

Provider Webinar

Molina Healthcare of Arizona
September 13, 2023



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Molina Healthcare of Arizona Provider Resources



Welcome and Introductions

Molina Healthcare of Arizona Network Team:

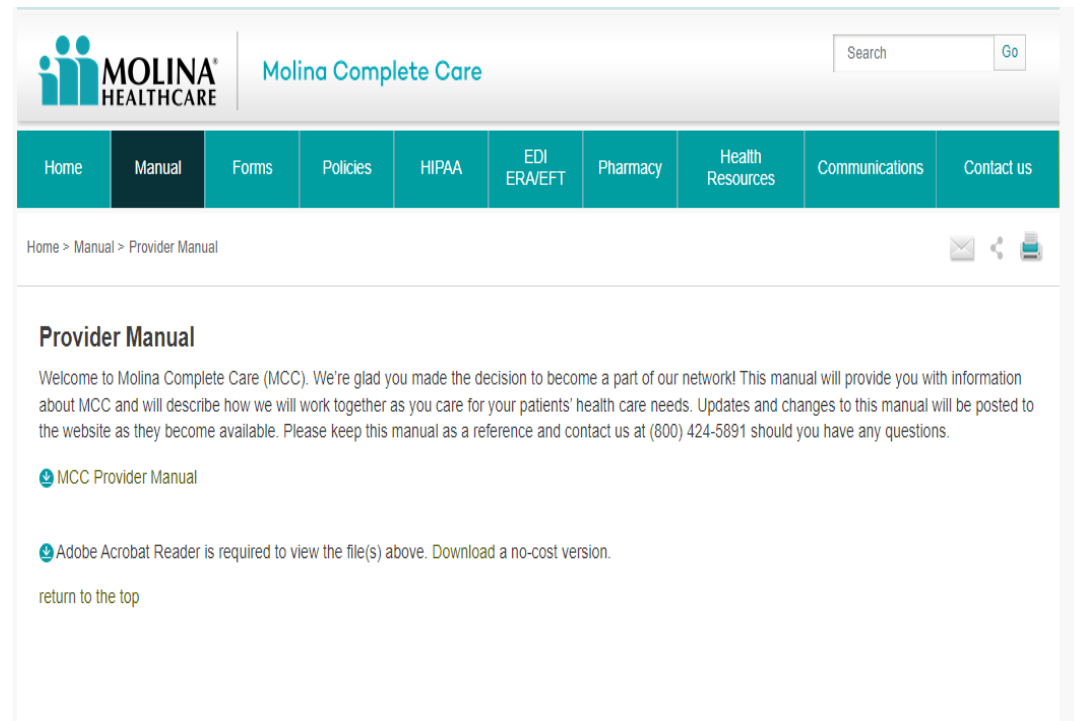
- Kelley Pavkov, Director, Network Development
- Desirae Montano, Provider Relations Representative
- Ray Legenzoski, Provider Relations Representative
- Keri Lopez, Provider Relations Representative
- Beverly Diaz, Provider Relations Representative
- William Hernandez, Non-Par Provider Representative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

The Molina Healthcare of AZ Provider Manual is a helpful resource on a variety of training topics including:

The updated 2023 Provider Manual can be found at:

<https://www.molinahealthcare.com/providers/az/medicaid/manual/medical.aspx>

- ✓ Provider services, support & training
- ✓ Utilization Management
- ✓ Provider Appeals
- ✓ Member Management Support
- ✓ Claims Submission
- ✓ Forms



The screenshot displays the Molina Complete Care website interface. At the top left is the Molina Healthcare logo. To its right is the text "Molina Complete Care" and a search bar with a "Go" button. Below this is a navigation menu with tabs for Home, Manual (which is highlighted), Forms, Policies, HIPAA, EDI ERA/EFT, Pharmacy, Health Resources, Communications, and Contact us. Below the navigation menu is a breadcrumb trail: "Home > Manual > Provider Manual". To the right of the breadcrumb trail are icons for email, back, and print. The main content area is titled "Provider Manual" and contains a welcome message: "Welcome to Molina Complete Care (MCC). We're glad you made the decision to become a part of our network! This manual will provide you with information about MCC and will describe how we will work together as you care for your patients' health care needs. Updates and changes to this manual will be posted to the website as they become available. Please keep this manual as a reference and contact us at (800) 424-5891 should you have any questions." Below the welcome message is a link to the "MCC Provider Manual" and a note that "Adobe Acrobat Reader is required to view the file(s) above. Download a no-cost version." At the bottom of the page is a "return to the top" link.

Molina Healthcare of AZ 1st Quarter Provider Newsletter

A newsletter for Molina Healthcare of Arizona Providers

<https://www.molinahealthcare.com/providers/az/medicaid/comm/communications.aspx>

[2023 1st Quarter Provider Newsletter](#)

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Molina Healthcare of Arizona- Contact Center

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

We can help answer any questions you have regarding:

- Authorizations
- Claims
- Eligibility
- Benefit Questions

And more!

Find our Contact information hyperlinked [here](#)

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
- Member Search
- Claims Inquiry
- Claims Submission
- Claims Template Portal
- Saved Claims



The link to register is hyperlinked [here](#)

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



Registered users may submit a ticket 24 hours a day, 7 days a week. Availity Client Services is available at 800-282-4548 between the hours of 8:00 am and 8:00 pm Eastern, Monday through Friday.

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

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:
 - Fax: 888-656-7539
 - 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 \(live.com\)](#)

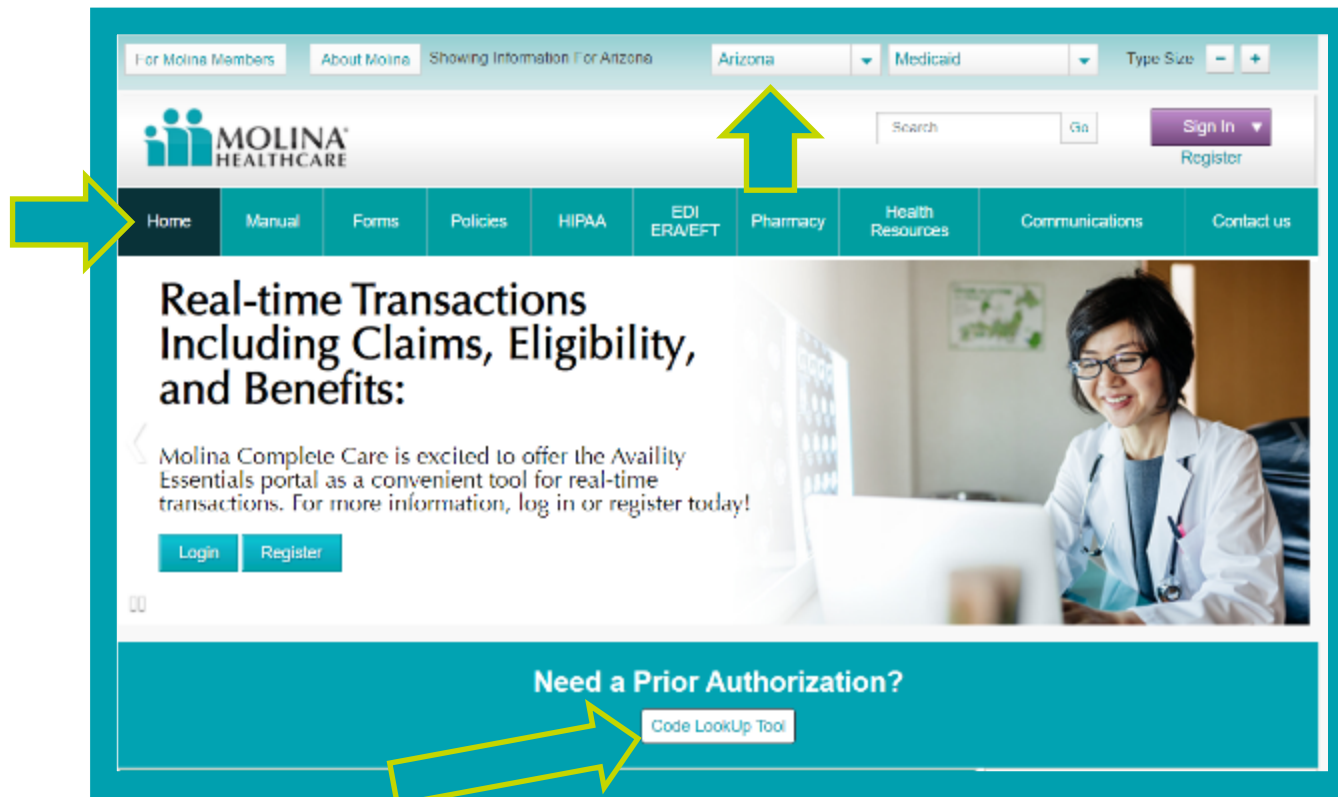
Newborn Notification

- 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/uf.aspx>
- Pregnancy Notification/Sterilization/Termination:
 - Fax: 888-656-7541
 - MCCAZ-PregnancyTerm@MolinaHealthCare.com

Prior Authorization Look up Tool



All NON-PAR Providers require prior authorization regardless of services provided or codes submitted, except for Emergency Services.

Medicaid IP fax: 1-888-656-2201 Medicaid OP fax: 1-888-656-7501 Specialty Pharmacy fax: 1-844-271-6887 Transplant fax: 1-877-813-1206

State **Health Plan Benefit** **LOB**

CPT / HCPCS Code **Lookup**

The tool is hyperlinked [here](#)

MCG Cite AutoAuth

What is Cite AutoAuth and how does it work?

- ❑ Molina Healthcare of Arizona is happy to announce that through our partnership with MCG health, we will be extending the Cite AutoAuth self-service method for all lines of business to submit advanced imaging prior authorization (PA) requests effective September 30, 2022.
- ❑ Cite AutoAuth can be accessed via the Availity Single Sign-on and Legacy Provider portal and is available 24 hours per day/7 days per week. This method of submission is strongly encouraged as your primary submission route, existing fax/phone/email processes will also be available. Clinical information submitted with the PA will be reviewed by Molina. 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.
- ❑ 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](https://www.MolinaHealthcare.com).

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

Electronic Visit Verification

ELECTRONIC VISIT VERIFICATION

What is Electronic Visit Verification (EVV)? Updated December 3, 2020



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.

**AHCCCS has received a one year approval to implement by January 1st, 2021.*

The EVV system, must at a minimum, electronically verify the:

- Type of service performed
 - Individual receiving the service
 - Date of the service
 - Location of service delivery
 - Individual providing the service
 - Time the service begins and ends
-
- AHCCCS required EVV on January 1, 2021, but has allowed two years to adjust to the requirements.
 - Beginning January 1, 2023: AHCCCS has begun enforcing EVV compliance with providers in order to maintain their compliance status with the Centers for Medicare and Medicaid Services (CMS).
 - Services which qualify for EVV will not be reimbursed unless all the required data in the federal regulation is present.
 - However, if claims are initially denied due to missing data can still be reimbursed as long as the missing data is entered into the system or reconciled by the agency administrator through the visit maintenance process.
 - For the EVV billing checklist and other resources – please refer to the Electronic Visit Verification information from AHCCCS - <https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/>

Electronic Visit Verification (cont.)

Providers and Services Subject to EVV

AHCCCS is using EVV to help ensure, track and monitor timely service delivery and access to care for members. We are also using EVV to help reduce provider administrative burden associated with scheduling and hard copy timesheet processing. Below are the provide types, services and places of services subject to EVV:

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/>

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 \(azahcccs.gov\)](http://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 Cont.

- 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.

Effective June 1, 2023

Arizona Prenatal Psychiatry Access Line

 THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON
Arizona Perinatal
Psychiatry Access Line



Is your patient pregnant or postpartum and struggling with substance use and/or their mental health?

Call 888-290-1336

to consult with perinatal psychiatrists who will provide free clinical guidance, M-F, 12:30 p.m.-4:30 p.m.

APAL is a statewide perinatal psychiatry access line. We assist medical providers in caring for their pregnant and postpartum patients with mental health and substance use disorders. Perinatal psychiatrists are available by phone to answer your questions and review treatment options.

APAL.arizona.edu

team@apal.arizona.edu

Claims information and Updates

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



Claim Submission



Claims submission options

- Paper/mail
- Electronic submission



Clearing house options

- Change Health
- Availity

Please note that the Payer ID for Molina Healthcare of AZ is **MCC01**

Claims address



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

Claims (continued)

Reconsiderations

- If you receive a remittance advice and believe the claim(s) was denied inappropriately or paid incorrectly, please contact our customer service unit and/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 45 days for processing.
- The reconsideration request must contain the following information = Member's AHCCCS ID, Date(s) of service in question, Claim Number, and denial reason.

Claims (continued)

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.

Claims (continued)

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*

Claims (continued)

Provider Billing

- Provider(s) billing the group Tin in box 25 of the HCFA form must also bill the corresponding group NPI in box 33A. We continue to see improper billing with the physicians NPI listed in box 33A.
- ASC (Ambulatory Surgery Centers) – are not eligible to bill on a UB04 form type in AZ. All charges must be billed on a HCFA-1500 form.
- For dates of service on and after 04/01/2015, in order to qualify for PPS reimbursement all FQHC, FQHC-LA, and RHC providers must utilize the appropriate NPI for the FQHC or RHC as the rendering provider for the claim. Also, must submit the participating provider in order to receive payment. (Note: PPS reimbursement will only apply to the FQHC or RHC provider)
- Ambulance Supplies – Please ensure all charges for supplies are combined onto one line and with one charge. Ex. A0398

Claims (continued)

Provider Billing (continued)

Reporting School Site Information – Provider Types IC, 77 and 05:

In the event provider types IC, 77, or 05 provides care at a school place of service, the providers must also comply with the following guidelines for reporting the school site. The providers shall list themselves as the rendering provider. Additionally, the School Identifier as well as the participating provider shall be entered on the claim form. A listing of the school 9-digit CTDS identifier codes will be provided on the [AHCCCS Medical Coding Resources webpage](#).

Provider types IC, 77, and 05 shall report one participating provider as outlined above, followed by 3 spaces then the applicable Identifier and values for the School Identifier.

School Identifier: 0B (State License) followed by 9 Digit School ID 0BNNNNNNNNNN

EXAMPLE:

0BNNNNNNNNNN XXNPI/Provider Name

OR

XXNPI/Provider Name 0BNNNNNNNNNN

Provider types IC, 77, and 05 shall report two participating providers as outlined above, followed by 3 spaces then the applicable Identifier and values for the School Identifier.

School Identifier: 0B (State License) followed by 9 Digit School ID
0BNNNNNNNNNN

Claims (continued)

Provider Billing (continued)

Participating Providers for FQHC:

In order to retain information related to the actual professional practitioner (provider) participating in/performing services associated with PPS visits, that professional practitioner (provider) participating in/performing services must also be reported on all claims as outlined below.

EXAMPLE:

Instructions for Billing Participating/Performing Professional Practitioner:

CMS Form 1500 (Paper/Web Claim): Field 19 - Additional Claim Information

Format Examples:

One Participating/Performing Provider – XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first, 20 characters)

Example –

XX1987654321Smitherhouse, Michelle

Two Participating/Performing Providers –

XXNPIProviderName (NPI if a registerable Provider) or

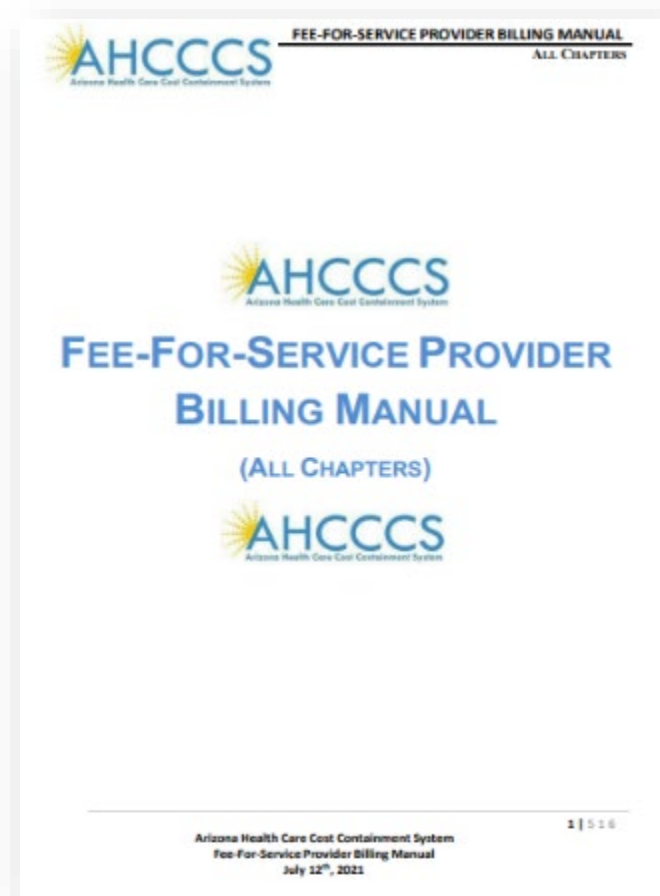
9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)

3 blanks XXNPIProviderName (NPI if a registerable Provider) or

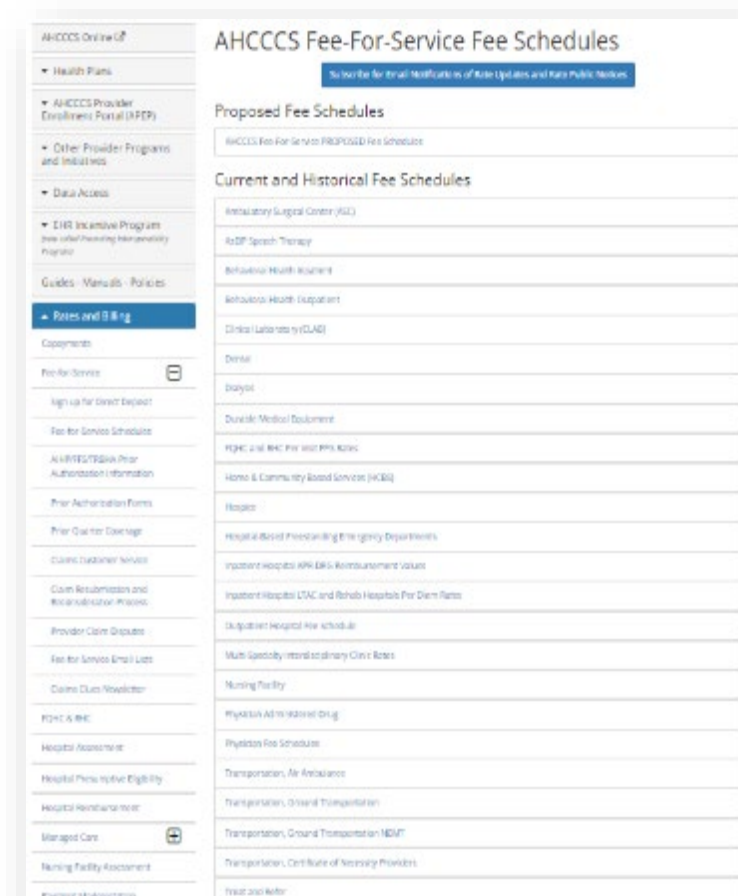
9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)

Example – XX1987654321Smitherhouse, Michelle XX2123456789Fredricksburg, Cynthia

Additional Helpful AHCCCS Claim Resources



[MasterFFSManual.pdf \(azahcccs.gov\)](https://www.azahcccs.gov/FFSManual.pdf)



[Fee-For-Service \(azahcccs.gov\)](https://www.azahcccs.gov/FFS)

Molina Healthcare of Arizona News, alerts & updates



Arizona Member Medicaid Renewal

Effective February 1st, 2023, redetermination activities have resumed in Arizona.

To ensure members do not lose their coverage please take note of the various options available to assist with renewals.

- Members should ensure their contact information is correct at HealthEArizonaPlus.gov

- Medicaid members can visit: MolinaHealthcare.com/KeepMyHealthPlan/AZ or call us at (833) 644-1617 (TTY: 711).

IMPORTANT New CDC Guidelines for HBV Screening

CDC recommends screening all adults aged 18 years and older for hepatitis B at least once in their lifetime using a triple panel test. To ensure increased access to testing, anyone who requests HBV testing should receive it regardless of disclosure of risk.

Update: All adults should be tested at least once for hepatitis B. Have you been tested?

- Hepatitis B infection can cause liver cancer and early death
- Most people with the virus don't know they have it
- Treatment is available — **schedule your screening today**

bit.ly/rr7201a1
MARCH 10, 2023

CDC

MMWR

The published recommendations and reports are [hyperlinked here](https://www.cdc.gov/mmwr)

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](#).



Participating/Performing Provider Requirements

Model of Care Training and Attestation

If you are a DSNP provider and have not completed model of care training and attestation, please visit www.DSNP.MCCofAZ.com

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

- <https://www.molinahealthcare.com/providers/common/medicare/~media/Molina/PublicWebsite/PDF/Providers/common/medicare/model-of-care-Provider-Training>
- <https://www.molinahealthcare.com/providers/common/MOC/AZ>
- You may also email your provider representative at MCCAZ-Provider@Molinahealthcare.com if you have any questions.

The screenshot displays a navigation menu with the following sections and options:

- Provider Manuals**: Select State [Go]
- Prior Authorization Forms**:
 - Medical, BH, Pharmacy
 - 2022 PA Code Matrices & [Go]
 - 2021 PA Code Matrices & [Go]
 - Archive PA Code Matrices [Go]
 - PA Criteria: Select Plan [Go]
 - Formulary: Select Plan [Go]
- Forms**: Select Form [Go]
- Guidelines**: Clinical Practice Guidelines, Provider Portal User Guide. Select State [Go]
- Model of Care**: 2022 Model of Care Provider Training Quick Reference Guide, 2022 Model of Care Provider Training, AZ MOC Attestation Form [Go]
- Policies**: Member Rights & Responsibilities, Provider Rights & Responsibilities, Advance Directives, Credentialing Rights, Fraud Prevention, Patient Safety, In Office Laboratory Tests
- Payment Integrity Policies**: Select State [Go]
- EDI/ERA/EFT**: Select Page [Go]
- Health Resources**: Behavioral Health Toolkit, Culturally and Linguistically Appropriate Resources, Medical Record Standards, Quality Improvement, Home Care FAQ
- HEDIS/CAHPS**: Select State [Go]
- Services**: Medication Therapy Management, Case Management, Disease Management, Health Promotion, Nurse Advice, Smoking Cessation Resources

Provider Case Management

Providers shall align with policy: AMPM 570 Provider Case Management

- Caseload Management: **CM Inventory Template sent out to providers to document caseload ratios**
 - Monitor caseload ratios
 - High Needs Case Managers 25:1
 - Supportive Level of Care 30:1
 - Connective Level of Care 70:1
- Provider Case Manager Requirements
 - Ensure members be provided with contact information for their case manager
 - Providers will have a back up case manager when assigned case manager is unavailable
 - Return calls to members shall occur within 2 business days
 - Case Managers must not be assigned other duties that require more than 10% of their time if they carry a full caseload
 - Ensure no conflict of interest as stated in AMPM 570
- Supervision
 - Establish a supervisor to case manager ratio that is conducive to a sound support structure
 - Establish and process to review and monitor caseload ratios
- Training
 - Providers should orient new case managers to the fundamentals of providing case management and basic and ongoing training

CM Inventory
Template: Due
5th of the month
following the
quarter

Tribal Program and Cultural Competency

Cassandra Peña, Tribal Liaison & Cultural Competency Coordinator

Tribal Program

- **Partner with Tribes**
 - Nine Tribal Nations in our service area
- **Establish meaningful relationships & collaboration with Tribal communities**
 - Tribal consultation
 - Support strengths and needs
 - Training and technical support
- **Ensure physical/behavioral coordination of care with**
 - Tribal entities
 - Molina Healthcare of AZ
 - Providers
- **Available for training**
 - Tribal health delivery system
 - Tribal Sovereignty and cultural competency

Ak-Chin Indian Community	Fort McDowell Yavapai Nation	Gila River Indian Community
Pascua Yaqui Tribe	Salt River Pima-Maricopa Indian Community	San Carlos Apache Tribe
Tohono O'odham Nation	Tonto Apache Tribe	White Mountain Apache Tribe

Cultural Competency

ACOM 405



405 - CULTURAL COMPETENCY, LANGUAGE ACCESS PLAN, AND FAMILY/MEMBER CENTERED CARE

EFFECTIVE DATES: 03/02/00, 10/01/12, 05/01/14, 07/01/16, 10/01/17, 07/03/19, 10/01/21, 07/20/23

APPROVAL DATES: 11/16/10, 01/01/11, 10/02/12, 04/17/14, 06/02/16, 02/22/17, 02/21/19, 05/06/21, 06/15/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. The purpose of this Policy is to outline Contractor requirements for providing health care services in a culturally and linguistically competent manner.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

COMPETENT	CULTURAL COMPETENCY	CULTURE
FAMILY-CENTERED	INTERPRETATION	LANGUAGE ASSISTANCE SERVICE
LIMITED ENGLISH PROFICIENCY (LEP)	LINGUISTIC NEED	MEMBER
PREVALENT NON-ENGLISH LANGUAGE	QUALIFIED INTERPRETER	QUALIFIED TRANSLATOR
TRANSLATION	VITAL MATERIALS	

III. POLICY

A. CULTURAL COMPETENCY PLAN

The Contractor shall have a comprehensive cultural competency program that is inclusive of those with Limited English Proficiency (LEP) and diverse cultural and ethnic backgrounds, disabilities, race, color, national origin, age, and regardless of sex, gender, sexual orientation, or gender identity as specified in 42 CFR 457.1230(a), 42 CFR 457.1201(d), 42 CFR 438.206(c)(2), 42 CFR 438.3(d)(4), and 45 CFR Part 92.

The Contractor shall have a comprehensive cultural competency program that includes measurable and sustainable goals and develop a written Cultural Competency Plan (CCP).

The CCP shall describe how care and services will be delivered in a culturally competent manner and shall include all information specified in Attachment A.

- Contract Requirement
- Used to implement the Cultural Competency Plan, Language Access Plan, and health plan goals.

<https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/405.pdf>

Cultural Competency

Ensure services are provided in a culturally sensitive and linguistically appropriate manner.

Collaborate with internal teams to ensure cultural competency is integrated in all we do.

Collaborate with external partners to support cultural competency initiatives throughout the system.

Provide technical assistance and training to contracted providers as requested.

Create and execute our annual Cultural Competency Plan.

Tribal Liaison and Cultural Competency Coordinator

Questions?

Contact: **Cassandra Peña**

Email: Cassandra.Pena@molinahealthcare.com

Phone: 480-589-0680

Molina OIFA Program



Mackenzie Nicholas, OIFA Liaison

Who We Are

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. Each OIFA team member has lived experience with behavioral health challenges, either from their own experiences of recovery or from directly supporting someone through their recovery.

What We Do

We build partnerships with individuals, families of choice, communities, and organizations. We collaborate with key leadership and involve community members in the decision-making process at all levels of the behavioral health system.

How Can OIFA Help You?

Have questions about behavioral health services? Looking for resources and tools? You've come to the right place



Office of Individual and Family Affairs (OIFA) Updates



2023 OIFA 3.0

CELEBRATE PROGRESS AND ADVOCATE FOR CHANGE

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. Join the OIFA leaders as we come together to celebrate our accomplishments and plan for the future.

8 JUNE 2023
10 AM - 2 PM

STAR CENTRAL
2502 E WASHINGTON STREET
PHOENIX, ARIZONA 85034

27 JULY 2023
9 - 11:30 AM
VIRTUAL

25 AUGUST 2023
10 AM - 2 PM
SPECTRUM HEALTHCARE
8 E COTTONWOOD ST.
COTTONWOOD, AZ 86326

22 SEPTEMBER 2023
10 AM - 2 PM
HOPE, INC.
1200 N COUNTRY CLUB
TUCSON, AZ 85716



REGISTRATION:
[SHORTURLAT/XZBNV](https://docs.google.com/forms/d/e/1FAIpQLSdapzk1rnXee1N-miRXHl0yFTol_nPkvqXXilp5J-7tYbrSoQ/viewform)

- Third and final in-person OIFA Summit 3.0 is happening in Tucson on Friday, September 22, 2023.
- Providers, AHCCCS members and family members are invited to share their experiences about peer and family support, BH system coordination, and how we can make OIFA services more widely known.
- Lunch is provided.
- Registration required. Register [here](https://docs.google.com/forms/d/e/1FAIpQLSdapzk1rnXee1N-miRXHl0yFTol_nPkvqXXilp5J-7tYbrSoQ/viewform):

https://docs.google.com/forms/d/e/1FAIpQLSdapzk1rnXee1N-miRXHl0yFTol_nPkvqXXilp5J-7tYbrSoQ/viewform



AHCCCS Policy AMPM 963 open for public comment

Peer and Recovery Support Service Provision Requirements



AHCCCS MEDICAL POLICY MANUAL
CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE
IMPROVEMENT PROGRAM

963 – PEER AND RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS

EFFECTIVE DATES: 07/01/16, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/22

APPROVAL DATES: 06/13/18, 09/05/19, 06/23/20, 05/11/21, 05/24/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; Fee-For-Service (FFS) Providers serving: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes Medicaid reimbursement requirements for peer support services delivered within the AHCCCS programs. These requirements include the qualifications, supervision, continuing education, and training/credentialing processes of Peer and Recovery Support Specialists (PRSS).

II. DEFINITIONS

For purposes of this Policy:

PEER-AND-RECOVERY SUPPORT SPECIALIST (PRSS) - CONTINUING EDUCATION AND ONGOING LEARNING Activities of professional development intended to enhance relevant knowledge and build skills within a given practice. These activities may involve, but are not limited to, acquiring traditional Continuing Education Units (CEUs).

PEER-AND-RECOVERY SUPPORT SPECIALIST (PRSS) - CREDENTIAL A written document issued to a qualified individual by operators of an AHCCCS-recognized PRSS credentialing program, .A PRSS credential is necessary for provision of Medicaid-reimbursed peer support services delivered by the holder of the credential under supervision by a Behavioral Health Technician or Behavioral Health Professional.

Additional Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

- AMPM 963 is open for public comment until Monday, September 18, 2023.
- Please provide feedback on the policy.
- <https://ahcccs.commentinput.com/comment/search>



Member Advisory Committee (MAC)

Molina is recruiting for its Member Advisory Committee (MAC)!

Who:

- Medicaid or dual enrollment/DSNP (Medicaid and Medicare) members
- Family members or caregivers of Molina members
- Community members

When:

- Once monthly meeting, typically on the 4th Thursday of the month from 5:30 to 7PM.
- Meetings are held virtually via Teams.

What:

- MAC members can share their opinions on Molina services, member communications and learn about Molina's departments and projects.

How:

- Interested individuals can contact mccaz-oifa@molinahealthcare.com.



Molina's Housing Program



Cinda Thorne, Housing Administrator

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 to read more

Provider Housing Support Survey

Due to some changes in contract with AHCCCS, we are sending out a survey to our providers to identify some program and supports within our provider network around housing.

Here are the survey questions coming your way.

Does your agency complete the LOCUS (Level of Care Utilization System) needs assessment?

If not, what other AHCCCS approved assessments do you utilize internally.

Who is the clinical contact internally that Molina Healthcare can gain the score of the LOCUS or other needs assessments utilized?

Does your agency provide housing support, housing navigation services, or housing resources within any current programs?

Which programs provide those housing related supports and whom is the contact person for those programs for further inquiry?



Molina's Military and Veteran Program

Patrick Ziegert, Military and Veteran Liaison

Military & Veteran Liaison



- Assists members who are military Service Members, Veterans and their Families by reducing barriers to care in Pinal, Gila, and Maricopa County.
- Identify Social Determinants of Health issues and connect the member with the right resource(s).
- Engage with the Military/Veteran Resource Network.
- Partner with providers to better connect with the Military/Veteran population & provide information and cultural training.

Contact Information

OIFA Team

Veronica De La O

Director of Recovery and Resiliency
Services

Veronica.DeLaO@MolinaHealthCare.Com

Mackenzie Nicholas

OIFA Liaison

Mackenzie.Nicholas@MolinaHealthCare.Com

Cameron Milkins and Justin Paugh

Recovery Health Guides

Cameron.Milkins@MolinaHealthCare.Com

Justin.Paugh@MolinaHealthCare.Com

Housing and Veteran Programs

Cinda Thorne

Housing Administrator

Cinda.Thorne@MolinaHealthCare.Com

Patrick Ziegert

Military & Veteran Advocate

Child Rehabilitative Services Liaison

602-805-0890

Patrick.Ziegert@molinahealthcare.com

Quality Improvement

Crystal Serna

Sr Specialist, Quality Interventions/QI Compliance

Quality Improvement Topics

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

Quality Measures

- Measure if health plans and providers are ensuring the care needed 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 2023.
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
Annual Dental Visits (ADV)	Members years of age who had at least one dental visit during 2023.

Priority Measures: Women's Health

HEDIS Measure	Description
Breast Cancer Screening (BCS)	At least one mammogram any time on or between October 1, 2021 and December 31, 2023.
Cervical Cancer Screening (CCS)	Women who were screened for cervical cancer using either of the following criteria: 1) Women 24-64 years 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 2023.
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, 2022, and June 30, 2023, 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 2023.
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 2023.

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

HOW TO IMPROVE HEDIS® SCORES

HOW TO IMPROVE HEDIS® SCORES

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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.

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 \(azahcccs.gov\)](https://www.azahcccs.gov)

[ADHS - Arizona Immunization Program - Vaccines for Children \(VFC\) - VFC Operations Guide and Resources \(azdhs.gov\)](https://www.azdhs.gov)

[Arizona Vaccines for Children \(VFC\) Program Operations Guide; \(azdhs.gov\)](https://www.azdhs.gov)

Community Event

- Molina in partnership with Assured Imaging is hosting a 3D Mammogram event on October 27, 2023 from 8am to 5pm
- This event is by appointments only and is only opened to Molina members only. To Schedule call 602-830-0186
- If you would like to host a mammogram event, please reach out to Molina QI at MCCAZ-HEDIS@molinahealthcare.com.

3D Mammogram

onsite mobile screening events



OCTOBER 27, 2023 • 8am - 5pm

Early Detection Saves Lives!

Open to Molina Healthcare Members Only.
No referral needed for annual mammogram screening.
All results are sent to patient PCP and patient. Please bring picture ID and insurance card to your appointment. A woman is eligible for a digital mammogram screening if she:

- is at least 40 years of age
- has not had a previous mammogram in the past year
- has no current breast problems or complaints

Glendale Elementary School
District System of Care Center
7677 W Bethany Home Road
Glendale, AZ 85303

Call to Schedule:
602-830-0186



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.



We want to help you!

- Improve HEDIS® performance
- Identify and manage patient population in need of care
- Support your administrative staff to get patients engaged with your practice
- Reduce no-shows

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: Email Address:
- EMR or Registry data exchange
- Upload records via the Molina Web Portal

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

- Plan All-Cause Readmissions
 - 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

Quality Management

Heidi E. Terry, PhD, RN
Sr. Specialist, Quality Management (RN)

Quality Management Topics

- AHCCCS Quality Management System (QMS) Portal & Policy
- Incident, Accident, and Death (IAD) Reporting
- Quality of Care (QOC) Review & Investigations
- Seclusion and Restraint (SAR) Reporting
- Auditing & Monitoring
- Molina Quality submissions
- Molina Quality team contact information

AHCCCS Quality Management System (QMS) Portal Review & Policy Guidance

- Incident, Accident, and Death Reporting Guide
 - www.qmportal.azahcccs.gov/UserGuides/QuickStart_IAD_Report_Submit.pdf
- AHCCCS Portal
 - www.qmportal.azahcccs.gov/Default.aspx



The screenshot displays the AHCCCS QMS Portal homepage. At the top left is the AHCCCS logo with the tagline "Arizona Health Care Cost Containment System". To the right is a photograph of a diverse group of people. Below the logo is a vertical blue navigation menu with the following items: Home, User Admin, Create ... <, Search ... <, FAQ, Technical Assistance, and Log Out. The main content area features a light blue header with the text: "The QMS Portal is intended for the use of providers reporting IADs to Contractor/TRBHAs. This system is administered by the AHCCCS Behavioral Health." Below this is a large banner image of a desert landscape at dusk with a full moon. At the bottom of the page, the address "AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000" and copyright notice "©Copyright 2018 AHCCCS, All Rights Reserved" are visible.

AMPM Policy 961


- **Incident, Accident, and Death (IAD) Reporting**
 - QM Portal reporting requirements
 - Sentinel, non-sentinel events
 - Mortalities
 - IAD reporting/submission helpful hints
 - Detailed summary of event; completeness, timelines for outreach/re-engagement, if death – OME case status
 - 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)
 - Name/title of person submitting the report, name of regulatory agency, name and title of person at regulatory agency receiving the report, date and time reported, summary of report, and tracking/report number

AMPM Policy 960

- **Quality of Care (QOC) Concerns**
 - Perform initial review and determine severity level
 - Prioritize member's immediate health & safety needs; perform on-site visits for health & safety concerns, immediate jeopardy, or at discretion of AHCCCS
 - Review medical records, policies and procedures, perform interviews, mortality review(s), internal investigations
 - Provider determinations: TA, CAP
 - High profile cases will be referred to PRC
 - QOC helpful hints
 - Responsiveness, timeliness
 - Documentation review can open other avenues of investigation and questions

AMPM Policy 962, Reporting and Monitoring of Seclusion and Restraint

- Within five days of event, submit Attachment A to MCCAZ-QOC@molinahealthcare.com
- Any seclusion or restraint events resulting in injury or complication requiring medical attention must be reported (as an IAD) to Molina via QMS 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: <i>Click here to enter text.</i>	Program/Facility License #: <i>Click here to enter text.</i>
AHCCCS Provider ID: <i>Click here to enter text.</i>	Program/Facility Name: <i>Click here to enter text.</i>
Contact Person Phone #: <i>Click here to enter text.</i>	Provider Address: <i>Click here to enter text.</i>
Contact Person and Title: <i>Click here to enter text.</i>	
Name/Credentials/Title of Person Authorizing the Event: <i>Click here to enter text.</i>	
Name/Credentials/Title of Person Re-Authorizing the Event: <i>Click here to enter text.</i>	

MEMBER INFORMATION	
Member Name (Last, First, M.I.): <i>Click here to enter text.</i>	
Date of Birth: <i>Click here to enter text.</i>	Age: <i>Click here to enter text.</i> Gender: <i>Click here to enter text.</i>
AHCCCS ID: <i>Click here to enter text.</i>	
TXN/XXI Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member Behavioral Health Category (SMI, GMH/SA, Child): <i>Click here to enter text.</i>
DDD: <i>Click here to enter text.</i>	CMDP: <i>Click here to enter text.</i>
Court Ordered Treatment (COT): <input type="checkbox"/> Yes <input type="checkbox"/> No	ALTCS E/PD: <i>Click here to enter text.</i>
Name of member's legal guardian/health care decision maker (if applicable): <i>Click here to enter text.</i>	
Phone number of member's legal guardian/health care decision maker (if applicable): <i>Click here to enter text.</i>	

CURRENT DIAGNOSES	
CODE	NAME
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962 - Attachment A - Page 1 of 7
 Effective Dates: 7/01/16, 07/12/17, 10/01/18, 10/01/19, 10/01/20
 Approval Dates: 04/06/17, 06/13/18, 10/03/19, 05/07/20

AMPM Policy 962, Reporting and Monitoring of Seclusion and Restraint (cont.)

- For reporting purposes, please ensure the following:
 - Forms are submitted within the five-day required timeframe
 - Complete all data fields on the Policy 962, Attachment A, Seclusion and Restraint Individual Reporting Form (SRIRF)
 - If data field is not applicable, please add “N/A” or add comment clarifying why the data isn’t included.
 - Empty data fields will be returned d/t SRIRF being interpreted as incomplete.
 - Molina Quality may return incomplete SRIRF’s for clarifications or reach out to providers directly

AMPM Policy 962, Reporting and Monitoring of Seclusion and Restraint (cont.)

- Additional items to note for reporting purposes:
 - For provider corrections made on the forms; single line through the error and add initials and date. Do not scratch out or write over any errors
 - Submit all supporting documentation such as:
 - Copies of SAR initiating orders
 - Flowsheets/monitoring logs
 - Molina requirement for monthly reporting has resumed
- For all questions or requests for SAR reporting education and training, please email [MCCAZ-QOC @molinahealthcare.com](mailto:MCCAZ-QOC@molinahealthcare.com)

Behavioral Health Clinical Chart Audits (BHCCA) & Ambulatory Medical Record Review (AMRR)

- Collaboration across constituent health plans facilitated by AZAHP
- Cycle 2023 underway
- AHCCCS finalized reporting process for health plans for 2023 cycle year
- BHCCA & AMRR tool revisions/updates finalized
- Collaborative, non-punitive approach with Molina providers
- Per AHCCCS, corrective action plans will resume in 2023 for providers not meeting the 85% minimum performance threshold

Site Visits and Auditing

- Unannounced & Immediate:
 - Health & Safety
 - Immediate Jeopardy
- Unannounced and Urgent:
 - QOC concern
 - Provider performance
- Scheduled:
 - Service & Service Site (S3)
 - AMPM Policy 910
 - BHCCA
 - AMRR
 - Community Service Agencies (CSA)
 - EVV
 - PRSS



Provider Quality Performance Monitoring

- IAD
- IRF
- Mortalities
- QOC Investigations
- SAR Reporting
- Systemic Investigations
- Audit Findings:
 - BHCCA
 - AMRR
 - CSA
 - EVV
 - PRSS
 - All routine (S3) & unscheduled site visits
- Tracking & trending of non- and under-reporting of all case types
- Quarterly reporting to Molina's Quality Improvement Committee (QIC) for governance oversight



Quality Information, Submissions, and Requests

Please contact the Molina Healthcare of AZ Quality Department at:		
MCCAZ-QOC@molinahealthcare.com	MCCAZ-HEDIS@molinahealthcare.com	MCCAZ-Quality@molinahealthcare.com
<ul style="list-style-type: none"> • Quality of Care Concerns <ul style="list-style-type: none"> ○ Medical records for QOC ○ Provider correspondence ○ Questions • Seclusion and Restraint Reports <ul style="list-style-type: none"> ○ AMPM Policy 962, Attachment A 	<ul style="list-style-type: none"> • Care opportunities report requests • Performance measure questions • Medical records for HEDIS 	<ul style="list-style-type: none"> • BHMRR communication & medical records • AMRR communication & medical records • CSA communication & medical records • Service & service site auditing communications

Information can also be found online at www.MCCofAZ.com under the **Healthcare Professionals (For Providers)** tab

Please note: Due to elevated security concerns, a cover letter with contact information and a description of the information provided within the email is required. Emails without proper identification may not be reviewed by Molina Healthcare of AZ staff.

The Molina Healthcare of AZ Quality team thanks you!

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Provider Webinar Closing Reminders



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*

Molina Healthcare of Arizona Network Team continues to offer virtual site visits

If you would like to request a site visit, please reach out to your assigned Provider Representative or MCCAZ-Provider@Molinahealthcare.com to schedule



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 120 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 120 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.

Credentialing: Required Forms

- ❑ Please submit ALL pages of AzAHP forms when sending in credentialing for practitioners and new locations. Incomplete forms will be rejected by our Credentialing Team.
- ❑ The link to the most up to date Network Management Forms are hyperlinked [here](#)

The image displays two overlapping forms from AZ+AHP. The top form is the 'AZAHP PRACTITIONER DATA FORM' and the bottom form is the 'ORGANIZATIONAL/FACILITY APPLICATION'. Both forms include fields for personal and professional information, business details, and accreditation status.

Top Form: AZAHP PRACTITIONER DATA FORM

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE THIS FORM IN ITS ENTIRETY INCLUDING ATTACHMENTS SO THAT WE MAY PROCESS YOUR REQUEST. This form includes Personal Information, Professional Information, and Business Information.

Bottom Form: 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

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

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

<input type="checkbox"/> 040 Acute Inpatient Hospitals	<input type="checkbox"/> 046 Skilled Nursing Facilities	<input type="checkbox"/> 050 Occupational Therapy
<input type="checkbox"/> 041 Cardiac Surgery Program	<input type="checkbox"/> 047 Diagnostic Radiology	<input type="checkbox"/> 051 Speech Therapy
<input type="checkbox"/> 042 Cardiac Catheterization Services	<input type="checkbox"/> 048 Mammography	<input type="checkbox"/> 052 Inpatient Psychiatric Facility Services
<input type="checkbox"/> 043 Critical Care Services-Intensive Care Units (ICU)	<input type="checkbox"/> 049 Physical Therapy	<input type="checkbox"/> 057 Outpatient Infusion/Chemotherapy
<input type="checkbox"/> 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.

<input type="checkbox"/> Accreditation Commission for Health Care, INC.	<input type="checkbox"/> Commission on Office Laboratory Accreditation
<input type="checkbox"/> American Association for Accreditation of Ambulatory Surgery Facilities	<input type="checkbox"/> Community Health Accreditation
<input type="checkbox"/> American Association for Ambulatory Health Care	<input type="checkbox"/> Det. Norske Veritas National Integrated Accreditation for Healthcare Organizations
<input type="checkbox"/> American College of Radiology	<input type="checkbox"/> Healthcare Facilities Accreditation Program
<input type="checkbox"/> American Osteopathic Association	<input type="checkbox"/> Joint Commission
<input type="checkbox"/> Commission on Accreditation of Rehabilitation Facilities	<input type="checkbox"/> Other: _____

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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 or new contract requests need to be directed to MCCAZ-Provider@molinahealthcare.com and must 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**

From The Molina Healthcare of Arizona Network Team:

