

Behavioral Health Provider Webinar

Molina Healthcare of Arizona
April 24, 2024



Table of Contents

- AZ Network Team introductions
- Provider Resources
- Presenter: Robert Samaniego - Claims Educator
- News, Alerts and Updates
- Presenter: Annie Anderson - System of Care
- Presenter: Gregory Gale MD – Senior Medical Director
- Presenter: Cassandra Pena - Tribal Liaison & Cultural Competency
- Presenter: Cinda Thorne - Housing Administrator
- Presenter: Crystal Serna - Quality Improvement
- Presenter: Itzel Cordova - Quality Management
- Closing Remarks

Molina Healthcare of Arizona Provider Resources



First quarter 2024 Provider Newsletter

A newsletter for Molina Healthcare of Arizona Providers



In this issue

- 1** Claims submission
- 2** Drug coverage change
- 8** Requirements for prior authorization submission
- 9** Council for Affordable Quality Healthcare
- 12** Our gift to our providers: PsychHub subscription
- 13** Clinical policy updates from the fourth quarter

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

Molina Healthcare of AZ Provider Manual



Provider Manual

**Molina Healthcare of Arizona, Inc.
(Molina Healthcare)**

**Medicaid
2024**

[Provider Manual \(molinahealthcare.com\)](https://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](#)

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



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.



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



Availity - Training and Education

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



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

Prior Authorization Look up Tool

The screenshot shows the Molina Healthcare website interface. At the top, there are navigation links for 'For Molina Members', 'About Molina', and 'Showing Information For Arizona'. Below this is the Molina Healthcare logo and a search bar. A navigation menu includes 'Home', 'Manual', 'Forms', 'Policies', 'HIPAA', 'EDI ERA/EFT', 'Pharmacy', 'Health Resources', 'Communications', and 'Contact us'. A banner for 'Real-time Transactions Including Claims, Eligibility, and Benefits' features a photo of a doctor and 'Login' and 'Register' buttons. A teal bar at the bottom of the banner contains the text 'Need a Prior Authorization?' and a button labeled 'Code LookUp Tool'. A yellow arrow points to this button.

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 Speciality Pharmacy fax: 1-844-271-6887 Transplant fax: 1-877-813-1206

State: Health Plan Benefit: LOB:

CPT / HCPCS Code:

The tool is hyperlinked [here](#)

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/>

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



- SSI
- 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 45 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*

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 0BNNNNNNNNN

EXAMPLE:

0BNNNNNNNNN XXNPI/Provider Name

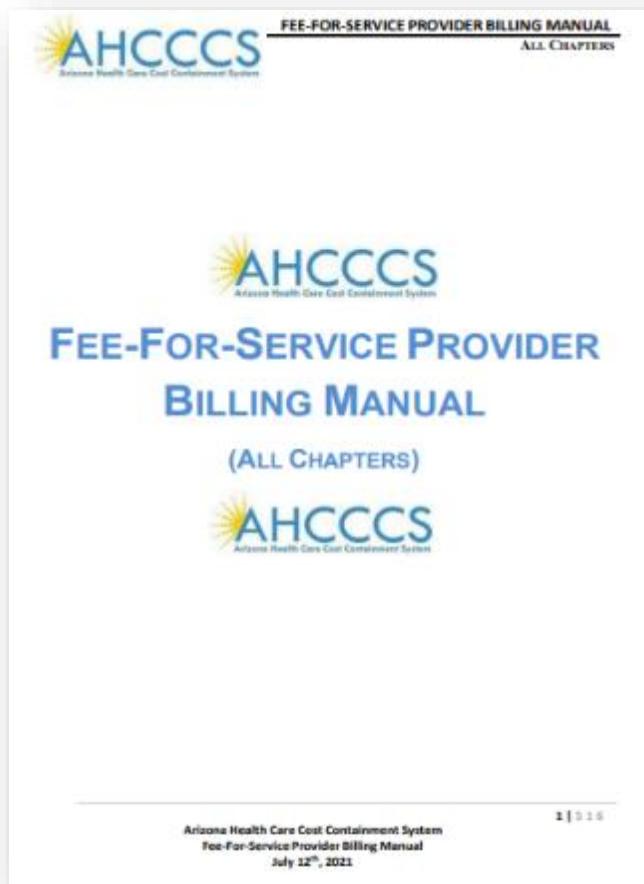
OR

XXNPI/Provider Name 0BNNNNNNNNN

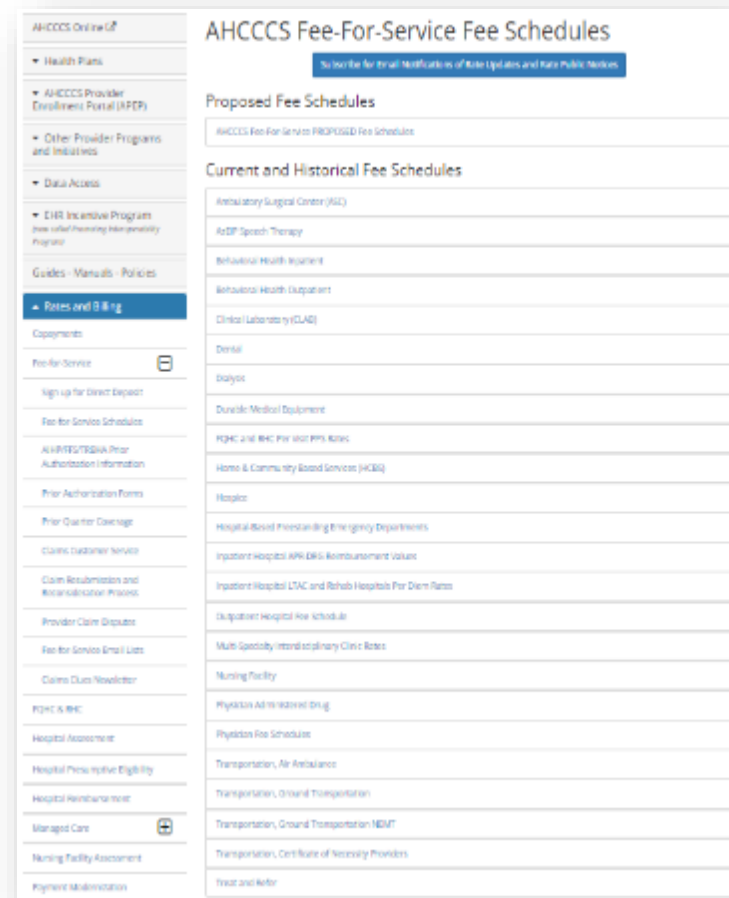
Provider types IC, 77, and 05 shall report two participating providers as outlined above, followed by 3 spaces then the applicable Identifier and values for the School Identifier.

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

Helpful AHCCCS Claim Resources



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



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

Billing Combinations HCPCS Code H0004, Place of Service Code 12 and Modifier HQ (Group) Are No Longer Covered



Effective **December 1, 2023**, Arizona Health Care Cost Containment (AHCCCS) will no longer accept Place of Service Code 12 (Home) when billed in combination with HCPCS code H0004 (Behavioral Health Counseling and Therapy, per 15 minutes) and the HQ modifier indicating group services.

AHCCCS Fee-for-Service Claim Instructions:

This change is applicable to claims submitted through the Electronic Data Interchange 837P (EDI), paper submissions and via the AHCCCS Online Provider Portal.

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.

Place of Service 27

Effective October 1, 2023, CMS released a new place of service.

Place of service (POS) 27 Outreach Site/Street

A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.

POS 27 was added to the following codes:

H0001 Alcohol and/or drug assessment

H0002 Behavioral health screening to determine eligibility for admission to treatment program.

H0006 Alcohol and/or drug services; case management

H0025 Behavioral health prevention education service (delivery of services with target population to affect knowledge attitude and/or behavior).

H0038 Self-help/peer services per 15 minutes.

H2011 Crisis intervention service per 15 minutes.

T1002 RN services, up to 15 minutes.

T1003 LPN/LVN services, up to 15 minutes.

Subscribe for Email Notifications for Medical Coding Resources Updates

[Medical Coding Resources \(azahcccs.gov\)](https://www.azahcccs.gov)

Molina Healthcare of Arizona News, alerts & updates



Optum-Change Healthcare Outage update

Providers can register with SSI Group for claim submission

Registration Form

ink: <https://products.ssigroup.com/molinaregistrationportal/register>

Providers can register with Availity Essentials to key in claims for submission

Registration Form link: <https://www.availity.com/molinahealthcare>

If you need CHC-related payment assistance, call [\(844\) 548-7684](tel:(844)548-7684) Monday-Friday 5AM-6:30PM PST

Click [here](#) to learn more.

NEW: Behavioral Health Full Roster Template

To ensure provider data accuracy we ask that all groups complete the following Rosters and send them directly to Ray.

	A	B	C	D	E	F	G	H	I	J	K	L
1												
2	Add, Change, or Termination	Provider Last Name	Provider First Name	Provider MI	Provider Credentials/Title	Provider NPI	Provider Gender	Provider Race/Ethnicity	SSN	Provider Date of Birth	Provider AHCCCS ID	Provide Effective t with Group Medical
3	ADD CHANGE TERMINATION											
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												

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](#)

ASD Template Due 7/15/2024

Please complete the following template for your Autism Spectrum Disorder Providers. Please complete it based on the correct tabs, Diagnosis ASD and Treating ASD. For all contracted providers, this is due 7/15/2024.

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

Date: March 25, 2024

Memo - Clarification of Respite Services AMPM 310B and 1250-D

This memo is being sent to all contracted providers to alert you to a concern that has come to the attention of AHCCCS regarding the use of respite services as defined in both AMPM 310-B and 1250-D. It has been reported that providers are prescribing respite hours to members as time for relief, reflection, and relaxation of the member rather than a caregiver.



<https://www.azahcccs.gov/PlansProviders/Downloads/ClaimsClues/2024/RespiteServicesAMPM310B1250-D.pdf>

Date: April 1, 2024

Memo - Intensive Outpatient Coding Clarification

This memo is being sent to all contracted providers regarding the use of H0015 and S9480 for Intensive Outpatient Program (IOP) services. AHCCCS has become aware of a shift in the utilization of these codes and is concerned providers who are billing S9480 do not meet the requirements for this level of service.



<https://www.azahcccs.gov/PlansProviders/Downloads/ClaimsClues/2024/IntensiveOutpatientProgramIOPCodingClarification.pdf>

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](#).



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>

System of Care

Annie Anderson, MSW
Program Manager



A Molina Healthcare
Center of Excellence



Centers of Excellence

Molina Healthcare of Arizona's Centers of Excellence (COEs) are programs that are designed to support our members who are dealing with **unique health issues** with a **proven history of successful member outcomes** and adherence to **evidence-based practices** for the population they serve.

We encourage you to refer your members to these providers where clinically appropriate.

Population	Provider	Website
Children at risk of/with Autism Spectrum Disorder (ASD)	Southwest Behavioral & Health Services	sbhservices.org/southwest-autism-center
Adults with Chronic pain	Recovia	www.recovia.com

Children's System of Care





Infant Toddler Mental Health Coalition of Arizona (ITMHCA)

*Molina Healthcare of Arizona encourages providers to seek endorsement by
ITMHCA*

- “Endorsement® for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health is an internationally recognized credential that supports and recognizes the development and proficiency of professionals who work with or on behalf of pregnant women, infants and young children, birth up to 3-years old, and their families.”
- Endorsement is available across 5 different practice specialties spanning the continuum of care; individuals can apply for the endorsement category that best matches their scope of practice.
- Please visit [ITMHCA - The Infant Toddler Mental Health Coalition of Arizona](#) for detailed information
- For questions about Endorsement please out to the ITMHCA Endorsement Coordinator: azendorsement@gmail.com

Therapeutic Foster Care (TFC) Placement Process

1. Request & receive prior authorization from Molina
2. Behavioral Health Case Manager submits standardized TFC Referral form and all required documents to TFC agency
3. TFC agency reviews for potential match and reaches out to Behavioral Health Case Manager to staff with CFT
4. “Matching visit” occurs where possible
5. Placement

THERAPEUTIC FOSTER CARE APPLICATION/REFERRAL FORM
Please complete this form to the best of your ability

PERSON TO CONTACT IN REGARD TO PLACEMENT:
Name: _____ Email: _____
Phone: _____ Role: _____
Legal Guardian Name: _____ Relationship: _____

CLIENT INFORMATION
Full Legal Name: _____ DOB: _____
Sex: M F Other: _____ Race/Ethnicity: _____ Tribal Affiliation: _____
Preferred Name: _____ Preferred Language: _____ Gender: _____
PID (if in AZ DCS care): _____ AHCCCS ID#: _____

Summary of current behaviors or important information:

FUNDING SOURCE INFORMATION
Funding Source: Mercy Care HNFC AHCCCS/MCO Other

If HNFC, please list information regarding why placement is not best:

PLACEMENT PREFERENCES:
Pref placement: (i.e. one parent home, LGBTQ friendly, religious)

Placement preference: _____
Let this time: _____

PLEASE ATTACH COPIES OF THE FOLLOWING:

- Health Plan OOH Request Form (if applicable)
- OOH Authorization / verification of approval of placement (if applicable)
- Current Demographic
- Current CALOCUS
- Intake / Core / Comprehensive Assessment
- Current Annual Assessment (Signed by a BHP)
- Current Service Plan with TFC (SS145) listed as a service (Signed by a BHP)
- Functional Behavior Assessment (if applicable)
- Current Crisis Plan (within one year)
- Strengths, Needs, and Cultural Discovery
- Most recent Psychiatric Evaluation
- CFT Notes/BHMP Note that show a behavioral need for TFC placement.

AGENCY REFERRAL INBOX

A New Leaf
hctc@turnanewleaf.org

Brighter Heights Arizona
tfc referrals@bh-arizona.com

Arizona's Children Association
Dohalloran@arizonaschildren.org
GCoronado@arizonaschildren.org
Dwallschlaeger@arizonaschildren.org

Catholic Charities
CatholicCharitiesTFC@cc-az.org

Christian Family Care Agency
TherapeuticFosterCare@cfcare.org

Devereux
AZPimaHCTCReferrals@devereux.org
AZMaricopaHCTCReferrals@devereux.org

Human Resources Training (HRT)
TFCReferrals@hrtaz.com

Human Services Consultants (HSC)
referrals@hscsz.com

Intermountain Centers
raldrich@ichd.net

La Paloma Family Services
LPFSintakes@lafrontera.org

Pathways
PTW_AZ_TFCReferrals@Pathways.com

Existing CALOCUS Training Process

1. Enroll staff into the Relias Training Plan *AZAHP - CALOCUS Training Requirement (30 Days) Training Plan
This also enrolls them in the Relias Module *AZAHP - CALOCUS Training Requirement
2. Staff take the CALOCUS Training through Deerfield.
3. Staff share their Certificate of the completion of the CALOCUS Training through Deerfield with Supervisor and/or Administrator for Relias LMS
4. Supervisor and/or Administrator for Relias LMS marks them complete in the Relias Module *AZAHP - CALOCUS Training Requirement

Changes to CALOCUS Training Process

Effective May 1, 2024

After completing the CALOCUS training through Deerfield, staff must pass a 20-question competency quiz on Relias.

- Staff will have 3 opportunities to take the quiz and earn a score of 80%.
- If staff do not pass the quiz by the 3rd attempt, they will be required to retake the CALOCUS training.

A Job Aid on this process will be added to the Arizona Association for Health Plans website.

AHCCCS has also updated their [FAQs](#).

Serious Emotional Disturbance (SED) Determination

- AHCCCS has historically identified individuals who have an SED designation by adding a flag indicator to the member's record in the AHCCCS system. AHCCCS has discontinued assigning the SED flag indicator as of October 1, 2023 and has transitioned to a determination process.
- To ensure members who previously had a flag indicator are being assessed, Molina has been sending behavioral health providers lists of members with an SED flag who have historically received services at their location.
- Molina is requesting these providers use the template provided to report if the members still meet criteria for an SED determination, when they submit packets to Solari and are notified if a member is determined SED.

**This deliverable is due on the 15th of every month
to:
mccaz-systemofcare@
molinahealthcare.com**

Serious Emotional Disturbance (SED) Determination

A presentation and information about the SED assessment and determination process.

May 8, 2024

5:30 - 7:30 PM | Family Involvement Center
5333 N. 7th St. Suite A100 Phoenix, AZ 85014



Find more information and register at
<https://bit.ly/49A6Hj3>



Adult System of Care



ASAM CONTINUUM

The ASAM CONTINUUM is an operationalized software which guides clinicians through an ASAM Criteria assessment and assists them with determining the appropriate level of care placement

- **Beginning October 1, 2024**, AHCCCS providers who are providing substance use disorder or co-occurring mental health services to **>50% of their adult members served**, are required utilize the ASAM CONTINUUM for all SUD assessments for adults.
- **Beginning October 1, 2025**, AHCCCS providers who are providing substance use disorder and/or co-occurring services are required to utilize the ASAM CONTINUUM for adults; this includes SUD assessments for members who have co-occurring mental health and SUD.

ASAM is providing free Office Hours on the ASAM Continuum to increase understanding of the assessment on May 13, 2024. [Register here.](#)

More information about this requirement can be found on the [AHCCCS FAQ document.](#)

System of Care

Questions?

Contact: **Annie Anderson & Jill Ference**

Email: mccaz-systemofcare@molinahealthcare.com

SUD Navigator & Suicide Attempt Program

Gregory Gale MD
MCS- Senior Medical Director



SUD Navigator:

An individual or group of staff that has clinical competencies in 1 or more key areas. The SUD Navigator is adept at quick engagement of members and works to resolve member's immediate concerns addressing:

- ✓ Substance Withdrawal Concerns
- ✓ Social Determinants of Health
- ✓ Critical Concerns around Substances
- ✓ Behavioral health gaps in care
- ✓ The member's stage of change

- The case management approach incorporates screening, early identification and targeted case management interventions by a trained SUD navigator who specializes in Substance Use Disorders, pain management, and/or mental health.
 - Utilizes specific screening and assessment tools (e.g. NIDA, ASAM).
 - Provides education that will increase knowledge of their condition.
 - Connect members with resources to assist with adequate access to treatment and helps reduce barriers to other social determinants of health.
 - Support members with care coordination of services to address Substance use issues.

Risk Stratification

- Using a rigorous stratification model, enhanced data and analytics, and clinical rationale, members are identified for an appropriate risk level and receive interventions based on the clinical need.
- Members with low risk (level I) receive education around substance use and potential consequences of continued use or abuse.
- Members stratified into high levels (levels II-IV) of acuity receive more intensive, targeted Molina case management delivered by an SUD Navigator who has extensive expertise in substance use disorders, pain management, and/or mental health issues as well.
- Navigators work with a comprehensive Care Team within Molina, as well as providers and organizations based in the community.

Molina Care Team

- Members of the Molina Care Team may include:
 - RN
 - LPN
 - Registered dietitians
 - Pharmacist
 - Peer Support Specialist
 - Social worker
 - Health educator
 - Behavioral health medical director

Graduation Criteria

- Member demonstrates sobriety x 90 days **OR** NIDA assessment has shown overall decrease in use x 90 days **and;**
- Member can teach back 3 coping skills to prevent relapse **and;**
- Member can identify relapse prevention plan (including triggers, coping skills, supportive people to call/places to go to prevent relapse) **and;**
- Member has zero ED, inpatient or detox admissions for 90 consecutive days



www.shutterstock.com

Suicide Attempt Program

Gregory Gale MD
MCS- Senior Medical Director

Why do we need a suicide attempt program?

- In 2022, Arizona was ranked number 20 in the US.
- Suicide is the 10th leading cause of death in Arizona.
- Members who have attempted suicide are at higher risk for suicide and higher risk for readmission.
- Suicide is the 2nd leading cause of death for Arizonans age 10-34.
- Program purpose: to reduce the risk associated with suicide in someone who has attempted suicide.

Identification of Members

- Reported suicide attempt via hospital records
- Risk assessment tool for inpatient admissions
- Molina clinical rounds
- Health appraisals (health risk assessment at enrollment)
- Member self-reporting
- Provider referrals
- Incoming new enrollment transition information form

Suicide Attempt Program

- Members are triaged and placed in Molina's high risk care management program (case management).
- Members are immediately outreached either while inpatient and/or immediately upon discharge.
- Frequency of contact is determined by the level of member engagement and progress.
- Interventions are tailored to member needs.
- Length of stay for enrolled members is 6 months.

Suicide Attempt Program

- The focus initially is on developing rapport and ensuring member gets connected to an outpatient service provider(s).
- Members are discussed and staffed weekly in behavioral health clinical rounds.
- Graduation criteria is simply no further suicide attempts in a 6-month period of time.
- Outcome: Zero suicides have occurred with members who were enrolled in the program.

Thank You

Contact information:
gregory.gale@molinahealthcare.com

Tribal and Cultural Competency Program

Cassandra Peña

Tribal Liaison & Cultural Competency Coordinator

Tribal Program

- **Establish meaningful relationships & collaboration with Tribal communities**
 - Nine Tribal Nations in Molina’s service area
 - Tribal Consultation
 - Support strengths and needs
 - Offer training and technical support
- **Ensure physical/behavioral coordination of care with**
 - Tribal entities
 - Internally
 - Providers
- **Available for provider training**
 - Tribal health care delivery system
 - Molina’s Tribal Program
 - Tribal Sovereignty and cultural considerations
- **Cultural Resource Connection**

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

2024 Molina Healthcare Second Annual Tribal Health Symposium Save The Date: October 22, 2024, Location: Harrah's Ak Ching

Cultural Competency

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

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

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

As requested, provide technical assistance and training to contracted providers.

Create and execute Molina's annual Cultural Competency Plan.

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>

You're Invited!



 Native American Connections

Monthly Healthcare Networking Event!

A place to connect with like-minded professionals and opportunity to expand your network!

Register here!



Register here!

Date
2nd Tuesday of Each Month

Time
11am - 1pm

Location
Patina Mountain Preserve
1431 E. Dunlap Ave
Building B
Phoenix, AZ 85020

RSVP for this event:
Click/scan the QR code to register or email E.Hernandez@nativeconnections.org.

Brought to you by Native American Connections | Co-hosted by Molina Healthcare & Valley Hospital



Join us every 2nd Tuesday of Each Month!

Next event is May 14, 2024, 11am to 1pm
Registration: <https://molinahealthcare.surveymonkey.com/r/SW8D6JX>

Tribal Liaison and Cultural Competency Coordinator

Questions?

Contact: **Cassandra Peña**

Email: Cassandra.Pena@molinahealthcare.com

Phone: 480-589-0680

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.



Provide support to Balance of State Continuum of Care and Local Coalition to End Homelessness in all 3 counties.



Assist with community agency housing referrals



Connect members to housing support agencies



Engage with Case Conferencing within Coordinated Entry in all 3 counties.



Support internal staff with housing needs within membership.



Training of member facing internal staff on housing programs and resources within the community

Select an item above to read more

Acom 448



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,

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.

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



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

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

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

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 \(azabc.org\)](https://azabc.org/ahp/). Statewide Housing Administrator will outreach Molina to confirm HCHN status and then confirm if member is added to Scattered Sites waitlist.

Other Documentation Needed

VI-SPDAT Score and Documentation

Verification of Homelessness

Other verification for special housing type.

* 3rd party letter from referring agency will work with homeless timeline and where they are staying

* Housing Administrator can accept a homeless verification for 3 months from member.

Housing Administrator

Questions?

Contact: **Cinda Thorne**

Email: Cinda.Thorne@molinahealthcare.com

Phone: 480-440-6807

MCCAZHousingProgram@MolinaHealthCare.Com

Quality Improvement

Crystal Serna

Sr Specialist, Quality Interventions/QI Compliance

Quality Improvement Topics

- **Quality Measures**
- **Behavioral Health Priority Measures**
- **Provider Tip sheets**
- **Quality Improvement and Health Equity Transformation Committee**
- **Host a Molina Day**
- **Supplemental Data**
- **Remote EMR Access**
- **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

Behavioral Health Priority Measures:

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.
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.

Behavioral Health Priority Measures:(cont'd)

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.

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.

Host a Molina day at your practice!

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

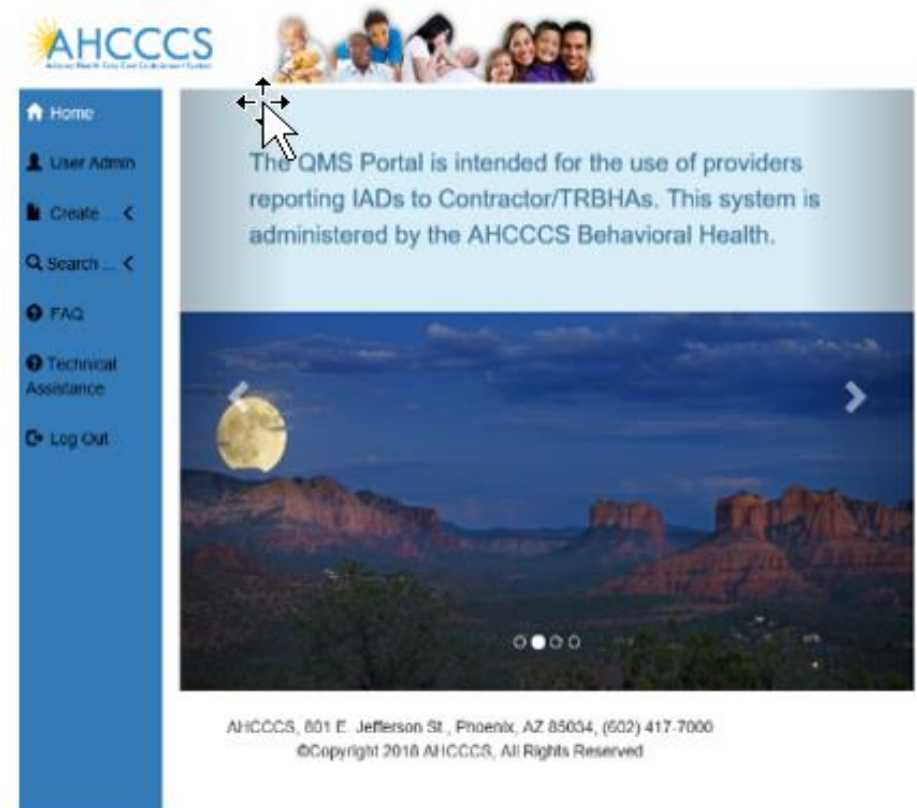
Itzel Cordova
Specialist, Quality Management

Quality Management Topics

- AHCCCS Quality Management System (QMS) Portal & Policy
- Incident, Accident, and Death (IAD) Reporting
- Mortality Reporting
- Quality of Care (QOC) Review & Investigations
- Seclusion and Restraint (SAR) Reporting
 - Individual
 - Monthly
- 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



AMPM Policy 961

Incident, Accident, and Death (IAD) Reporting Requirements

AHCCCS QM Portal

- Sentinel, non-sentinel events
- Mortalities/Deaths

Reporting to Molina QM to be done immediately upon provider notification of member's death.

AHCCCS requires health plans to report member deaths to the state as timely as possible, so Molina QM asks that our providers work to establish and ensure internal processes to report mortalities to Molina QM as soon as they are discovered.

AMPM Policy 961 (cont.)

IAD Helpful Hints

1. Detailed summary of event: completeness, timelines for outreach/reengagement, if death – OME case status
2. 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

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


AMPM Policy 960 (cont.)

QOC Helpful Hints

1. Responsiveness, timeliness to all inquiries
2. Documentation review can open other avenues of investigation and questions

AMPM Policy 962, Reporting and Monitoring of Seclusion and Restraint

- Within five (5) business days of event, submit Attachment A to MCCAZ-QOC@molinahealthcare.com
- Any seclusion and/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>		
TXIX/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 (HCDM) (if applicable): <i>Click here to enter text.</i>		
Phone number of member's legal guardian/HCDM (if applicable): <i>Click here to enter text.</i>		

CURRENT DIAGNOSES	
CODE	NAME
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>
<i>Click here to enter text.</i>	<i>Click here to enter text.</i>

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

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

For reporting purposes, please ensure the following:

1. 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
2. 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
3. Submit all supporting documentation such as:
 - Copies of SAR initiating orders
 - Flowsheets/monitoring logs

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

- Molina has fully reinstated the requirement for monthly SAR reporting. Reporting will include provider attestations and will be due by the 5th of each month.
 - Molina QM is reaching out to providers for internal SAR points of contact.
Please Note: If you are licensed to provide SAR and have not heard from us, please contact Molina QM.
 - For those in attendance who have been submitting monthly SAR reports, Molina QM thanks you!!
 - For providers who will be new to this process, please don't hesitate to contact [MCCAZ-QOC @molinahealthcare.com](mailto:MCCAZ-QOC@molinahealthcare.com) with any questions or concerns.
 - Molina's *Seclusion and/or Restraint (SAR) Monthly Reporting Form* with instructions for completion and ways to submit to Molina QM
 - 30-Day implementation period; Upcoming Due Date is June 5th
- For any requests involving SAR reporting education and training, please email [MCCAZ-QOC @molinahealthcare.com](mailto:MCCAZ-QOC@molinahealthcare.com)

Site Visits and Auditing

- **Unannounced, Urgent, Immediate:**
 - Health & Safety
 - Immediate Jeopardy
 - QOC Concern
 - Provider Performance
- **Announced, Planned, Scheduled:**
 - ACC Contract & AMPM Policy 910
 - Service & Service Site (S3)
 - BHCCA
 - AMRR
 - CSA
 - EVV
 - PRSS
 - BHRF



Provider Quality Performance Monitoring

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



Quality Information, Submissions, and Requests

Please contact Molina Healthcare of AZ Quality Department with any questions or concerns 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">• Auditing communication & medical records

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 QM staff.

The Molina Healthcare of AZ QM Team thanks you!

Jenny Starbuck, *Director, Quality Improvement & Risk Adjustment*

Email: jenny.starbuck@molinahealthcare.com

Jamila James-Clark, *Manager, Quality Management*

Email: jamila.james-clark@molinahealthcare.com

Itzel Cordova, *Specialist, Quality Management*

Email: itzel.cordova@molinahealthcare.com

Candice Crudder, *Specialist, Quality Management*

Email: candice.crudder@molinahealthcare.com

Lakeisha Drayton, *Sr. Specialist, Quality Management RN*

Email: lakeisha.drayton@molinahealthcare.com

Tatjana Pudja, *Sr. Specialist, Quality Management RN*

Email: tatjana.pudja@molinahealthcare.com

Heidi Terry, *Sr. Specialist, Quality Management RN*

Email: heidi.terry@molinahealthcare.com

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**

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 shows two overlapping forms from AZ+AHP. The top form is the 'AZAHP PRACTITIONER DATA FORM' and the bottom form is the 'AZAHP ORGANIZATIONAL/FACILITY APPLICATION'. Both forms include the AZ+AHP logo and the text 'Credentialing Alliance'. The bottom form contains various sections for data entry, including:

- 1099 Registered Name (Required):** and **Tax ID#:**
- Organizational/Facility Name/DBA (if applicable):**
- Lines of Business:** Medicaid, Medicare, Commercial
- License #**, **State**, and **Exp Date**
- Is Facility a Medicare participating provider?** (YES/NO)
- AHCCCS Provider Type**, **AHCCCS ID#**, and **Organization NPI#**
- ORGANIZATIONAL/FACILITY TYPE AS LISTED ON LICENSE OR ACCREDITATION: Check all that apply**
 - Acute Rehab, Ambulatory Surgery Center, Attendant Care Agency, Assisted Living Center, Assisted Living Home, Behavioral Health
 - FQHC/RHC, Habilitation Providers, Home Health, Hospice, Hospital, Intensive Outpatient Treatment (IOT)
 - Lab, Medical/Dental Schools, Orthotics & Prosthetics, Outpatient Medical Rehab Center, Pharmacy
 - PT/OT/ST, Radiology, Sleep Center, Skilled Nursing Facility, Transportation, Transportation—Air and Non-Emergency, Therapeutic Behavioral Health Foster Home/Group Home, Urgent Care, Vision, Wound Care, Other
- ORGANIZATIONAL/FACILITY TYPE SPECIALTIES—HSD SPECIALTY CODE AND SPECIALTY NAME: Check all that apply**
 - 040 Acute Inpatient Hospitals, 041 Cardiac Surgery Program, 042 Cardiac Catheterization Services, 043 Critical Care Services - Intensive Care Units (ICU), 044 Surgical Services (Outpatient or ASC)
 - 046 Skilled Nursing Facilities, 047 Diagnostic Radiology, 048 Mammography, 049 Physical Therapy
 - 050 Occupational Therapy, 051 Speech Therapy, 052 Inpatient Psychiatric Facility Services, 057 Outpatient Infusion/Chemotherapy
- 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.
 - American Association for Accreditation of Ambulatory Surgery Facilities
 - American Association for Ambulatory Health Care
 - American College of Radiology
 - American Osteopathic Association
 - Commission on Accreditation of Rehabilitation Facilities
 - Commission on Office Laboratory Accreditation
 - Community Health Accreditation
 - Det. Norske Veritas National Integrated Accreditation for Healthcare Organizations
 - Healthcare Facilities Accreditation Program
 - Joint Commission
 - Other:

Revised 2023
Page 2 of 15

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**

From The Molina Healthcare of Arizona Network Team:

