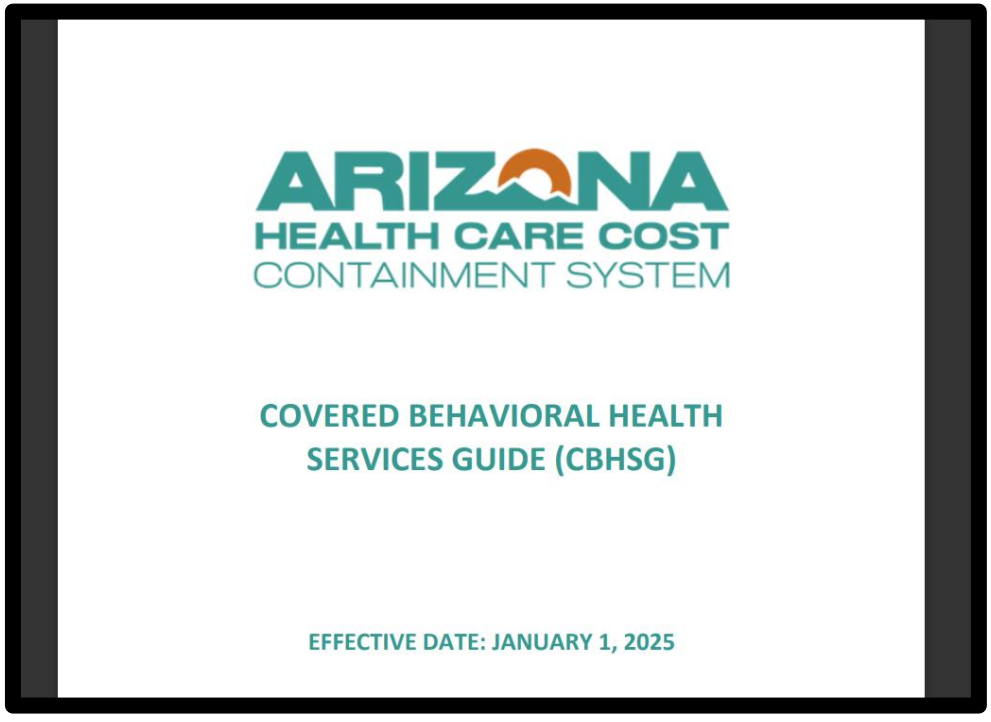
2025 Model Of Care Training Attestation Mandatory Requirement

Molina Medicare Model of Care

Model of Care Provider Training

AHCCCS Covered Behavioral Health Services Guide

AHCCCS has made updates to 12 sections of the *Covered Behavioral Health Services Guide*, effective **January 1, 2025**.



AHCCCSCoveredBHServicesManual.pdf

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AHCCCS Covered Behavioral Health Services Guide

Section	Change
Provision of Services - Behavioral Health Professionals (BHP)	Language revised to clarify that associate level BHPs are responsible for following supervision requirements by the Az BBHE
Telehealth services	Language noting service must be identified by applicable telehealth modifier and place of service and referencing 2025 telehealth code set changes.
Core Billing Limitations	Language clarification that AHCCCS registered providers who are independently licensed BHPs shall utilize all available CPT codes when billing for services.
Services not Covered by Medicaid	Definitions of Acupuncture codes **97811** and **97814** were updated.
Assessment, Evaluation and Screening Services	• Added reference to the AHCCCS Telehealth Code Set. Language regarding assessments completed by BHTs aligned with ADHS licensure rules. Language clarifying that CPT codes are not limited to BHPs. They may also be used by other independently licensed qualified clinicians.
Behavioral Health Counseling, Therapy and Psychotherapy - H0004 Billing Limitations	Limitation 7.b. clarified to indicate it is applicable to BHIFs and Psychiatric hospitals
Applied Behavioral Analysis (ABA) Services	The section was updated to align with common language and future updates to AMPM Policy 320-S
Intensive Outpatient Programs - Intensive Outpatient Psychiatric Services	Group sessions revised from 12 to 15 to match Medicare standards
Intensive Outpatient Programs - Intensive Outpatient Psychiatric Services - Billing Limitations	Limitation 4 revised to clarify that documentation must support continued need based on medical necessity
Intensive Outpatient Programs - Intensive Outpatient Alcohol and/or Drug Services - Billing Limitations	Limitation 6 - group sessions revised from 12 to 15 to match Medicare standards
Behavioral Health Day Programs - Therapeutic Behavioral Health Services and Day Programs General - Billing Limitations	Added limitation 8 to clarify that the HQ group modifier is not required when H2019 or H2020 are provided in a group setting.
Rehabilitation Services - Health Promotion - Billing Limitations	Limitation 4 was corrected to indicate groups shall not exceed a 1:20 ratio.
Outpatient Residential Treatment - Behavioral Health Residential Facility Services (BHRF)	Statement added to clarify that attending community and family events with a community support or family member is not a billable service for the BHRF.
Appendix	Reference added for AHCCCS Rates and Billing information include FFS Fee Schedules.

AHCCCS Billing Code Changes For 2025

Terminated code/modifer effective 12/31/2024:

Service Code	Definition
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

Service Code	Definition	Modifiers		
		GT	93	95
99202	New Patient Office or Other Outpatient Visit with Straightforward Medical Decision Making, If Using Time, 15 minutes or more.	X	X	X
99203	New Patient Office or Other Outpatient Visit with Low Level of Medical Decision Making, If Using Time, 30 Minutes or More.	X	X	X
99204	New Patient Office or Other Outpatient Visit with Moderate Level of Medical Decision Making, If Using Time, 45 Minutes or More.	X	X	X
99205	New Patient Office or Other Outpatient Visit with A High Level of Medical Decision Making, if using time, 60 minutes or more.	X	X	X
99212	Established Patient Office or Other Outpatient Visit with Straightforward Medical Decision Making, if using time, 10 minutes or more.	X	X	X
99213	Established Patient Office or Other Outpatient Visit with Low Level of Decision Making, if using time, 20 minutes or more.	X	X	X
99214	Established Patient Office or Other Outpatient Visit with Moderate Level of Decision Making, if using time, 30 minutes or more.	X	X	X
99215	Established Patient Office or Other Outpatient Visit with High Level of Medical Decision Making, if using time, 40 minutes or more.	X	X	X

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AHCCCS Billing Code Changes For 2025

Please remember to review the AMA CPT Manual and all applicable AHCCCS guidance to ensure accurate code selection for billing. This will help maintain compliance and prevent potential claim issues.

- **Medical Coding Resource Newsletter December 2024**
- **AHCCCS Telehealth Services**
- **AMA CPT Codes Website**

Arizona Public Health Data Portal Launch

Overview:

•ADHS has launched the **Public Health Data Portal** to centralize all public health data in one platform.

•Designed to improve access to vital health information for Arizonans.

Key Features:

•User-friendly interface with tools like reports, dashboards, maps, and search functions.

•Includes the **2024 Annual Reports**: Baby Name Report, Arizona Diabetes Action Plan, and State Hospital Fiscal Year Report.

Arizona Public Health Data Portal Launch

How to Access

- **Access the Portal:**
  https://data.azdhs.gov/

Contact Information:
pio@azdhs.gov for inquiries.

"A major step forward in making data more accessible and transparent."
— Wesley Kortuem, ADHS Analytics Section Lead

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AHCCCS Genetic Testing & Screening Updates

Update whole Genome Sequencing: Now a covered benefit for eligible members under 2023 Arizona Senate Bill 1726. Requires prior authorization.

- **Genetic Testing PA Requests**: Must include documentation showing consistency with AHCCCS AMPM 310 II coverage. Services must be medically necessary.
- **Syphilis Screening**: Required annually starting at age 15.

- **Updated Forms**: Available on Molina Healthcare and AHCCCS websites (EPSDT forms, periodocity schedule, clinical forms).
- **Prior Authorization (PA)**: Available online through Molina Healthcare website or by fax. PA codes lookup tool on Molina Arizona Providers.
- **Fax Numbers**: Different numbers for various services (e.g., Outpatient Medicaid: 888-656-7501, Pharmacy: 844-271-6887).
- **Contact**: Questions? Call Molina at (800) 424-5891 (Mon-Fri, 8 AM to 6 PM).

For more details, visit Molina Clinical Policy.

Community Health Workers and Community Health Representatives

Key Updates:

Medicaid Reimbursement Implementation:
Effective April 1, 2023, certified CHWs and CHRs employed by AHCCCS-registered providers can bill for reimbursable services.
Certification Requirements:
CHWs/CHRs must obtain certification through the Arizona Department of Health Services (ADHS). Certification ensures adherence to established qualifications, scope of practice, and core competencies.
Billing and Employment:
Certified CHWs/CHRs can be employed by multiple AHCCCS-registered providers. Employers must submit claims using allowed codes for covered services provided by CHWs/CHRs. Additional billing guidance is available in the AHCCCS Fee-for-Service Provider Billing Manual.
Resources:
For CHW certification details, visit the ADHS Community Health Worker Licensing Management System (LMS) page.
For further information, refer to the AHCCCS CHW/CHR Frequently Asked Questions.

AHCCCS Doula Services Overview

Key Updates:

Medicaid Reimbursement:

As of October 2024, AHCCCS reimburses certified doulas for services provided to Medicaid members. azahcccs.gov

Certification Requirements:

Doulas must obtain certification through the Arizona Department of Health Services (ADHS). azahcccs.gov
Certification ensures adherence to established qualifications, scope of practice, and core competencies.

Provider Enrollment:

Certified doulas must register with AHCCCS to bill for services. Enrollment is completed via the AHCCCS Provider Enrollment Portal.

AHCCCS Doula Services Overview

Key Updates:

- **Billing Codes:**
  - T1032: Services performed by a doula birth worker, per 15 minutes.
  - T1033: Services performed by a doula birth worker, per diem.
- **Eligible Members:**
  - All AHCCCS members who are pregnant or postpartum are eligible for doula services.
- **Reimbursement Rates:**
  - T1032: $16.28 per 15-minute increment.
  - T1033: $781.32 per diem.
- **Referral Requirements:**
  - Doula services must be recommended by a physician or other licensed practitioner acting within their scope of practice.

Resources:

- AHCCCS Doula Providers Page
- ADHS Doula Certification Information
- AHCCCS Provider Enrollment Portal
- AHCCCS Doula Services FAQ

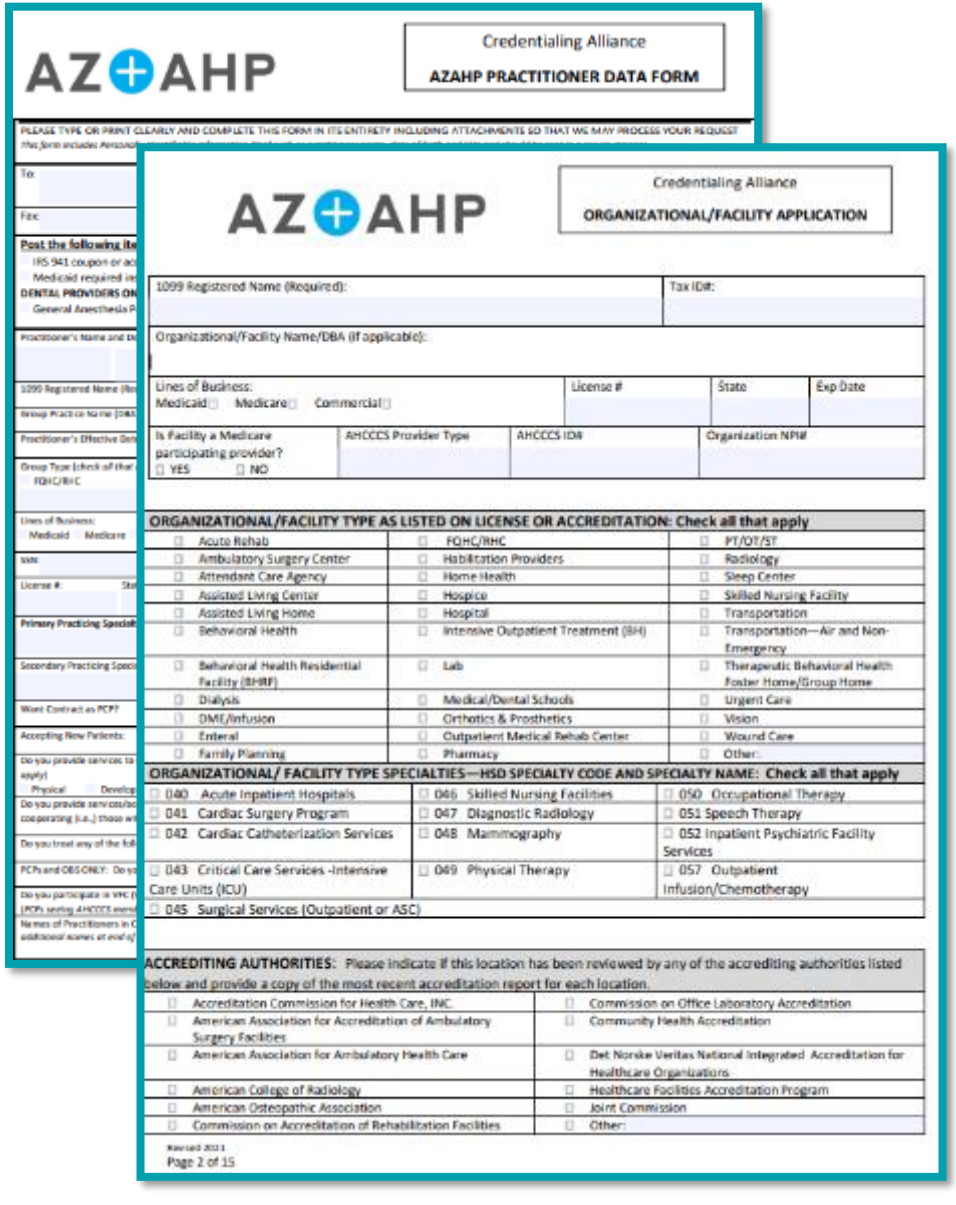
AHCCCS Revalidation Reminder:

If the provider has questions about the process they are encouraged to review resources on the AHCCCS website, www.azahcccs.gov/apep, which include:

- Domain access in APEP
- Provider FAQ
- Provider Chat Bot https://chat.azahcccs.gov/
- And so much more!

Credentialing: Required Forms

- Please submit ALL pages of AzAHP forms when sending in credentialing for practitioners and new locations. Our credentialing Team will reject incomplete forms.
- The link to the most up-to-date Network Management Forms are hyperlinked here


AZ AHP

Credentialing Alliance

AZAHP PRACTITIONER DATA FORM

AZ AHP

Credentialing Alliance

ORGANIZATIONAL/FACILITY APPLICATION

1099 Registered Name (Required):

Tax ID#:

Organizational/Facility Name/DBA (if applicable):

Lines of Business: Medicaid Medicare Commercial

License #

State

Exp Date

Is Facility a Medicare participating provider? YES NO

AHCCCS Provider Type

AHCCCS ID#

Organization NPI#

ORGANIZATIONAL/FACILITY TYPE AS LISTED ON LICENSE OR ACCREDITATION: Check all that apply

Acute Rehab	FQHC/RHC	PT/OT/ST
Ambulatory Surgery Center	Habilitation Providers	Radiology
Attendant Care Agency	Home Health	Sleep Center
Assisted Living Center	Hospice	Skilled Nursing Facility
Assisted Living Home	Hospital	Transportation
Behavioral Health	Intensive Outpatient Treatment (BH)	Transportation—Air and Non-Emergency
Behavioral Health Residential Facility (BHRF)	Lab	Therapeutic Behavioral Health Foster Home/Group Home
Dialysis	Medical/Dental Schools	Urgent Care
DME/Infusion	Orthotics & Prosthetics	Vision
Enteral	Outpatient Medical Rehab Center	Wound Care
Family Planning	Pharmacy	Other:

ORGANIZATIONAL/ FACILITY TYPE SPECIALTIES—HSD SPECIALTY CODE AND SPECIALTY NAME: Check all that apply

040 Acute Inpatient Hospitals	046 Skilled Nursing Facilities	050 Occupational Therapy
041 Cardiac Surgery Program	047 Diagnostic Radiology	051 Speech Therapy
042 Cardiac Catheterization Services	048 Mammography	052 Inpatient Psychiatric Facility Services
043 Critical Care Services -Intensive Care Units (ICU)	049 Physical Therapy	057 Outpatient Infusion/Chemotherapy
045 Surgical Services (Outpatient or ASC)		

ACCREDITING AUTHORITIES: Please indicate if this location has been reviewed by any of the accrediting authorities listed below and provide a copy of the most recent accreditation report for each location.

Accreditation Commission for Health Care, INC	Commission on Office Laboratory Accreditation
American Association for Accreditation of Ambulatory Surgery Facilities	Community Health Accreditation
American Association for Ambulatory Health Care	Det Norske Veritas National Integrated Accreditation for Healthcare Organizations
American College of Radiology	Healthcare Facilities Accreditation Program
American Osteopathic Association	Joint Commission
Commission on Accreditation of Rehabilitation Facilities	Other:

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Credentialing and Demographic Changes

Credentialing

- Additional practitioner added to group: Please submit AzAHP Practitioner form to your Provider Relations Representative or MCCAZProvider@molinahealthcare.com . Please ensure all pages are filled out to prevent delay in credentialing and loading. Please allow up to 60 days.
- Additional Facility added to group: Please submit AzAHP Facility form to your Provider Relations Representative or MCCAZ-Provider@molinahealthcare.com . Please ensure all pages are filled out to prevent delay in credentialing and loading. Please allow up to 60 days.

Demographic Changes

- Any demographic changes such as updated email, address, specialty, please submit the applicable form linked here to your Provider Relations Representative or MCCAZ-Provider@molinahealthcare.com . Please ensure all pages are filled out to prevent delay in loading.

https://www.molinahealthcare.com/providers/az/medicaid/forms/fuf.aspx

IMPORTANT: Provider Data Accuracy and Validation

It is important for providers to ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and provider network.

Invalid information can negatively impact:

X ***member access to care***

X ***member and/or PCP assignments and referrals***

X ***current information is critical for timely and accurate claims processing***

Maintaining an accurate and current provider directory is a state and federal regulatory requirement, as well as an NCQA-required element.

- ✓ ***Validate provider information on file with Molina at least once every 90 days***
- ✓ ***Notify Molina of any changes, as soon as possible, but at a minimum 30 calendar days in advance of any changes***
- ✓ ***Send an updated roster to your assigned provider services rep ever 30 days***

ASD Template Due 2/15/2025

Please complete the following template for your Autism Spectrum Disorder Providers. It is based on the correct tabs, Diagnosis ASD and Treating ASD. For all contracted providers, this is due 2/15/2025.

Please submit completed templates:

Ray Legenzoski ray.legenzoski@molinahealthcare.com

and our general provider web box

Name of Group	Tax ID	Name of Provider and Credentials	Provider NPI	Provider servicing location	Location Phone Number	Treatment Type

Diagnosing ASD | Treating ASD

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MHAZ Autism Diagnosing & Treating Providers

Molina Healthcare of Arizona has published a new list of Autism Spectrum Disorder (ASD) Providers and Resources. Please open and review the lists link below.

- Autism Diagnosing Providers
- Autism Treating Providers

Autism Spectrum Disorder Providers and Resources | Molina Healthcare Arizona

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Subscribe to email newsletters from AHCCCS

Subscribe to various newsletters published by AHCCCS divisions. You may unsubscribe at any time by clicking the Unsubscribe link at the bottom of every email.

https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html

Reminder: AHCCCS Provider Enrollment Required

In accordance with the 21st Century Cures Act and AMPM 610 - AHCCCS Provider Qualifications, all health care providers who refer AHCCCS members for an item or service, who order non-physician services for members, who prescribe medications to members, and who attend/certify medical necessity for services and/or who take primary responsibility for members' medical care must be enrolled as AHCCCS providers.

As a reminder, provider enrollment applications are managed via accessing the AHCCCS Provider Enrollment Portal.

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Contracting

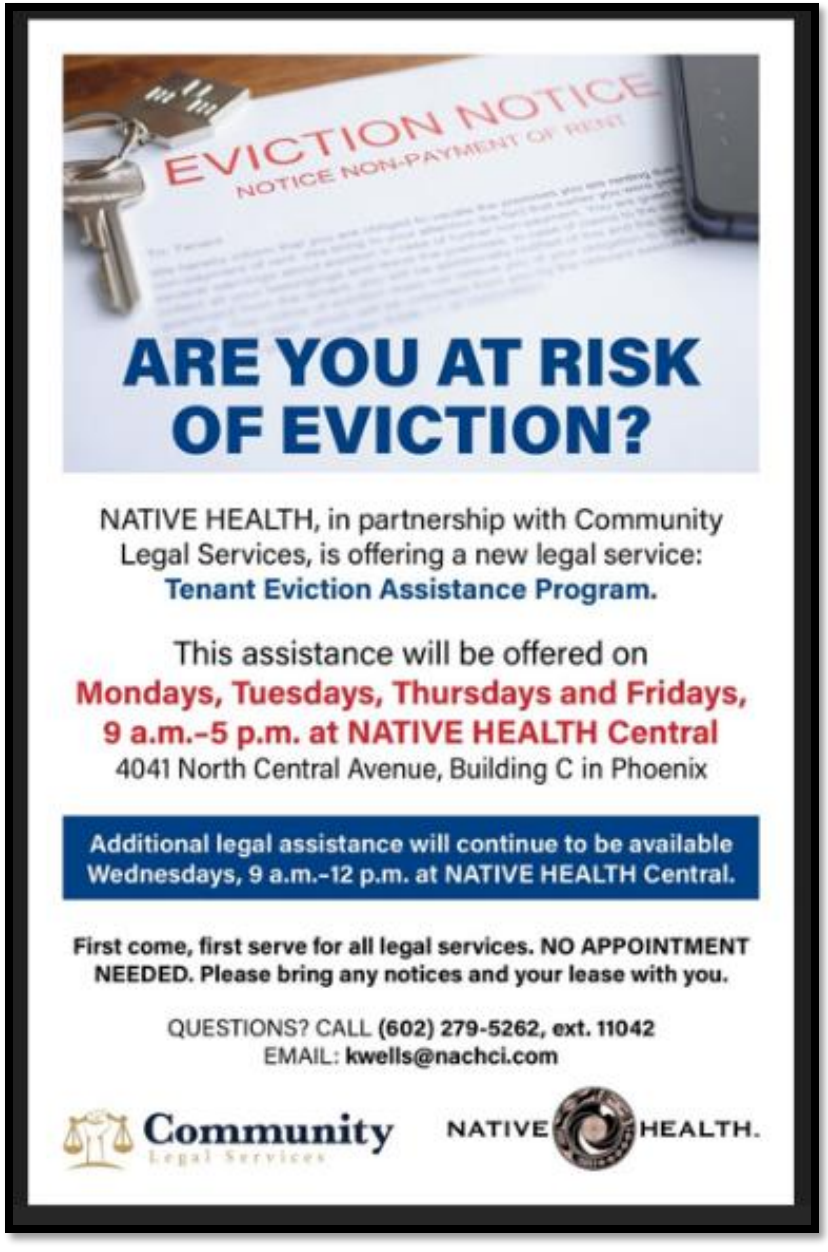
- If there is a Tax ID change, please send email to MCCAZ-Provider@molinahealthcare.com with an updated W9, AzAHP form and your old Tax ID and new Tax ID. Please allow 120 days for processing.

- Requests for a copy of your contract need to be directed to MCCAZ-Provider@molinahealthcare.com

- New Contract requests should be sent to MCCAZ-Provider@molinahealthcare.com and should include the following:

✓ **Current W9**
✓ **AzAHP form for group**
✓ **AzAHP form for each provider billing under your Group Tax ID**
✓ **Extensive scope of services**
✓ **List of codes to be billed**
✓ **Contact information for signing authority**

Tenant Eviction Assistance Program Opportunity



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AHCCCS H2O Program Eligibility

1. Eligible members must be Homeless and 18 years of age or older. In accordance with 24 CFR 91.5, the U.S. Department of Housing and Urban Development (HUD), beneficiaries must be homeless or at risk of becoming so.

2. Eligible members must also have an SMI designation and be 18 years of age or older. Recipients must have a chronic illness and a Serious Mental Illness Designation.

- Recipients who have been released from a correctional facility within the last 90 days, or who have been designated as having a Serious Mental Illness (SMI) and are presently detained in a correctional health facility with a scheduled release date within 90 days.

- When determining eligibility, a person's SMI and/or move out of an institutional setting take precedence over ongoing medical issues.

Chronic Health Conditions included are:

- Hypertension
- Heart Disease
- Heart Failure
- Liver Disease
- Diabetes
- Renal Failure
- Kidney Disease
- Kidney Transplant Failure
- Necrotizing Fasciitis
- Liver Cancer
- Skin Cancer
- Multiple Sclerosis

While this program is not currently eligible for all AHCCCS Complete Care (ACC) participants enrolled within Molina at this time, for those that are going through the Serious Mental Illness (SMI) Designation process and are approved, this program may be a benefit after that transition to SMI Services.

Further information can be found on the AHCCCS website at AHCCCS Housing and Health Opportunities (H2O) Demonstration (azahcccs.gov)

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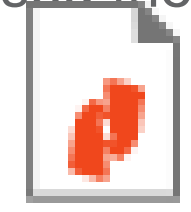
IMPORTANT Update VFC Coding and Reimbursement Memo

It has come to AHCCCS' attention that there may be confusion regarding the reimbursement for immunization administration fees when Vaccines for Children (VFC) stock is administered to members.

The descriptions for 90460 and 90461 are silent as to what source of vaccine is being administered. AHCCCS is sharing this guidance for clarification and to ensure all managed care plans are reimbursing administration fees equitably when VFC stock is given to an eligible member.

Effective 10/1/24, per Contract, AHCCCS has increased the administration fee from $15.43 to $21.33.



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Update for Skilled Nursing Facilities:

Attention Skilled Nursing Facilities:

Beginning February 15, 2024, all medications for Molina Medicaid members admitted to a Skilled Nursing Facility setting will be paid through the member's pharmacy benefit. The goal is to alleviate any barriers while taking care of our Members.

Please update your Pharmacy with the information below to adjudicate these claims:

BIN	**004336**
PCN	MCAIDADV
Groups	RX21EF, RX51BE, RX51BI

If you have any questions, please reach out to our Pharmacy Helpdesk : 844 910 3446 or MCCAZ-Provider@molinahealthcare.com

Claims information and Updates

Robert Samaniego- Molina Healthcare of AZ Claims Educator
Robert. Samaniego@molinahealthcare.com

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Claim Submission

Claims submission options

- Paper/mail
- Electronic submission

Clearing house options

- Change Healthcare
- Availity

Claims address

Molina Complete Care
P.O. Box 93152
Long Beach, CA 90809-9994

Reconsiderations

- If you receive remittance advice and believe the claim(s) was denied inappropriately or paid incorrectly, don't hesitate to contact our customer service unit or your provider representative. They can assist with having the impacted claims reviewed.

- IF you are not sure who your provider representative is, you can email the Provider Network team at MCCAZ-Provider@Molinahealthcare.com

- Resubmissions can take up to 30 days to process.

- The reconsideration request must contain the following information **Member's AHCCCS ID, Date(s) of service in question, Claim Number, and denial reason**.

Replacement Claims

To replace a denied CMS 1500 claim:

Enter “7” in Field 22 (Medicaid Resubmission Code) and the CRN/Claim number of the denied claim or the CRN/Claim number of the claim to be adjusted in the field labeled "Original Ref. No." Failure to replace a 1500 claim without Field 22 completed will cause the claim to be considered a “new” claim and it won’t link to the original denial/paid claim. The “new” claim may be denied as timely filing exceeded.

Replace the claim in its entirety, including all original lines if the claim contained more than one line. **Note: Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.**

To replace a denied UB-04, please ensure the CRN/Claim number of the denied claim or the CRN/Claim number of the claim to be adjusted is documented in field 64 of the UB-04 form.

Timely Filing

The initial claim **must be submitted to Molina Healthcare of Arizona within six months of the date of service**, even if payment from Medicare or other insurance has not been received.

If a claim is originally received within the six-month time frame, the provider has up to 12 months from the date of service to correctly resubmit the claim with the Medicare/Other Insurance payment Remit/EOB/EOMB. This must occur within 12 months of the date of service, which is the clean claim time frame.

**Subject to contract/SCA agreements*

Optum Pause and Pay

In partnership with Optum, Molina will perform prepayment medical record reviews utilizing widely acknowledged national guidelines for billing practices and to support uniform billing for all payers. The prepayment claim reviews will look for overutilization and other inappropriate billing practices by reviewing state and federal policies sourced from Medicaid and Medicare rules utilized industry-wide and then applying appropriate analytics.

If your claim is identified for review, you will receive an EOP indicating that medical records have been requested. The EOP will contain the following Remit Remark Code and Message referencing each line:

Remit Remark Code: M127 Remit Message:

"Optum is requesting Medical Records on Molina's behalf. The allowed timeframe for Medical Record submission and any disputes is based on timely filing requirements. Please direct questions regarding this Medical Record request to Optum at (877) 244-0403."

FC7A1BDB.pdf

Medical Coding Resources

AHCCS has updated various codes such as the following listed below.
Please be sure to register for Email Notifications using the following link below.

Subscribe for Email Notifications for Medical Coding Resources Updates

Medical Coding Resources (azahcccs.gov)

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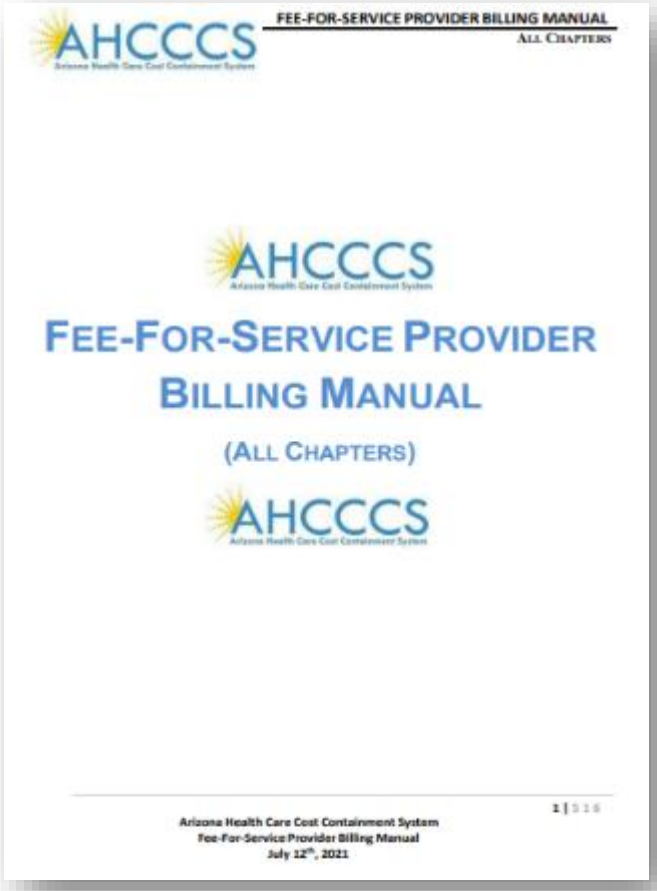
Helpful AHCCCS Claim Resources



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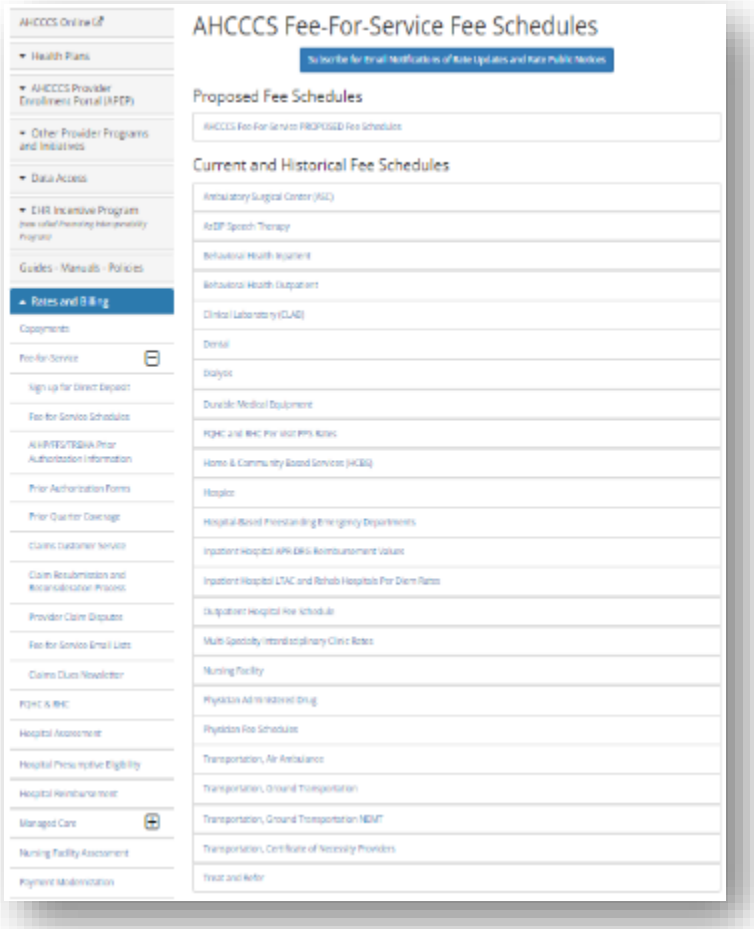

[Fee-For-Service (azahcccs.gov)]

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Molina Healthcare of Arizona
Availity Overview

Availity Essentials is a secure, multi-payer platform where healthcare providers and health plans collaborate by exchanging administrative and clinical information. Providers may use Availity to view and manage:

- ❑ Eligibility & Benefits
- ❑ Patient Search
- ❑ Attachments
- ❑ Appeals
- ❑ Claim Status
- ❑ Quick Claims
- ❑ Claims Correction
- ❑ Payer Space
- ❑ Overpayments

https://www.availity.com/

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Availity Contact information

First-time users create an account following this link: https://apps.availity.com/web/onboarding/portal-entry/#/create-account

If you already have an Availity Essentials account and need support, please click LOGIN below and submit a ticket. (24 hours a day, 7 days a week) or call Availity Client Services at 1-800-282-4548 between 8:00 am and 8:00 pm Eastern, Monday through Friday.

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Availity - Training and Education

The following free, live and on-demand Availity training is available for all registered users:

- ❑ Webinars to introduce audiences to Availity tools
- ❑ Product demos showing how to get the most out of Availity tools
- ❑ Help topics with detailed steps for completing a transaction
- ❑ Monthly updates on new and evolving tools

How to Access

Availity Essentials (Portal)

1. Log in to Availity Essentials
2. Click Help & Training | Get Trained

Essentials Pro (Revenue Cycle Management)

1. Log in to Essentials Pro
2. Click Support | Availity Learning Center in the upper right

https://www.availity.com/training-and-education/

Molina Healthcare of Arizona Provider Resources

Molina Healthcare of Arizona 2025 Provider Manual

Provider Manual (molinahealthcare.com)

Molina Healthcare of Arizona Contact Center

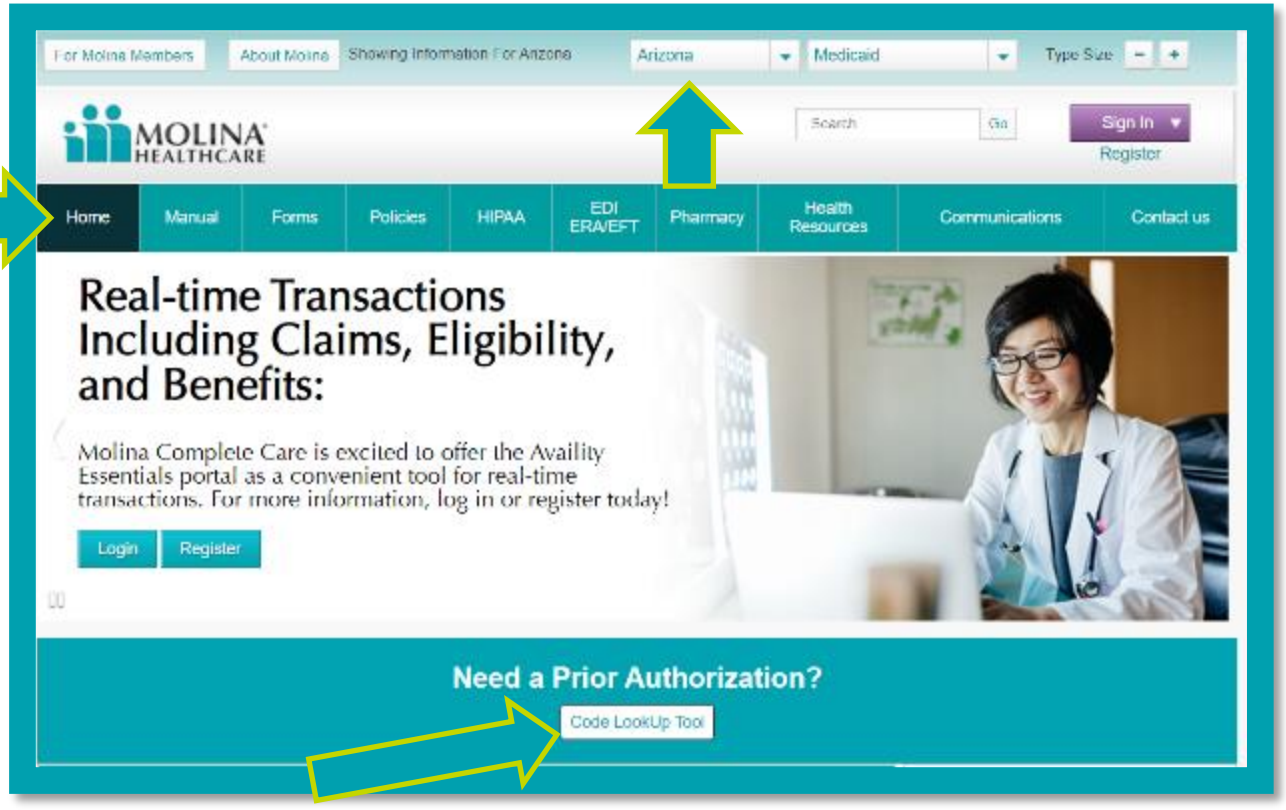
If you have any questions, please call us at 1-800-424-5891
Monday - Friday from 8 a.m. to 6 p.m., (PST)

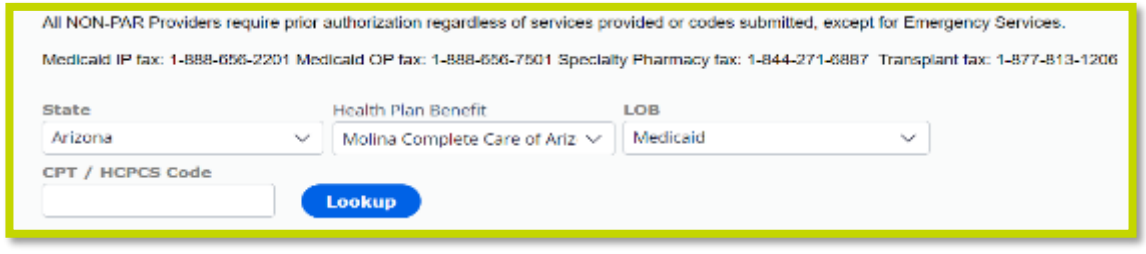
We can help answer any questions you have regarding:

- ❑ Authorizations
- ❑ Claims
- ❑ Eligibility
- ❑ Benefit Questions

Please find our contact information hyperlinked here

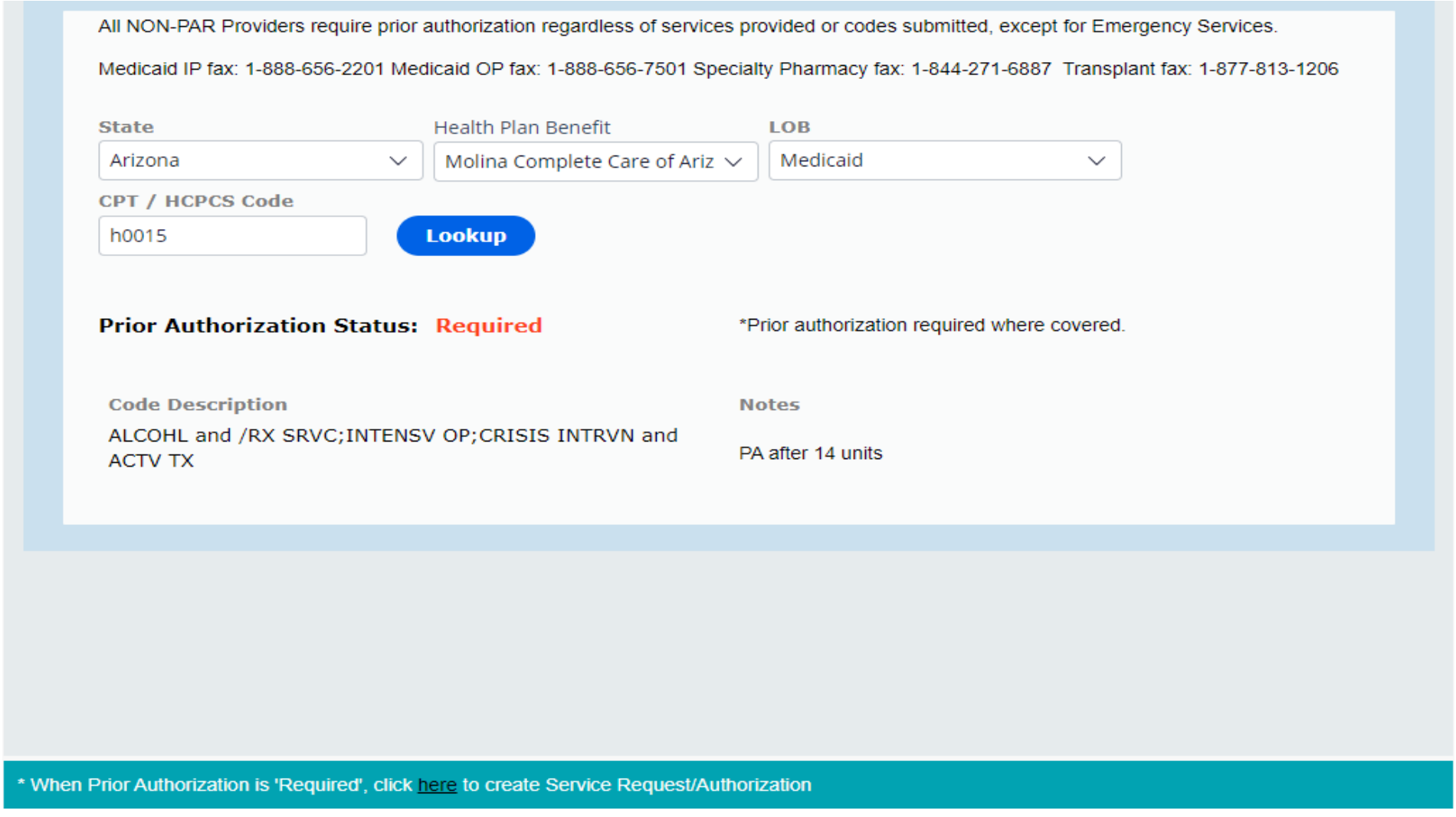
Prior Authorization Look up Tool





The tool is hyperlinked here

Prior Authorization Look up Tool



Prior Authorizations

Please visit www.MCCofAZ.com/for-providers/provider-materials/ as we have updated information about prior authorizations.

Prior authorization requests may be sent by fax:

Prior Auth – Inpatient Fax	**(888) 656-2201**
Prior Auth – All Non-Inpatient Fax	**(888) 656-7501**
Behavioral Health - Inpatient Fax	**(888) 656-2201**
Behavioral Health - All Non-Inpatient Fax	**(888) 656-7501**
Pharmacy Authorizations Fax	**(844) 271-6887**
Radiology Authorizations Fax	**(877) 731-7218**
Transplant Authorizations Fax	**(877) 813-1206**
NICU Authorizations Fax	**(888) 656-2201**

MCG Cite AutoAuth in Availity

- Molina Healthcare of Arizona partners with MCG health to provide the Cite AutoAuth self-service method for all lines of business to submit advanced imaging prior authorization (PA)
- Cite AutoAuth can be accessed via the Availity Single Sign-on portal 24 hours per day/7 days per week.
- This submission method is strongly encouraged as your primary submission route, existing fax/phone/email processes will also be available. Molina will review clinical information submitted with the PA. This system will provide quicker and more efficient processing of your authorization request, and the status of the authorization will be available **immediately** upon completion of your submission.

MCG Cite AutoAuth in Availity

- By attaching the relevant care guideline content to each PA request and sending it directly to Molina, healthcare providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Molina's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

- Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, PET scans. To see the full list of imaging codes that require PA, refer to the PA code Lookup Tool at MolinaHealthcare.com.

Thank you for your partnership in caring for Molina Healthcare members.

EPSDT/Maternity

Forms must be submitted for the following:

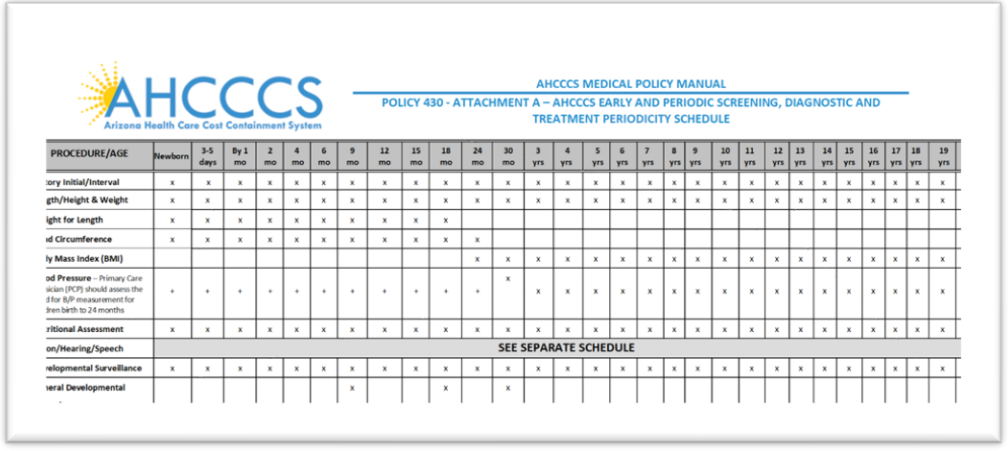
EPSDT

- Per AHCCCS AMPM 430 Use of AHCCS Clinical Sample templates Current Version on:

[AHCCCS Medical Policy Manual (AMPM) (azahcccs.gov)]

- Completion of templates in full to include PCP signature who completed Well Visit.
- EPSDT Forms received via:
  - Email:

    MCCAZ-EPSDTFormsFax@MolinaHealthCare.Com
  - Mailed: Molina Healthcare of Arizona Inc. 5055 E Washington Ste 210 Phoenix, AZ 85034 ATTN EPSDT
- All age-appropriate assessments and screenings must be completed as indicated on the AHCCCS Periodicity schedules.
  - 430_AttachmentA.docx (live.com)



AHCCCS
Arizona Health Care Cost Containment System

AHCCCS MEDICAL POLICY MANUAL
POLICY 430 - ATTACHMENT A – AHCCCS EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT PERIODICITY SCHEDULE

PROCEDURE/AGE	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs
tory Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
gth/Height & Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
ight for Length	x	x	x	x	x	x	x	x	x	x																			
d Circumference	x	x	x	x	x	x	x	x	x	x	x																		
y Mass Index (BMI)											x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
od Pressure – Primary Care sician (PCP) should assess the d for B/P measurement for dren birth to 24 months	+	+	+	+	+	+	+	+	+	+	+	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
ritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
on/Hearing/Speech	SEE SEPARATE SCHEDULE																												
elopmental Surveillance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
eral Developmental							x			x		x																	

Be on the lookout for updated requirements around **Syphilis screenings Age 15-20**

MOLINA HEALTHCARE

EPSDT/Maternity

Newborn Notification

- Per AHCCCS AMPM 410 Maternity Care Services Notifications to HealthPlan:
  - Newborn Notification Forms
    - Newborn Notification Form (molinahealthcare.com)
  - Fax 888-656-7541

Pregnancy & Family Planning

- Per AHCCCS AMPM 410 Maternity Care Services & AMPM 420 Family Planning Notifications to HealthPlan:
  - https://www.molinahealthcare.com/providers/az/medicaid/forms/fuf.aspx
- Pregnancy Notification/Sterilization/Termination:
  - Fax: 888-656-7541

MCCAZ-PregnancyTerm@MolinaHealthCare.com

Well Women's Preventative Care Services

Covered services included as part of a well-woman preventive care visit: An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes. As such, the well-woman preventive care visit is inclusive of a minimum of the following:

- Availability of Well Women's Preventative Care Services, Visit inclusive of a minimum of the following: Reference AMPM 411 AMPM Policy 411 (azahcccs.gov)

  - A physical exam (Well Exam) that assesses overall health
  - Clinical Breast Exam
  - Pelvic Exam(as necessary, according to current recommendations and best standards of practice)
  - Review of Immunizations and Screenings, and testing as appropriate for age and risk factors as specified in AMPM Chapter 300
  - Screening and counseling related to a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
    - Proper nutrition,
    - Physical activity,
    - Elevated BMI indicative of obesity,
    - Tobacco/substance use, abuse, and/or dependency,
    - Depression screening,
    - Interpersonal and domestic violence screening, that includes counseling involving elicitation of information from women and adolescents about current/past violence and abuse, in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems,
    - Sexually transmitted infections,
    - Human Immunodeficiency Virus (HIV),
    - Family Planning Services and Supplies, (refer to AMPM Policy 420)

Well Women's Preventative Care Services

Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:

- Reproductive history and sexual practices,
- Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
- Physical activity or exercise,
- Oral health care,
- Chronic disease management,
- Emotional wellness,
- Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use, and
- Recommended intervals between pregnancies, and

• Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

- Genetic Screening & Testing *are not* a covered, except as specified in AMPM Policy 310-II
- Immunizations: AHCCCS covers immunizations recommended by the Advisory Committee on Immunization Practices Recommended Schedule as specified on the CDC website https://www.cdc.gov/vaccines/schedules/index.html
- Providers are required to coordinate with The Arizona Department of Health Services (ADHS) Vaccines for Children (VFC) Program in the delivery of immunization services if providing vaccinations to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) aged members less than 19 years of age and register immunizations with ASIIS.

AHCCCS E.V.V.
ELECTRONIC VISIT VERIFICATION

What is Electronic Visit Verification (EVV)?

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, in order to prevent a reduction in the Federal Medical Assistance Percentage (FMAP), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and for in-home skilled nursing services (home health.) AHCCCS is mandating EVV for personal care and home health services beginning January 1, 2021.

Electronic Visit Verification (cont.)

Provider Description	Provider Type
Attendant Care Agency	PT 40
Behavioral Outpatient Clinic	PT 77
Community Service Agency	PT A3
Fiscal Intermediary	PT F1
Habilitation Provider	PT 39
HomeHealth Agency	PT 23
Integrated Clinic	PT IC
Non-Medicare Certified HomeHealth Agency	PT 95
Private Nurse	PT 46

Service	HCPCS Service Codes	DDD Focus Codes
Attendant Care	S5125	ATC
Companion Care	S5135 and S5136	
Habilitation	T2017	HAH, HAI
Home Health Services (aide, therapy, and part-time/intermittent nursing services)		
Nursing	G0299 and G0300	
Home Health Aide	T1021	
Physical Therapy	G0151 and S9131	
Occupational Therapy	G0152 and S9129	
Respiratory Therapy	S5181	
Speech Therapy	G0153 and S9128	
Private Duty Nursing (continuous nursing services)	S9123 and S9124	HN1, HNR
Homemaker	S5130	HSK
Personal Care	T1019	
Respite	S5150 and S5151	RSP, RSD

Place of Service Description	POS Code
Home	12
Assisted Living Facility	13
Other	99

For more information, please see the link directly to AHCCCS:

https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/

MOLINA HEALTHCARE

Quality Management

Itzel Cordova
Specialist, Quality Management

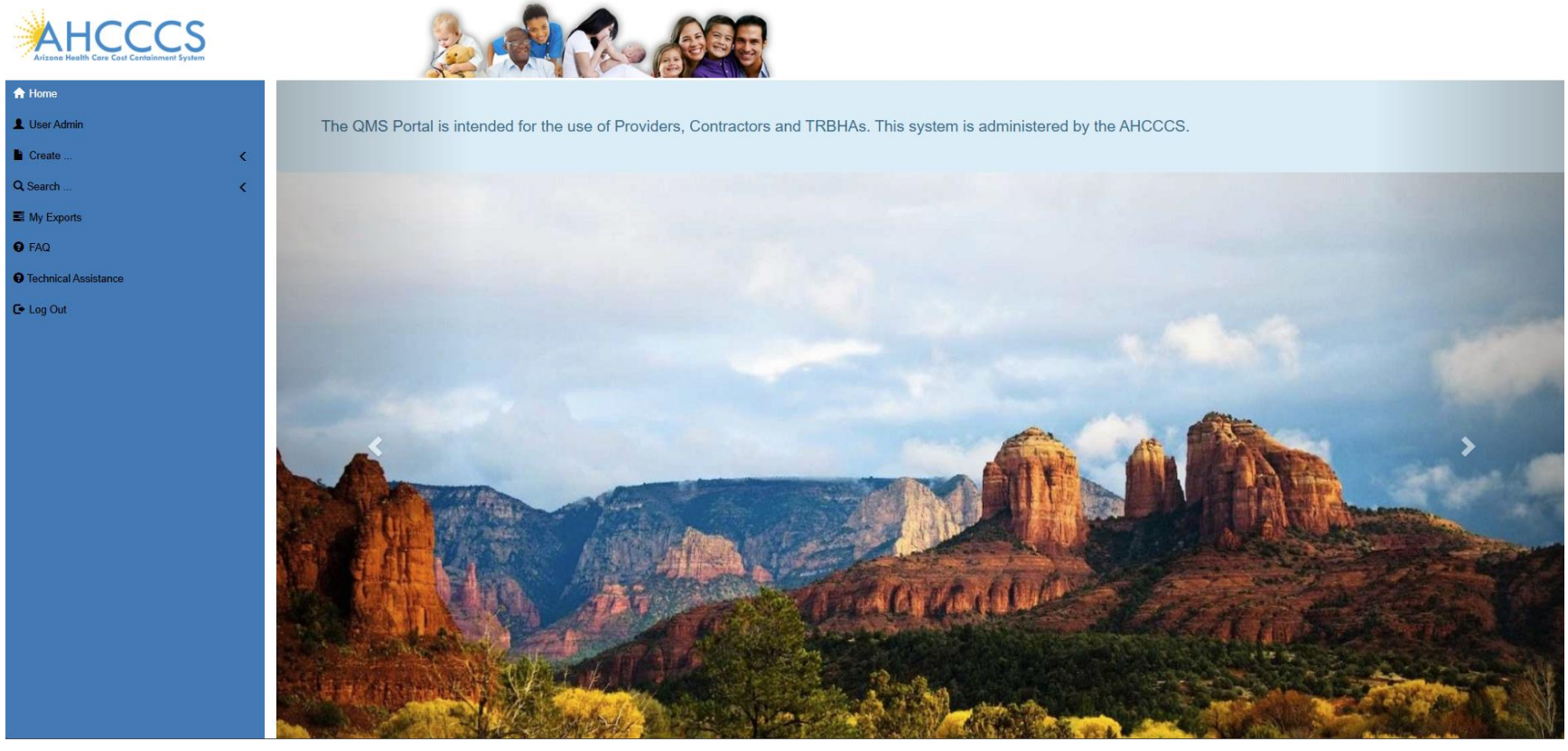
MOLINA HEALTHCARE

Quality Management Topics

- AHCCCS Quality Management (QM) Portal Review
- Incident, Accident, and Death (IAD) Reporting Requirements
- Quality of Care (QOC) Reviews & Investigations
- Reporting and Monitoring of Seclusion and Restraint (SAR)
- Site Visits and Auditing
- Provider Quality Performance Monitoring (QPM)
- Molina Quality Management Contact Information

AHCCCS Quality Management (QM) Portal Review

- AHCCCS Portal: www.qmportal.azahcccs.gov/Default.aspx
- All providers shall register an account in the AHCCCS QM Portal within 30 days of becoming an AHCCCS registered provider.

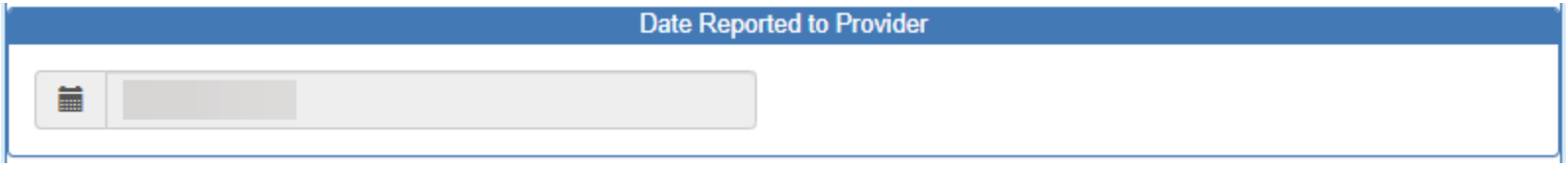


MOLINA HEALTHCARE

AMPM Policy 961

Incident, Accident, and Death (IAD) Reporting Requirements

- Reportable Events
  - Reportable Non-Sentinel IADs
  - Sentinel IADs
  - Mortalities
- All reportable IADs shall be submitted into the AHCCCS QM Portal within two business days of the event or two business days of becoming aware of the event
- All Sentinel IADs shall be submitted by the provider into the AHCCCS QM Portal within one business day of the event or within one business day of becoming aware of the event
- AHCCCS QM Portal *Basic Incident Information*



AMPM Policy 961

Incident, Accident, and Death (IAD) Reporting Requirements

- Detailed and comprehensive summary of event, including but not limited to
  - Member's current condition
  - Reporting to external agencies: Department of Child Safety (DCS), Adult Protective Services (APS), Arizona Department of Health Services (ADHS), the Attorney General's Office, Law enforcement, AHCCCS/Office of the Inspector General (OIG)
  - Review of the Office of Medical Examiner website

- Incident, Accident, and Death Reporting Guide: www.qmportal.azahcccs.gov/UserGuides/QuickStart_IAD_Report_Submit.pdf

AMPM Policy 960

Quality of Care (QOC) Reviews & Investigations

- Perform initial review of IAD
- Prioritize member's immediate health & safety needs; may perform on-site visits for wellness checks, health & safety concerns, immediate jeopardy, or at discretion of AHCCCS
- Request and review medical records, policies and procedures, perform member and/or provider interviews, internal investigations
- Determine the need for Technical Assistance (TA) or Corrective Action Plan (CAP)
- Recommend high profile cases be referred to Molina's Professional Review Committee (PRC)

AMPM Policy 960

Quality of Care (QOC) Reviews & Investigations

- Providers are required to respond timely to all Molina QM inquiries, including but not limited to
    - Requests for provider quality contacts
    - Submission of provider policies and procedures, personnel/staff files, and/or internal investigations
    - Submission of member records
    - Request for additional documentation and/or clarification that may arise throughout the course of the QOC investigation

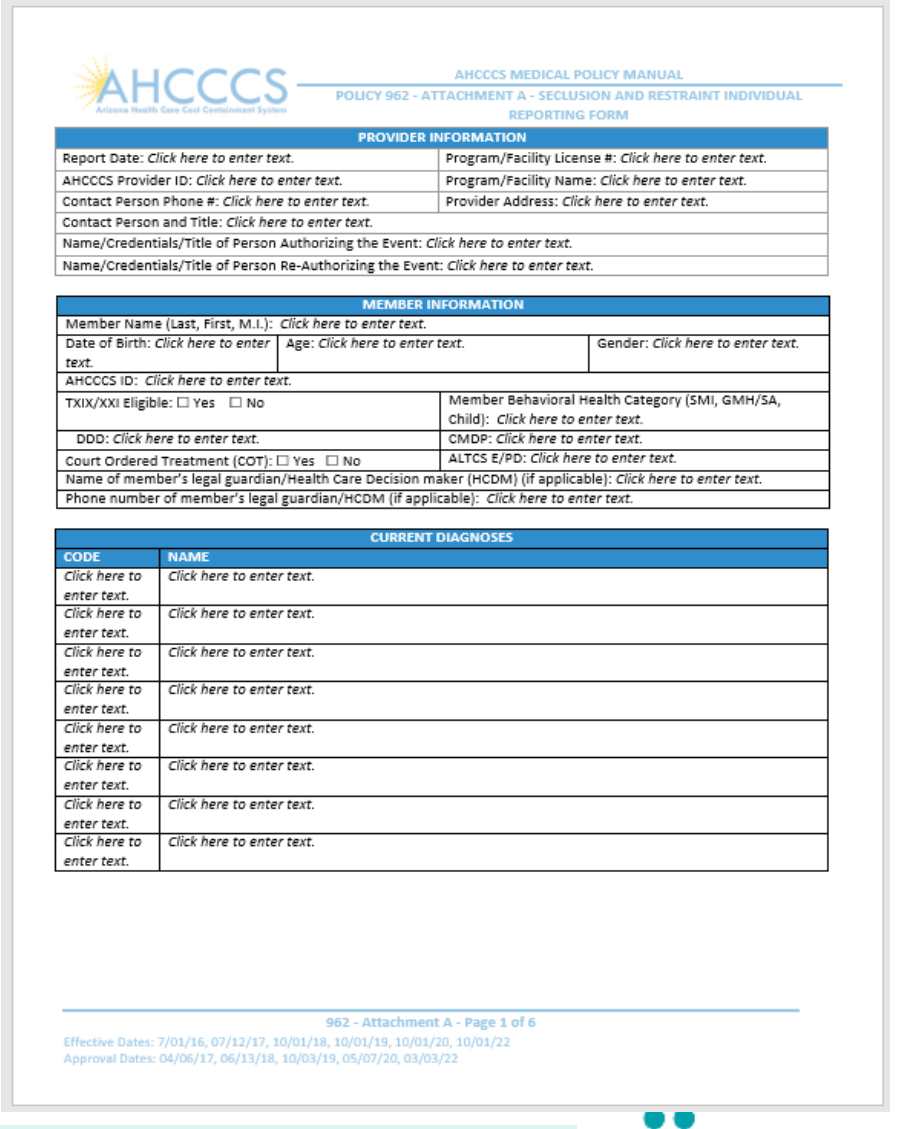
AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint (SAR)

- *"SAR shall only be used to the extent permitted by and in compliance with"...* AZ Administrative Code.

- Providers are required to report SAR events to Molina QM within five business days of the event. Submission must include AMPM Policy 962 Attachment A.

- Any seclusion and/or restraint events resulting in injury or complication requiring medical attention must be reported (as an IAD) to Molina QM via the AHCCCS QM Portal within 24 hours of the incident.



AHCCCS MEDICAL POLICY MANUAL

POLICY 962 - ATTACHMENT A - SECLUSION AND RESTRAINT INDIVIDUAL REPORTING FORM

PROVIDER INFORMATION	
Report Date: *Click here to enter text.*	Program/Facility License #: *Click here to enter text.*
AHCCCS Provider ID: *Click here to enter text.*	Program/Facility Name: *Click here to enter text.*
Contact Person Phone #: *Click here to enter text.*	Provider Address: *Click here to enter text.*
Contact Person and Title: *Click here to enter text.*	
Name/Credentials/Title of Person Authorizing the Event: *Click here to enter text.*	
Name/Credentials/Title of Person Re-Authorizing the Event: *Click here to enter text.*	

MEMBER INFORMATION		
Member Name (Last, First, M.I.): *Click here to enter text.*		
Date of Birth: *Click here to enter text.*	Age: *Click here to enter text.*	Gender: *Click here to enter text.*
AHCCCS ID: *Click here to enter text.*		
TXIX/XXI Eligible: ☐ Yes ☐ No		Member Behavioral Health Category (SMI, GMH/SA, Child): *Click here to enter text.*
DDD: *Click here to enter text.*		CMDP: *Click here to enter text.*
Court Ordered Treatment (COT): ☐ Yes ☐ No		ALTCS E/PD: *Click here to enter text.*
Name of member's legal guardian/Health Care Decision maker (HCDM) (if applicable): *Click here to enter text.*		
Phone number of member's legal guardian/HCDM (if applicable): *Click here to enter text.*		

CURRENT DIAGNOSES	
CODE	NAME
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*
Click here to enter text.	*Click here to enter text.*

962 - Attachment A - Page 1 of 6

Effective Dates: 7/01/16, 07/12/17, 10/01/18, 10/01/19, 10/01/20, 10/01/22

Approval Dates: 04/06/17, 06/13/18, 10/03/19, 05/07/20, 03/03/22

MOLINA HEALTHCARE

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint

SAR Reporting Requirements:

- Complete all data fields on the AMPM Policy 962, Attachment A
  - If a data field is not applicable, please add "N/A" or add comment clarifying why the data isn't included.
  - Empty data fields in the Attachment A will be interpreted as incomplete and result in the SAR report being returned to the provider for clarification.
- Submit all supporting documentation, including but not limited to:
  - Copies of SAR initiating orders
  - Flowsheets/monitoring logs
- If corrections are required on any of the forms submitted; single line through the error and add initials and date.
  - Do not scratch out or write over any errors

AMPM Policy 962

Reporting and Monitoring of Seclusion and Restraint

- Molina QM has fully reinstated the requirement for monthly SAR reporting.
- All contracted and SAR licensed providers are required to submit monthly SAR data to Molina QM by the 5th of each month.
- Molina QM acknowledges AHCCCS no longer requires SAR monthly reporting, however, as a best practice we have reinstated this process for quality performance to ensure compliance with AMPM Policy 962.
- *Seclusion and/or Restraint (SAR) Monthly Reporting Form*
- For any questions and/or requests involving SAR reporting, education, and training, please email MCCAZ-QOC@MolinaHealthcare.com.

Site Visits and Auditing

- **Unannounced, Urgent, Immediate:**
  - Wellness Checks
  - Health & Safety
  - Immediate Jeopardy
  - QOC Concern
  - Provider Performance

- **Announced, Planned, Scheduled:**
  - ACC Contract & AMPM Policy 910
  - Service & Service Site (S3)
    - Behavioral Health Clinical Chart Audit (BHCCA)
    - Ambulatory Medical Record Review (AMRR)
    - Community Service Agency (CSA)
    - Electronic Visit Verification (EVV)
    - Peer Recovery Support Services (PRSS)
    - Behavioral Health Residential Facility (BHRF)

Provider Quality Performance Monitoring (QPM)

- Molina QM evaluates a provider's Quality Performance based on the following focus areas:
  - Timeliness
  - Responsiveness
  - AMPM Compliance
  - Severity Leveling
  - Case Volume
  - Non and Under reporting of all case types
  - Audit Findings
- Quarterly reporting to Molina's **Quality Improvement & Health Equity Transformation Committee** for governance oversight

Quality Management Contact Information

Please contact Molina Healthcare Quality Management with any questions or concerns at:	
MCCAZ-QOC@molinahealthcare.com	**MCCAZ-Quality@molinahealthcare.com**

• Quality of Care Concerns
  ○ Medical records for QOC
  ○ Provider correspondence
  ○ Questions
 	
• Seclusion and Restraint Reports
  ○ AMPM Policy 962, Attachment A
  ○ Supporting documentation
  ○ Monthly SAR reporting
	• Auditing communication & medical records
	• Community Service Agency (CSA) documentation and correspondence

The Molina Healthcare QM Team Thanks You!

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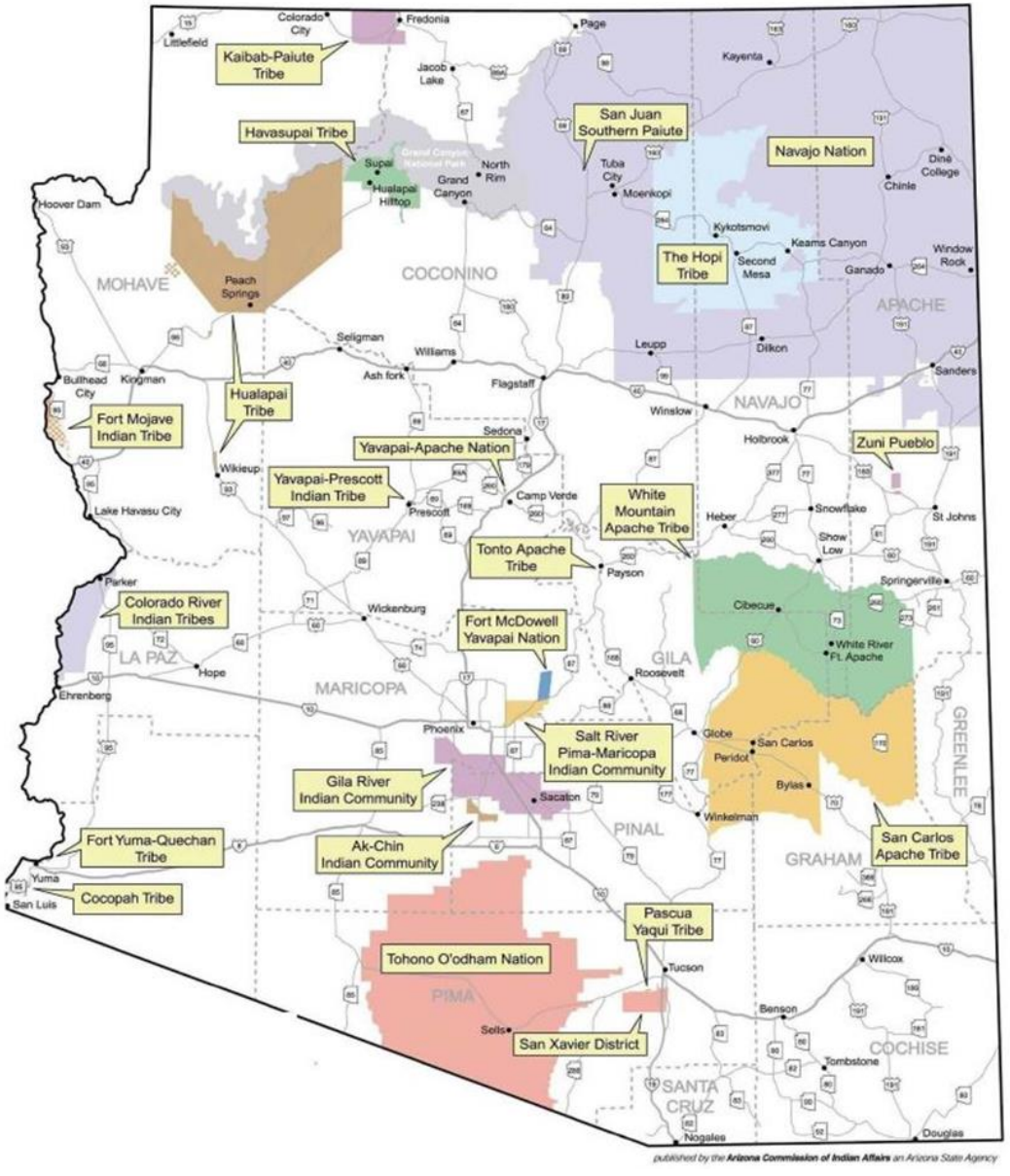
Tribal and Cultural Competency Program

Cassandra Peña
Tribal Liaison & Cultural Competency Coordinator

MOLINA® HEALTHCARE

Tribal Program

- Interface with Tribal Nations and providers
- Care coordination for Molina members
- Identify access to care gaps and barriers
- Provide internal and external training
- Communication and collaboration
- Strengthen Tribal Nation relationships



We need your input!

Provider Cultural Competency Training Evaluation Extended

Please complete the following short survey

- https://molinahealthcare.surveymonkey.com/r/WMKGZ9K

- Open your camera app and point it at the code.
- Once your camera recognizes the QR code, a notification will pop up that features a link.
- Tap on this link and your phone will direct you to the website.

Tribal Liaison and Cultural Competency Coordinator

Questions?

Contact: **Cassandra Peña**
Email: Cassandra.Pena@molinahealthcare.com
Phone: 480-589-0680

Quality Improvement

MOLINA® HEALTHCARE

Quality Improvement Topics

- Quality Measures
- Provider Tip Sheets
- Quality Improvement and Health Equity Transformation Committee
- VFC Enrollment
- Molina Days
- Supplemental Data
- EMR
- Best Practices

Quality Measures

- Quality measures assess the performance and improvement of population health, health plans, providers, and clinicians in delivering healthcare services for:
  - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
    - Physical, mental, developmental, dental, hearing, vision, and other screening tests
  - Maternity
  - Women's Health
  - Chronic Care: Hypertension, diabetes, asthma, COPD, etc.
  - Primary Care
  - Specialists
  - Care Coordination
  - Medication Management
  - Alcohol and Drug Use/Abuse Treatment
  - Behavioral Health

Priority Measures: EPSDT

HEDIS Measure	Description
Well-Child Visits in the First 30 Months of Life (W30)	Six or more comprehensive well-care visit with a PCP from 1 month to 15 months of life.
Child and Adolescent Well-Care Visits (WCV)	At least one comprehensive well-care visit with a PCP or OB/GYN practitioner during 2024.
Childhood Immunization Status (CIS)	Children 2 years of age who had the following vaccines by their second birthday: DTaP, IPV, MMR, HiB, Hep B, VZV, Pneumococcal, Hep A, Rotavirus, Influenza
Immunizations for Adolescents (IMA)	Adolescents 13 years of age who received the following vaccines on or before the 13th birthday: Meningococcal, Tdap, HPV
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN provider and who had evidence of the following during 2023: BMI percentile documentation; Counseling for nutrition or referral for nutrition education; Counseling for physical activity or referral for physical activity
Oral Evaluation Dental Services (OED)	The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation by a dental provider during the measurement year.

Priority Measures: Women's Health

HEDIS Measure	Description
Breast Cancer Screening (BCS)	At least one mammogram any time on or between October 1, 2022 and December 31, 2024.
Cervical Cancer Screening (CCS)	Women who were screened for cervical cancer using either of the following criteria: 1) Women 24-64years of age who had cervical cytology performed within the last 3 years; 2) Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years; or 3) Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.
Chlamydia Screening in Women (CHL)	At least one chlamydia test during the measurement year for women identified as sexually active.

Priority Measures: Maternity

HEDIS Measure	Description
Timeliness of Prenatal Care	One prenatal visit with an OBGYN during the first trimester for existing members, or on or before the enrollment start date through 42 days after for new members.
Postpartum Care	One postpartum visit with an OBGYN practitioner or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.

Priority Measures: All other areas

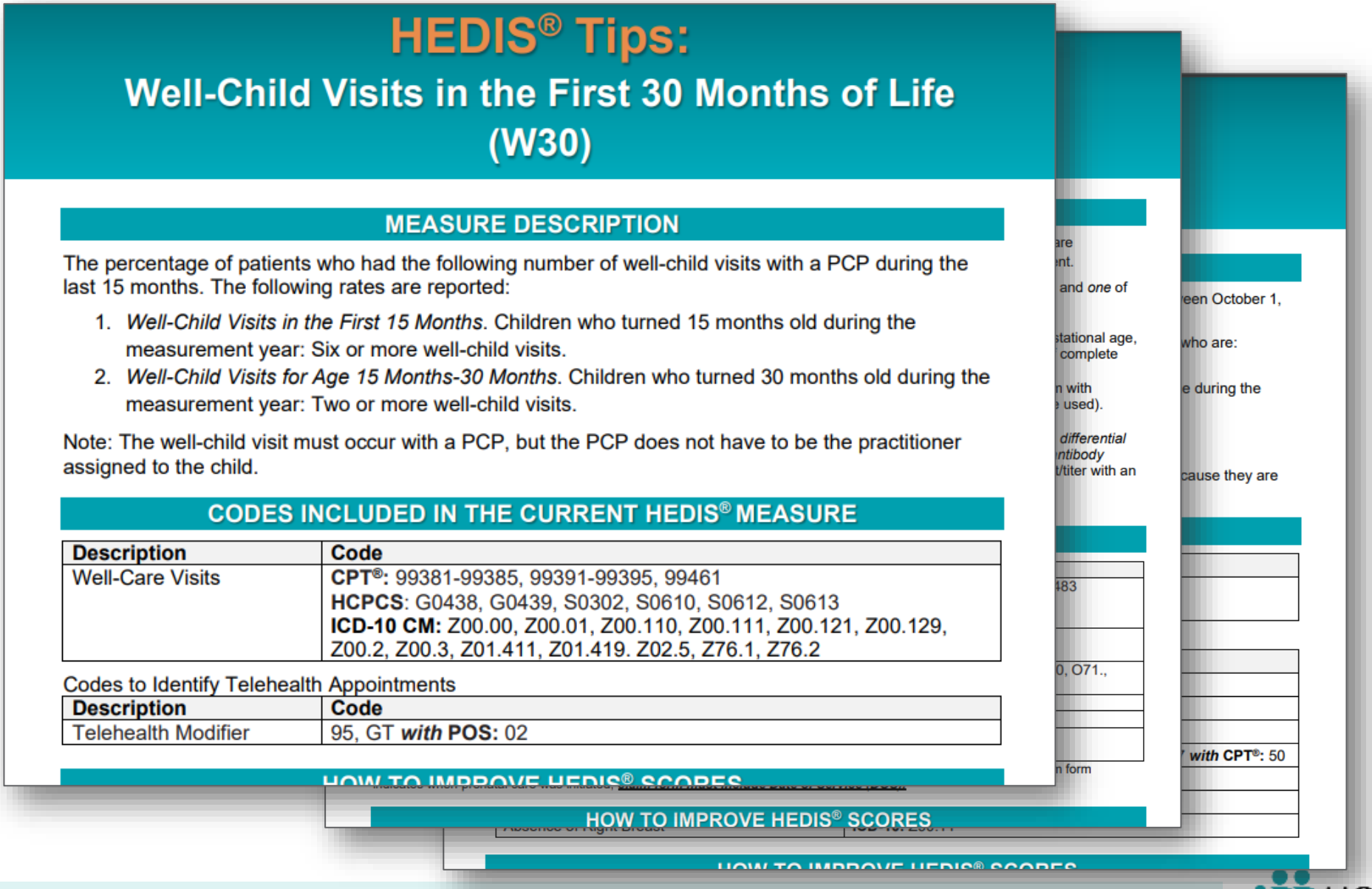
HEDIS Measure	Description
Plan All-Cause Readmission (PCR)	At least one acute readmission for any diagnosis within 30 days of discharge date (lower rates mean better performance)
Follow-Up After Hospitalization for Mental Illness (FUH)	Follow-up visit with a mental health provider with a principal diagnosis of a mental health disorder within 1-7 days of discharge
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Follow-up visit within 7 days of emergency department (ED) visits for patients 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose.
Hemoglobin A1c Control for Patients With Diabetes (HBD)	Members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was below >9.0% during 2024.
Controlling High Blood Pressure (CBP)	Members 18-85 years of age, who had at least two visits on different dates of service and had a diagnosis of hypertension (HTN) on or between January 1, 2023, and June 30, 2024, and whose blood pressure (BP) was adequately controlled.

Priority Measures: All other areas (cont'd)

HEDIS Measure	Description
Antidepressant Medication Management (AMM)	Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.
Asthma Medication Ratio (AMR)	Patients 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during 2024.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Children or adolescents 1 - 17 years of age who had at least two or more antipsychotic prescriptions and had metabolic testing.
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Patients with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Patients 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test or HbA1c test) during 2024.

Provider Tip Sheets

https://availitylearning.learnupon.com/catalog/courses/2657214



HEDIS® Tips:

Well-Child Visits in the First 30 Months of Life (W30)

MEASURE DESCRIPTION

The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. *Well-Child Visits in the First 15 Months*. Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months-30 Months*. Children who turned 30 months old during the measurement year: Two or more well-child visits.

Note: The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

CODES INCLUDED IN THE CURRENT HEDIS® MEASURE

Description	Code
Well-Care Visits	**CPT®:** 99381-99385, 99391-99395, 99461 **HCPCS**: G0438, G0439, S0302, S0610, S0612, S0613 **ICD-10 CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419. Z02.5, Z76.1, Z76.2

Codes to Identify Telehealth Appointments

Description	Code
Telehealth Modifier	95, GT ***with*** **POS:** 02

HOW TO IMPROVE HEDIS® SCORES

MOLINA HEALTHCARE

Quality Improvement and Health Equity Transformation Committee

What is the QIC?

The Quality Management/Performance Improvement (QM/PI) Committee (referred to as the Quality Improvement Committee [QIC]) is responsible for the implementation, oversight, and ongoing monitoring of Molina Healthcare of Arizona's QM/PI Program. The QIC recommends policy decisions, analyzes, and evaluates the progress and outcomes of all quality improvement activities, institutes needed action and ensures follow-up.

Who is the QIC?

The Quality Improvement Committee is chaired by the Chief Medical Officer and includes participation of key health plan leaders who are responsible for operations and clinical functional areas for all lines of business. Molina Healthcare of Arizona QIC membership includes:

- The local CMO/designated Medical Director as the chairperson of the Committee. The local CMO/designated Medical Director designates the local Associate Medical Director as her designee only when the CMO/designated Medical Director is unable to attend the meeting.
- The QM/PI Director
- Representation from the functional areas within the organization,
- Representation of contracted or affiliated providers serving AHCCCS members, and
- Clinical representatives of both Molina Healthcare of Arizona and the provider network.

Contact

If you have any questions or would like more information on the QIC and Health Equity Transformation Committee, please reach out to Molina QI at MCCAZ-HEDIS@molinahealthcare.com.

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VFC Enrollment – Reenrollment

Arizona Vaccines for Children (VFC)

VFC program overview

The VFC program is a federally funded program that provides vaccines at no cost to children who might not be vaccinated because of an inability to afford vaccines. Children that are 18 years and under and meet at least one of the following criteria are eligible to receive vaccines from the VFC program:

- AHCCCS enrolled, children who are eligible for the state Medicaid program
- uninsured, children not covered by any health insurance plan
- American Indian/Alaska Native (AI/AN), this population is defined by the Indian Health Care Improvement Act (25 U.S.C. 1603). AI/AN children are VFC eligible under any circumstance
- under-insured, * children who have private insurance that does not cover some or all Advisory Committee on Immunization Practices (ACIP) recommended vaccines
    - *Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), county health departments and approved deputized providers are the only providers that are allowed to serve the VFC eligibility category of underinsured

VFC vaccines must be delivered to the facility that they will be administered at. Please review the AZDHS VFC Program Information and Enrollment website for more information about member eligibility.

VFC Enrollment – Reenrollment cont.

Re-Enrollment

All Molina Health Care primary care providers (PCPs) must complete their Vaccines for Children (VFC) program re-enrollment. 2024 TBA

This means all PCPs must be actively enrolled with the VFC program to have Arizona Health Care Cost Containment System (AHCCCS) eligible members younger than 19 assigned to them. If a PCP is not enrolled with or inactivates from the VFC program, members younger than 19 will need to be reassigned.

Questions

Please refer to the AHCCCS Medical Policy 430 for more information on the enrollment requirement. Additional program information is also available in the VFC Operations Guide.

Helpful Links

AMPM Policy 430 (azahcccs.gov)

ADHS - Arizona Immunization Program - Vaccines for Children (VFC) - VFC Operations Guide and Resources (azdhs.gov)

Arizona Vaccines for Children (VFC) Program Operations Guide; (azdhs.gov)

Host a Molina day at your practice!

What are the benefits of hosting a Molina Day event?

Molina Day events offer a fun way to encourage Molina Healthcare members to obtain the health services they need while improving your HEDIS® rates and decreasing no-shows. It also improves communication between members and providers.

Molina Day Background

Molina Healthcare launched a program in 2019 to improve the health status and outcomes of our members. This program engages with providers to improve access to care for our members and your patients. Working with your practice and utilizing an outreach strategy, we target members for specific recommended health services.

Why does Molina Healthcare conduct Molina Days?

Molina Days are valuable because they:

- Increase HEDIS® scores
- Improve the health and quality of life of our members
- Improve engagement with your practice
- Encourage member and provider satisfaction

What support can Molina Healthcare Provide?

When hosting a Molina Day, Molina Healthcare will:

- Analyze data to identify members with care opportunities
- Empower and educate members to get engaged with their provider
- Distribute member invitations and appointment reminders
- Offer member incentives

Host a Molina day at your practice! Cont.

Where will the Molina Day take place?

The event will take place at your preferred practice location.

What will be conducted during a Molina Day event?

Molina will serve as support for the event by:

- Welcoming members with marketing activities
- Provide members with health plan benefit information and educational materials
- Help members obtain community resources

How are members identified?

While every member is very important, not all members in your practice's panel will be targeted for participation. Only members within your practice who have not completed specific health services or screenings will be targeted for the Molina Day event.

What measures are taken to discourage no-shows during a Molina Day event?

Prior to the event, Quality specialists will work with members to identify solutions to any barriers that may cause a no-show to occur.

We will help by:

- Scheduling transportation
- Reschedule appointments as needed
- Completing reminder calls in the days prior

How can your practice support the success of the Molina Day event?

- Work with Quality specialists to finalize outreach strategies
- Provide Quality specialists with updated member demographics
- Engage with Quality specialists to ensure the success of the event

Supplemental Data

Closing Gaps with Supplemental Data

Standard supplemental data are electronic files that come from providers who render services to members. Production of these files follows clear policies and procedures, and standard file layouts remain stable from year to year.

Non-standard supplemental data is data used to capture missing service data not received through administrative (claim) sources or in the standard files. Examples include patient self-reported services or the use of data abstraction forms.

How to Submit HEDIS Data to Molina

Supplemental data may be submitted to Molina through several methods:

•Fax Medical Records to Molina: Fax number:
•Email Medical Records to Molina: MCCAZ-HEDIS@molinahealthcare.com
•EMR or Registry data exchange (SFTP)
Upload records via the Availity
https://availitylearning.learnupon.com/catalog/courses/2657214
Supplemental data documents consisting of medical records should include the following:

•Member's Name
•Member's Date of Birth
•Provider signature (electron signature acceptable)

Data Copied and pasted from medical records is NOT acceptable.

Submission deadline for Supplemental Data:

*Reporting year data must be submitted by January 15th of the following year after the reporting year.

Remote EMR Access

Provide Remote EMR Access

What is EMR Remote Access? The practice provides Molina Healthcare with off-site EMR access. Molina then utilizes a secure connection from the practice EMR system through Molina Healthcare Secure VPN to retrieve only Molina member's medical records for the purpose of closing HEDIS care gaps.

HEDIS is the ***Healthcare Effectiveness Data Information Set***, a standardized set of performance measures developed by the ***National Committee for Quality Assurance*** (NCQA). HEDIS is a time-sensitive project and

Benefits of providing Molina with remote EMR access

- Remote EMR Access allows Molina Healthcare to effectively retrieve Molina member's records without placing an administrative burden on the practice.
- Molina's HEDIS Specialists will retrieve data and do not require onset accommodations.
- Molina HEDIS Specialists are trained to identify the necessary data required by HEDIS and yield greater outcomes.

How to grant Molina access? Contact ***Katti Diaz*** at katti.diaz@molinahealthcare.com to start the process.

Best Practices

- Yearly preventative Care
  - Ensure every AHCCCS member receives at least one annual wellness visit each year to check for new health issues, monitor existing conditions, medication adherence, etc.
- Breast Cancer Screening
  - Send lists of members with mammogram orders to Molina Quality Improvement (MCCAZ-HEDIS@molinahealthcare.com) to follow up on mammogram scheduling and supports for members
- All measures
  - Send lists of members who missed scheduled appointments to Molina Quality Improvement (MCCAZ-MissedAppts@MolinaHealthCare.Com) to follow up on scheduling and supports for members
- Plan All-Cause Readmissions
  - Comprehensive discharge planning, patient education, medication reconciliation, follow-up care coordination, and **effective communication** among healthcare providers.

Member Incentives

Confirmed through claims or medical records. **(Pending AHCCCS Approval)**

- Well Child Visit – WCV
  - $50 Gift Card for ages 3-7
  - $50 Gift Card for ages 11-21

- Breast Cancer Screening – BCS
  - $100 Gift Card ages 50-74

Molina's Housing Program

Cinda Thorne, Housing Administrator

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Housing Administrator

- Assists community agencies in participating and addressing the housing crisis in Pinal, Gila, and Maricopa County.
- Support the member and agencies with navigating and identifying the appropriate resource to address their specific housing need.
- Support in community efforts to address, train, and support changes to housing eligibility criteria for temporary and permanent housing solutions.
- Actively engaged in Coordinated Entry process and development.

Select an item above to read more

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Acom 448

AHCCCS Arizona Health Care Cost Containment System

AHCCCS CONTRACTOR OPERATIONS MANUAL
CHAPTER 400 – OPERATIONS

448 – PERMANENT SUPPORTIVE HOUSING

EFFECTIVE DATES: 07/01/16, 10/01/21, 10/01/22

APPROVAL DATES: 07/01/16, 07/01/21, 06/16/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, and DES/DDD (DDD) Contractors; and Fee-For-Service (FFS) populations, including American Indian Health Program (AIHP), Tribal ALTCS, and TRBHA; excluding Federal Emergency Services (FES). This Policy specifies the scope of programs and activities included within AHCCCS Housing Program (AHP) services, duties of the Contractor, and the AHCCCS Housing Administrator related to coordination and delivery of supportive housing programs including AHP programs, and the process for development, implementation and management of housing programs and related funds for the eligible populations through the Arizona Serious Mental Illness Housing Trust Fund (SMI HTF). TRBHA responsibilities regarding SMI housing are outlined in their Intergovernmental Agreement (IGA).

II. DEFINITIONS

For purposes of this policy:

APPLICATION	The process of initiating the AHCCCS Housing Program (AHP) housing process by submission of form by providers on behalf of eligible persons.
NON-TITLE XIX/XXI STATE GENERAL FUND ALLOCATIONS	State General Fund appropriations made to AHCCCS that provide Non Medicaid funding for housing and related supports primarily for persons determined SMI. These funds are the core of the AHP and consist of the SMI General Fund and the Supportive Housing appropriations. While both can serve persons determined SMI, the Supportive Housing funds may also serve Medicaid eligible members identified with General Mental Health or Substance Use Disorders (GMH/SUD).

Additional Definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.

III. POLICY

This policy covers general AHCCCS expectations for permanent supportive housing services and coordination, as well as specific criteria for the AHP and the AHCCCS Acquisition, Construction, and/or Renovation Program that are funded through Non-Title XIX/XXI State General Fund allocations.

D. CONTRACTOR RESPONSIBILITIES

1. The Contractor, through its providers, is responsible for assisting and supporting members to secure and maintain housing as part of overall physical and behavioral health service provision. This includes coordination with the AHCCCS Housing Administrator for AHP programs if eligible, as well as other community based housing and programs (e.g., Housing Choice Vouchers, Department of Housing and Urban Development (HUD) COC programs).

2. To adequately support members housing needs, the Contractor and its providers shall:
   a. Ensure identification, assessment, screening, and documentation of individuals that have housing needs including homelessness, housing instability, or adequate and appropriate setting at discharge from residential, crisis or inpatient facility. It may also include administration of any AHCCCS approved standardized assessment tools that include housing evaluation,
   b. Coordinate with the AHCCCS AHP Housing Administrator and contracted providers to identify and refer members identified with high need for housing (e.g., high needs/high cost, risk rosters),

i. Contractor and contracted providers shall demonstrate they can capably conduct and utilize any AHCCCS-required current or emerging standardized assessment tool for assessing and documenting housing needs such as the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) or other AHCCCS approved acuity tool,

j. Maintain (and ensure its contracted providers maintain) a sufficient number of dedicated staff of housing professionals with knowledge, expertise, experience, and skills, to coordinate with the AHCCCS Housing Administrator and providers to expedite housing processes,

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Provider Housing Support Survey Update

ACOM 448 is guiding changes through AHCCCS, these changes guided survey that was sent to our providers to identify some program and supports within our provider network around housing.

Moving Forward:

- We will be reaching out to obtain number of housing navigators/specialists within your organizations.
- Set up reporting on unsheltered admissions into programs with identified providers.
- Reaching out to solidify referring processes and navigation of SDoH needs.
- Reaching out to providers (PCP/BH) that are assigned to members that are unsheltered to complete an SDoH assessment on the member and refer out to appropriate providers.

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AHCCCS Statewide Housing Program (AHP) GMH/SU Eligibility and Programs

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Eviction Prevention, Move-in Assistance, Utility Assistance

- Awarded one-time per member, per year (fiscal year 7/1-6/30)
- Must meet eligibility requirements
- Rental arrears- AHP will pay up to 2 months rental arrears not to exceed $3,000
- Utility Arrears- AHP will pay up to 2 months utility arrears not to exceed $1,000
- Move-in assistance- AHP will pay move-in costs including required fees and deposits, security deposits, utility deposits, and first month's rent not to exceed $3,000.

* Move-in assistance is only available to non-subsidized members (any permanent supportive housing assistance, including permanent supportive housing and rapid rehousing, from programs like AHP, CoC, HCV, SSVF, etc.)

https://azabc.org/ahp/

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Eviction Prevention, Move-in Assistance, Utility Assistance

Complete application and attach the following:

- Identification Documentation
- ***Eviction prevention***- Include copy of eviction notice
- ***Utility shut off-*** Include copy of disconnect notice
- ***Move-in Assistance-***
  - Copy of proposed lease
  - Move in cost sheet
  - Verification from utility company with total deposits due
- Current income verification

Eligibility Requirements

Scattered Site programs / Community Living Program

Be a member with an SMI or GMH/SU (T19/Medicaid eligible) designation

Be a United States citizen or have eligible immigrant status.

Be at least 18 years old

Have an identified homeless or housing need documented by the member's clinical provider or treatment team

Score and 8+ on VI-SPDAT and be identified as HCHN within the ACC plan's internal criteria

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Application Completion

AHCCCS approved referring agency is responsible for determining housing need. The agency will have to indicate one of the following housing need applies to the member on the application.

- ***Actual Homelessness***: An individual or family who lacks a fixed, regular, and adequate nighttime residence
- ***Institutional or Housing Discharge***: A person exiting an institution who is likely to be homeless
- ***Other Identified Housing Need***:
  - ✓ Fleeing Domestic Violence
  - ✓ Frequent Hospitalization
  - ✓ Housing Instability

https://azabc.org/ahp/

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Completed Application sent to Statewide Housing Administrator

Referring Provider will need to obtain required identification and income verification documentation.

Referring Agency will complete pre-application online at GMHSU Pre-Application – Arizona Behavioral Health Corporation (azabc.org). Statewide Housing Administrator will outreach Molina to confirm HCHN status and then confirm if member is added to Scattered Sites waitlist.

Housing Administrator

Questions?

Contact: **Cinda Thorne**
Email: Cinda.Thorne@molinahealthcare.com
Phone: 480-440-6807

From The Molina Healthcare of Arizona Network Team:

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