

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2023

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Claim Submission

Molina strongly encourages providers to submit claims electronically, including secondary Claims. Electronic claims submission provides significant benefits to the provider including:

- Helps to reduce operation costs associated with paper claims (printing, postage, etc.)
- Increases accuracy of data and efficient information delivery

- Reduces claim delays since errors can be corrected and resubmitted electronically
- Eliminates mailing time and claims reach Molina faster

Molina offers the following electronic Claims submission options:

- Submit claims directly to Molina via the Availity Essentials portal
- Submit claims to Molina via your regular EDI clearinghouse

If electronic Claim submission is not possible, please submit paper claims to the following address:

Molina Healthcare of CA, Inc.
PO Box 22702
Long Beach, CA 90801

When submitting paper Claims:

- Paper claim submissions are not considered to be “accepted” until received at the appropriate Claims PO Box.
- Claims received outside of the designated PO Box will be returned for appropriate submission.
- Paper claims are required to be submitted on original red and white CMS-1500 and CMS-1450 (UB-04) claim forms.
- Paper claims not submitted on the required forms will be rejected and returned. This includes black and white forms, copied forms, and any altering including handwritten claims.
- Claims must be typed with either 10 or 12-point Times New Roman font, using black ink.

For more information, please see CMS claims submission guidance:

<https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/1500>

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice including:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient’s overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Additional resources are available for office staff and patients:

- For additional after-hours coverage, Molina Healthcare members can call the 24-Hour Nurse Advice Line at (888) 275-8750.
- Molina Healthcare members can access Interpreter Services at no cost by calling Member Services.
- Providers can access the Availity Essentials at provider.molinahealthcare.com to:
 - o Search for patients and check member eligibility
 - o Submit service request authorizations and/or claims and check status
 - o Review Patient Care Plan
 - o Obtain CAHPS® Tip Sheets

- o Participate in online Cultural Competency trainings (also available at: MolinaHealthcare.com)

Please encourage your patients who have received the CAHPS®/QHP survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests, and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

Molina Healthcare's 2022 Quality Improvement Results



Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®/QHP Enrollee Experience Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan

(QHP) Enrollee Experience Survey assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

Molina has received the CAHPS®/QHP results of how our members rated our providers and our services.

Medicaid: In 2022, Molina improved in Rating of Specialist Seen Most Often and Rating of Overall Health Care.

We need to make improvements in Getting Needed Care, Getting Care Quickly, Customer Service, Coordination of Care, How Well Doctors Communicate, Rating of Health Care, and Ease of Filling Out Forms.

Marketplace: In 2022, Molina improved in Rating of Health Plan, Rating of Health Care, Rating of Personal Doctor, Rating of Specialist, Access to Care, Access to Information, Care Coordination, How Well Doctors Communicate, Annual Flu Vaccinations, Getting Care Quickly, Getting Needed Care and Enrollee Experience with Cost.

We need to make improvements in Cultural Competence, Plan Administration, Medical Assistance w/ Smoking / Tobacco Use Cessation and Customer Service.

Medicare: In 2022, Molina improved in Doctors Who Communicate Well, Rating of Personal Doctor and Annual Flu Vaccine.

We need to make improvements in Getting Needed Care, Getting Care Quickly, Rating of Health Care Quality, Rating of Health Plan and Rating of Specialist Seen Most Often.

MMP: In 2022, Molina improved in Getting Needed Care, Customer Service, Doctors Who Communicate Well, Rating of Health Plan, Rating of Personal Doctor, Annual Flu Vaccine and Overall Rating of Drug Plan.

We need to make improvements in Getting Care Quickly and Rating of Specialist Seen Most Often.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medicaid: In 2022, Molina improved in Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), Antidepressant Medication Management (AMM) Effective Continuation Phase Treatment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) - Total, Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg), Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase, Appropriate Treatment for Upper Respiratory Infection (URI) – Total, Prenatal and Postpartum Care (PPC) - Postpartum Care, Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD), Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) 7-Day Follow-Up Total, Pharmacotherapy for Opioid Use Disorder (POD) Total, Use of Imaging Studies for Low Back Pain (LBP) and Use of Opioids at High Dosage (HDO).

We need to make improvements in Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination #2, Lead Screening in Children (LSC), Breast Cancer Screening (BCS), Appropriate Testing for Pharyngitis (CWP) - Total, Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed and Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care.

Marketplace: In 2022, Molina improved in Annual Dental Visit (ADV), Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis (AAB), Immunizations for Adolescents (IMA) - Combination #2, Breast Cancer Screening (BCS), Colorectal Cancer Screening (COL), Chlamydia Screening in Women (CHL) - Total, Appropriate Treatment for Upper Respiratory Infection (URI) – Total, Prenatal and Postpartum Care (PPC) - Postpartum Care, Plan All-Cause Readmission (PCR), and Child and Adolescent Well-Care Visits (WCV) Total.

We need to make improvements in Asthma Medication Ratio (AMR), Appropriate Testing for Pharyngitis (CWP), Cervical Cancer Screening (CCS), Childhood Immunization Status (CIS) Combination #10 Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control

(<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care, Immunizations for Adolescents (IMA) Combination #2, and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) BMI Percentile.

Medicare: In 2022, Molina improved in Controlling High Blood Pressure (CBP), Diabetes Care – Blood Sugar Controlled (CDC) and Statin Therapy for Patients with Diabetes (SPD) - Received Statin Therapy.

We need to make improvements in Breast Cancer Screening (BCS), Care for Older Adults - Medication Review (COA), Care for Older Adults - Pain Screening, Colorectal Cancer Screening (COL), Statin Therapy for Patients With Cardiovascular Disease (SPC) - Total Statin Adherence 80%, Statin Therapy for Patients With Cardiovascular Disease (SPC) - Total Received Statin Therapy, Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy, and Medication Reconciliation Post-Discharge (MRP).

MMP: In 2022, Molina improved in Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment, Diabetes Care (CDC) Blood Sugar Controlled, Diabetes Care (CDC) Eye Exam Total, Diabetes Care (CDC) Kidney Disease Monitoring, Controlling High Blood Pressure (CBP), Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Initiation of AOD Treatment Total, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Engagement of AOD Treatment Total, Plan All-Cause Readmissions (PCR) Observed-to-Expected Ratio (Ages 18-64) and Statin Therapy for Patients with Cardiovascular Disease (SPC) Received Total.

We need to make improvements in Breast Cancer Screening (BCS), Colorectal Cancer Screening (COL), Follow-Up After Hospitalization for Mental Illness (FUH) 30-Day Rate Total, Plan All-Cause Readmissions (PCR) Observed-to-Expected Ratio (Ages 65+) and Transitions of Care (TRC) Medication Reconciliation Post-Discharge.

For More information:

The progress related to the goals that Molina has set for the annual CAHPS/QHP survey results and the annual HEDIS measures can be viewed in more detail on the Molina website. You can also view information about the Quality Improvement Program there and print a copy if you would like one.

- **Medicaid and MMP:** Please visit Molina’s website at: MolinaHealthcare.com, select Health Care Professionals, line of business, and *Health Resources* to access this information.
- **Marketplace:** Please visit Molina’s website at: MolinaMarketplace.com, select Providers, and *Health Resources* to access this information.

Culturally and Linguistically Appropriate Services/Disability Resources

Molina also assesses the cultural, ethnic, racial, and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

Medicaid: The majority of Medicaid members specified English as their preferred language (67%). Spanish as a preferred language was identified by 28% of Medicaid members. Spanish was the most requested language among Medicaid members through Molina’s interpreter services, followed by Arabic and Vietnamese.

Marketplace: According to internal databases, 100% of Marketplace member language is unknown. Among Marketplace members who requested language services through Molina’s interpreter services, Spanish was the most requested language, followed by Vietnamese and Mandarin.

Medicare: A majority of Medicare members speak English as their preferred language (60%). About 38% of Medicare members identified themselves as Spanish speakers. Spanish was the most requested language among Medicare members through Molina's interpreter services, followed by Vietnamese and Arabic.

MMP: The majority of MMP members speak English as their preferred language (68%). About 27% of MMP members identified themselves as Spanish speakers. Among MMP members who requested language services through Molina's interpreter services, Spanish was the most requested language, followed by Arabic and Vietnamese.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of short Culturally Competency training videos (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the provider.molinahealthcare.com and at: MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. Disability resources are also available at this location under Molina Provider Education Series: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals and Tips for Communicating with People with Disabilities & Seniors.

Requirements for Submitting Prior Authorization

Molina Healthcare has partnered with MCG Health to offer Cite AutoAuth self-service for advanced imaging prior authorization (PA) requests.

What is Cite AutoAuth and how does it work?

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, and PET scans. To see the full list of imaging codes that require PA, refer to the PA Code LookUp Tool at: MolinaHealthcare.com.

How to Access and Learning More

Cite AutoAuth can be accessed via the provider.molinahealthcare.com in the Molina's Payer Spaces. It 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 are also available.

Council for Affordable Quality Healthcare (CAQH)

What is CAQH?

CAQH technology-enabled solutions eliminate redundant and inefficient administrative processes between health plans and providers for credentialing, directory maintenance, coordination of benefits and other essential business functions. CAQH offers options to reduce the provider administrative burden.

How Does Molina Use CAQH?

Molina is currently using the CAQH DirectAssure application to provide an opportunity for the enrolled providers to attest to their data, update their data in a single place that will be shared by all companies that they are contracted with and utilize CAQH. Molina registers all of our non-delegated credentialed providers for CAQH DirectAssure, and currently pays the monthly fees related to the attestation tools for the providers.

Benefits of Using CAQH?

- Decreased administrative burden: CAQH provides a tool to facilitate providers meeting the requirement to attest to their demographics and key information on record with Molina every 90 days.
- Increased Molina support: As providers update their information in CAQH, Molina can systemically update our system, freeing up Molina associates to assist providers with other needs.
- More accurate records: Molina will obtain more frequent provider updates for our records and have more accurate provider information.

How Does CAQH Work for Providers?

Providers enter updated information one time in CAQH, and it is shared with multiple entities utilizing the CAQH DirectAssure application. This simplifies the providers’ administration work and reduces the need to be tracking who was informed of the changes. The No Surprises Act (NSA) requires providers to attest to their data every 90 days, CAQH provides an effective and efficient way to meet that requirement.

What’s Next?

Molina is working with providers to encourage CAQH attestation. You may use other credentialing tools mandated by your state’s regulatory agencies and think of CAQH as a credentialing only application, but it offers many other features and benefits beyond credentialing attestations.

Molina is excited to continue our automation and improvement to provider information processes to reduce the administrative burden on providers and make it quicker and easier to update data.

Molina Healthcare’s Portal Access

Availity Essentials is now the official secure provider portal for Molina Healthcare providers. The Molina Legacy Provider Portal will be sunset on March 28, 2023. After March 28, 2023, you will no longer have direct access to the Molina Provider Portal.

Within Availity Essentials, you have access to these helpful tools and time-savers:

Claim Status	Expanded search options include member name, service dates, claim history or the 276 HIPAA standard. Adjustment and remittance codes, along with their descriptions, at the claim and line level.
Smart Claims	A simplified claim entry tool with only the essential fields you need. Use data from prior eligibility and benefits submissions to autofill your claim.
Eligibility and Benefits	Use data from prior eligibility and benefits submissions to search for your patients and autofill your claim.

Attachments	Upload supporting documentation with your claims using the Send Attachments feature. You can transmit up to 10 attachments (128 MB total file size) with your claim submission.
Features Coming Soon	
Accumulators	Each member/plan submitted returns the Molina plan/dollar and benefit/count accumulated toward the limit.
Prior Authorization	Manage your Molina prior authorizations on Availity and use the Auth/Referral Dashboard to follow-up on the status of your prior authorizations.

If your organization is not yet registered for Availity Essentials and you’re responsible for the registration, please visit: [Availity.com/Molinahealthcare](https://www.availity.com/Molinahealthcare) and click the Register button. For registration issues, call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday – Friday 8 a.m. – 8 p.m. ET.

For a comprehensive list of tools and features available on Availity Essentials, log in and click on the Help and Training dropdown. As a registered Availity Essentials provider, you can also take advantage of our live webinar, “Availity Essentials Provider Portal Overview for Molina Providers.” Check with your Provider Service representative for upcoming dates and times.

Once you have your Availity Essentials account, you can learn more about the features and functionality offered for Molina providers. Simply log in go to Help & Training > Get Trained to register for a webinar.

Keep an eye out for information and updates about the Molina provider portal sunset within the Availity Essentials and at: [MolinaHealthcare.com](https://www.MolinaHealthcare.com).

Encourage your Patients to use My Health Perks!

My Health Perks is the Molina Member Wellness platform providing free educational content on topics like:

- Smoking cessation
- Diabetes management
- High blood pressure
- Managing depression
- Asthma management
- Healthy eating, nutrition, and exercise library



Gift card incentive program for Molina Marketplace subscribers only:

Eligible subscribers and dependents 18 years and older have the opportunity to earn a \$50 gift card by completing both of the following activities:

- Complete a preventive wellness examination with their Primary Care Provider; and,
- Complete the designated Health Risk Assessment via the My Wellness tab on the My Molina member portal.

Members who complete both incentivized activities will be eligible for either a physical or digital gift card of their choosing. Members are permitted to use the gift cards at retailers who accept them.

Please encourage members to learn more about the “My Health Perks” program online via the My Wellness tab on the My Molina portal. Members can also contact Customer Support for additional information.

<https://www.molinamarketplace.com/marketplace/ca/en-us/Members/Members-Resources/My-Health-Perks.aspx>

Our Gift to Network Providers: PsychHub Subscription

To offer our valued network providers with the most up-to-date behavioral health resources and education, Molina has partnered with PsychHub to offer a subscription to the PsychHub platform at no cost.

PsychHub is an online platform for digital behavioral health education. Molina Providers can access PsychHub’s online learning courses. Some of these courses offer continuing education opportunities for select licensures. There are various learning courses, including the Mental Health Ally Certification Program, which may be beneficial for office staff or providers who are interested in learning more about working with the behavioral health population.

Ready to get started? Molina network providers can access this and other courses that offer continuing education units (CEUs) on the PsychHub platform by clicking the following link and simply creating an account: <https://app.psychhub.com/signup/molina-mhp/>

To setup an overview of the PsychHub platform and the resources they offer, contact your Provider Services representative.



Let's Get Started

Already have an account? [Log in](#)

Email address

JohnSmith@gmail.com

First name

John

Last name

Smith

Password

Type Password

I agree to and accept the [terms and conditions](#) for use of this site.

SIGN UP

Molina's 2023 Medicare Advantage Products Designed to Meet Member Needs

Molina is always working to meet the needs of our members through our diverse Medicare Advantage products offered each year. To help our providers learn more about the specific products being offered in California in 2023, we have created a handy summary showing our service areas and highlighting the supplemental benefits for each product offered. Check it out here: [2023 Medicare Fact Sheet California](#)

Clinical Policy Updates Highlights from Fourth Quarter 2022

Molina Clinical Policies (MCPs) are located at molinaclinicalpolicy.com. The policies are used by providers as well as medical directors and internal reviewers to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC). The fourth quarter 2022 updates are noted below.

The following new policies were approved:

- MCP-422: Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring (eXciteOSA)
- MCP-421: Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Parenteral Nutrition (IPN)
- MCP-419: Remote Patient Monitoring
- MCP-424: Skysona (elivaldogene autotemcel)

The following policies were revised:

- MCP-347: Autologous Chondrocyte Implantation Knee
 - o Clarified Coverage Policy section regarding inadequate response to a prior arthroscopic or other surgical repair procedure; added statement regarding cooperation of member with post-operative weight bearing restrictions and completion of post-operative rehabilitation.
 - o Contraindications were added to the Limitations and Exclusions (per MACI labeling).
 - o Osteochondritis dissecans (OCD) was added as Experimental, Investigational, and Unproven.
- MCP-363: Hypoglossal Nerve Stimulation for OSA
 - o Addition to Coverage Policy section noting FDA approval and requirements for provider performing the procedure.
 - o DISE and SDM criteria were moved from the Exclusions and Limitations to Additional Required Documentation.
- MCP-301: Iluvien (fluocinolone acetonide) intravitreal implant
 - o Revised Criteria #3a to note "Triamcinolone acetonide, intravitreal injection OR a previous course of corticosteroid." Previously read as "Triamcinolone acetonide, intravitreal injection"
- MCP-343: Intervertebral Stabilization Devices
 - o Updated Summary of Medical Evidence section with current studies and guidelines.
 - o Added Related Policies section and two additional intervertebral body fusion devices that received FDA 510(k) clearance in 2021 (IO™ Expandable Lumbar Interbody Fusion System and aprevo™ Transforaminal IBF).
- MCP-235: Measurement of Carotid Artery Intima Thickness
 - o Updated Overview and References sections; included current studies and guidelines to the Summary of Medical Evidence section.

- MCP-244: Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities (ReWalk)
 - o Previously named *Lower-Limb Robotic Exoskeleton (ReWalk-P [Personal]) for Paraplegia in Spinal Cord Injury*.
 - o Included FDA-approved powered exoskeletons, in addition to ReWalk.
 - o Expanded from paraplegia in spinal cord injury to include patients with lower-limb disabilities.
 - o Included current clinical studies and guidelines in the Summary of Medical Evidence section.

The following policies have been retired and are no longer available on the website:

- MCP-346: Bioness Foot Drop System (defer to MCG Criteria)
- MCP-259: Xiaflex Dupuytren's Contracture (defer to Pharmacy PA Criteria)
- MCP-279: Xiaflex Peyronie Disease (defer to Pharmacy PA Criteria)
- MCP-349: Zilretta (triamcinolone acetonide ER injection) (defer to Pharmacy PA Criteria)

2023 Medicaid Managed Care Accountability Set (MCAS)

The Managed Care Accountability Sets (MCAS) is a set of performance measures that DHCS selects for annual reporting by Medi-Cal MCPs (Managed Care Plans). Providers are required to meet the 50th percentiles for the following MCAS measures for 2023:

Measures with an asterisk (*) are newly added measures for 2023.

HEDIS® Measure		
Well-child visits in the first 15 months	Topical Fluoride for Children*	Prenatal and Postpartum Care – Postpartum
Well-child visits for age 15 month to 30 months	Asthma Medication Ratio*	Prenatal and Postpartum Care - Timeliness of Prenatal Care
Childhood Immunization Status - Combo 10	Hemoglobin A1c Control for Patients with Diabetes	Follow-Up After Emergency Department Visit for Mental Illness
Child and Adolescent Well-Care Visits	Controlling Blood Pressure	Follow-Up After Emergency Department Visit for Substance Use
Immunizations for Adolescents - Combo 2	Breast Cancer Screening	Depression Remission or Response for Adolescents and Adults*
Lead Screening in Children (0-2 Years)	Cervical Cancer Screening	Depression Screening and Follow-Up for Adolescents and Adults*
Developmental Screening in the First Three Years of Life*	Chlamydia Screening	

Initial Health Appointment (IHA) for Children, Adults, and Seniors

Effective 1/1/2023, the completion of the IHEBA/SHA is no longer a required component of the Initial Health Appointment.

In accordance with regulatory requirements and increased focus from the California Department of Health Care Services, new members must receive a comprehensive Initial Health Appointment (IHA) within the first 120 days of enrollment with Molina, or within periodicity timelines established by the American Academy of Pediatrics for ages two and younger whichever is less.

A compliant Initial Health Appointment consists of:

- Comprehensive History must be sufficiently comprehensive to assess and diagnose acute and chronic conditions which includes, but is not limited to the following:
 - o History of Present Illness
 - o Past Medical History (Physical and Mental Health)
 - o Social History
 - o Review of Organ Systems (Physical Systems) and Mental Systems
 - o Identification of risks
 - o Assessment of need for preventive screens or services
 - o Health Education
 - o Diagnosis and plan for treatment of any diseases
- Comprehensive Physical and Mental Exam. The exam must be sufficient to assess and diagnose acute and chronic conditions and develop a plan of care. The plan of care must include follow-up activities. Include all exams that the member received.
- Dental Exam in Initial Health Assessment (all ages)
- Dental Referral (for age 3 to < 21 only)

For billing of services associated with the completion of the Comprehensive IHA, please note the following CPT codes:

Medi-Cal Member Population	CPT Billing Codes	ICD-10 Reporting Codes
Preventative Visit, New Patient	99381 - 99387	No Restriction
Preventative Visit, Established Patient	99391 - 99397	No Restriction
Office Visit, New Patient	99204 - 99205	No Restriction
Office Visit, Established Patient	99215	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z01.401, Z01.419, Z00.9, Z02.1, Z02.3, Z02.89

To submit a completed IHA you may:

- Mail:
Molina Healthcare of California
200 Oceangate, Suite 100
Attention: Quality Improvement Long Beach, CA 90802
- Email:
MHCHEDISDepartment@molinahealthcare.com
- Fax:
(562) 499-6159