

Monthly Topics for November 2020

All "Just the Fax" publications are available on Molina Healthcare's website via this link https://www.molinahealthcare.com/providers/mi/medicaid/comm/Pages/provmailings.aspx

Prior Authorization Look up tool will be available in November

- This is an interactive tool to help Providers & Members determine prior authorization requirements including if a code:
 - o Requires a Prior Authorization
 - o Does Not Require a Prior Authorization
 - o Is Not a Covered Benefit
 - Is Delegated to eviCore

This will be found on the Molina Website www.molinahealthcare.com and on the Molina Web Portal.

November is Diabetes Awareness

Awareness is the first defense against diabetes. Diabetes prevention and monitoring is part of the HEDIS measures. Tips for Best Practices for meeting your measures:

- Order labs prior to patient appointments with preferred Molina lab vendors: LabCorp and Quest
 - o Bill for point of care testing if completed in office
 - o Evaluate and document HbA1c every three to six months
- Always list the date of service, result, and test/readings together in the medical record.
- Use correct billing codes help to qualify for incentive bonuses and reduce the need for chart reviews.
- Use CPT Category II Codes to identify clinical outcomes, such as BP readings, eye exam results, and HbA1c levels.
- Schedule telehealth, telephone, e-visit or virtual check-in to diagnose patients with diabetes and acquired blood pressure readings.
 - o Member reported/taken BP's no longer require a remote monitoring device as long as they are taken with a digital device and not a manual BP cuff and stethoscope.
- The medical record must indicate a **dilated or retinal eye** exam was performed.
 - o Ensure patients with positive retinopathy are screened annually. Those with negative results may be screened every two years.
 - Use appropriate code 3027F if the eye exam was negative or showed low risk of retinopathy in the prior vear.
- Prescribe statin therapy to patients with diabetes age 40-75 years.
- Build gaps in care/needed services alert in EHR system

Model of Care Attestation

As a reminder; Molina Healthcare of Michigan is required to provide annual training to our entire Medicare contracted provider network, regarding its MOC program for dual eligible enrollees. To ensure Molina Healthcare remains compliant with CMS regulatory requirements for MOC training, receipt of a completed Attestation Form is due to Molina Healthcare no later than October 31, 2020. A big Thank You to those that have already completed the annual training and submitted their signed attestation. If you have not completed to Model of Care training and attestation, please do so immediately.

Provider Training material can be found on the Molina Medicare website under Molina Healthcare Model of Care or through the following link:

https://www.molinahealthcare.com/providers/common/medicare/~/media/Molina/PublicWebsite/PDF/Providers/common/medicare/2020-MOC-Provider-Training.pdf

For a copy of the MOC Attestation please visit the Molina Medicare website at:

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If you are completing the training as a group, one MOC Attestation Form should be submitted that applies to all in the group by the individual with authority to sign on behalf of the group. An attendance log MUST also be included with your form. Please return the signed form via email to: MHMProviderServicesMailbox@MolinaHealthCare.Com

Molina Medicare is expanding in 2021

Molfina Medicare is expanding into 21 Michigan counties in 2021. These counties include: Allegan, Antrim, Arenac, Branch, Charlevoix, Clare, Crawford, Grand Traverse, Gratiot, Kalkaska, Lake, Leelanau, Manistee, Manson, Mecosta, Missaukee, Oceana, Osceola, Otsego; Roscommon and Wexford!

Marketplace is expanding into 2 counties in 2021. These counties include Muskegon and Oceana: We look forward to being your plan of choice:

HEDIS Measures

Some HEDIS measures can be met via telehealth. For our Primary Care Physicians, there is still time to earn potential Pay for Performance dollars by the end of the year. Yourcan get your HEDIS needed services list from your Provider Engagement Specialist or Provider Service Representative. Be sure to bill HEDIS specific codes even if they are not payable codes to get credit.

Below are the measures included on our Pay for Performance bonus grid that may be captured by a Telehealth visit.

- Adult and Children's Access to Care
- Well Care Visits (0-15 months, 3-6 years, and 12-21 years of age)
- Weight Assessment and Counseling for Nutrition and Physical Activity
- Controlling High Blood Pressure and Monitoring Blood Pressure for Comprehensive Diabetes Care
 - Member reported BP values are acceptable during a telehealth visit as long as they are taken by a digital device.
- Medication Management for Asthma
- DMARD Therapy for Rheumatoid Arthritis