



Just the Fax



A fax bulletin for the Molina Healthcare of Ohio network • June 2011

Molina Healthcare Electronic Data Interchange (EDI) Transition from ANSI X12 Version 4010A1 to 5010

On January 16, 2009, the Secretary of the Department of Health and Human Services (DHHS) adopted the Accredited Standards Committee X12 Version 5010 as the next Health Insurance Portability and Accountability Act (HIPAA) standard for HIPAA covered transactions. Molina Healthcare, Inc. (MHI) will support the 4010 transaction standards through December 31, 2011 and the 5010 transactions which are mandated by DHHS as of January 1, 2012.

Molina Healthcare is committed to paying you correctly and timely. In order to ensure your claims are submitted appropriately per the 5010 transaction requirements, **please complete and submit the 5010 Conversion – Provider Change Form included with this newsletter by 7/1/11 if you will changing to subpart billing.**

In addition, the following documents are included for your review:

- Impacts to providers due to the 5010 changes
- What to do to prepare for the 5010 implementation
- Impact of billing subpart NPI's
- 5010 Conversion - Provider Information Change Form to be completed if you are changing to subpart billing
- Readiness testing

Enrollment Department - NEW FAX NUMBER

Please make note of this new fax number for all requests sent to the Enrollment Department.

New Fax Number – (614) 781-4344

Now Available - An Improved Claim Status Inquiry Method using the Provider IVR Self Service!

As of May 18, 2011, you will no longer need a claim number to obtain claim status using the Provider Self Service Interactive Voice Response (IVR) system. You will now be able to call in to the IVR system and hear the status of claim using the date of service along with the member's ID number and date of birth. When a member has several claims with the same date of service, you will have the option to enter the billed amount to assist in the selection of the correct claim.

Please call Provider Services at (800) 642-4168 and select the option for claim status and then follow the prompts to inquire regarding claim status.

Remember - the IVR is available 24/7 for your convenience.

Coordination of Benefits

Complete and accurate coordination of benefits (COB) information is necessary for Molina Healthcare to pay claims timely and accurately. **Molina is streamlining the COB process so that it is easier for you to communicate the information with us.**

Molina provided an additional method for you to share COB information in June 2010. Since implementation, we have received a very positive response from the provider community. Please consider this as an option for your practice!

What do you need to do? Please submit updated COB information directly to Molina Healthcare by sending a secure email to MHOEnrollment@MolinaHealthcare.com or by sending a fax to (614) 781-4344 attention Enrollment (***please note this is a NEW fax number for the Enrollment Department.***)

Remember to include:

- Molina Healthcare ID number
- A copy of the front and back of the other insurance ID card
- Verification of eligibility, including the member ID number and the coverage dates from the other insurance carrier or third party vendor.

To get an understanding of the information that health plans use to verify COB, review the Ohio Department of Job and Family Services Health Insurance Fact Request Form (JFS 06614), available at www.odjfs.state.oh.us/forms/inter.asp.

Once you submit the COB information, no further action is required to ensure your related claims are adjusted. It is a one-step process. Molina Healthcare will verify the COB information and adjust all claims impacted by the update within 45 days of the submission date.

Molina Healthcare is also encouraging members to share complete and accurate insurance information with their providers and educating them about why it is important.

We look forward to working with you to capture the correct information for our members so that we can continue to exceed claims payment standards.

Wellness Reports

Molina Healthcare uses Healthcare Effectiveness Data and Information Set (HEDIS®) rates to monitor the preventive services members receive. These rates are shared with contracted providers in an effort to find opportunities to improve utilization of preventive care.

Adults' Access to Preventative/Ambulatory Health Services

Best Practice

Effective primary care can provide the foundation to improve health care quality and patient satisfaction and reduce health care costs. Molina encourages all its members to establish and maintain a relationship with a primary care physician to promote consistent and coordinated health care.

Wellness Report

Molina Healthcare annually monitors the percentage of members 20 years of age and older who had an ambulatory or preventive care visit.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Adult access to preventive services 20 -44	83.33%	84.18%	84.80%
Adult access to preventive services 45 -64	89.19%	90.06%	88.34%
Adult access to preventive services 65 and older	87.64%	86.81%	87.80%

Annual Dental Visits for Children Aged 2-21

Best Practice

The Oral Health Initiative, a program of the American Academy of Pediatrics states, “Because pediatricians and family practitioners see children early and frequently for preventive health care, they are ideally positioned to serve as the first contact in the area of oral health, particularly for children ages 0-3. They can identify children at risk for oral health problems; assess exposure to fluoride; provide anticipatory guidance and parent education; provide preventive services such as fluoride varnish application where appropriate; and make timely referrals to a dental home.”

Wellness Report

Molina Healthcare uses Healthcare Effectiveness Data and Information Set (HEDIS®) rates to monitor the percentage of members 2-21 years of age who had at least one annual dental visit in the calendar year.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Annual Dental Visits – 2-21 years	43.84%	45.06%	51.30%

Children and Adolescents’ Access to Primary Care Practitioners

Best Practice

Effective primary care can provide the foundation to improve health care quality and patient satisfaction and reduce health care costs. Molina encourages all its members to establish and maintain a relationship with a primary care physician to promote consistent and coordinated health care.

Wellness Report

Molina Healthcare annually monitors the percentage of members 12 months–19 years of age who had a visit with a PCP.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Children’s access 12 – 24 months	81.29%	95.08%	97.42%
Children’s access 25 months – 6 years	73.32%	86.40%	89.49%
Children’s access 7 – 11 years	78.38%	87.20%	91.23%

* National NCQA 75th percentile for Medicaid HMO plans.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Questions?

If you have any questions, please call Molina Healthcare’s Provider Services Department at 1-800-642-4168 (TTY: 1-800-750-0750 or 711). Representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday.

Molina Healthcare Electronic Data Interchange (EDI) Transition from ANSI X12 Version 4010A1 to 5010

On January 16, 2009, the Secretary of the Department of Health and Human Services (DHHS) adopted the Accredited Standards Committee X12 Version 5010 as the next Health Insurance Portability and Accountability Act (HIPAA) standard for HIPAA covered transactions. Molina Healthcare, Inc. (MHI) will support the 4010 transaction standards through December 31, 2011 and the 5010 transactions which are mandated by DHHS as of January 1, 2012.

How does the change to 5010 impact healthcare providers?

As HIPAA covered entities, providers and their vendors must migrate to the new 5010 versions of the HIPAA transactions that they conduct with health plans, such as the electronic claim and remittance advice. During 2011, providers must engage in external testing with health plans and other trading partners in order to help ensure a timely transition to the 5010 standards.

What Should a Provider Do To Prepare For 5010?

- Visit the CMS and WEDI websites to obtain education material on the 5010 standard;
- Contact your practice's software vendors to find out if they are upgrading their software to support 5010 compliance;
- Upgrade your practice management and other software as required to a 5010 compliant version;
- Conduct internal software testing to verify that you can properly send and receive 5010 transactions;
- If you use a healthcare **clearinghouse** to send and/or receive 5010 transactions, contact your clearinghouse account representative to confirm that they are 5010 compliant and make arrangements to start testing;
- If you exchange 5010 transactions **directly** with Molina Healthcare, please send an email to the appropriate mailbox shown below (based on the transaction involved) to initiate external testing:
 - If you are submitting an 837 Claims file directly to Molina, please send an email to EDI-Claims@molinahealthcare.com to make arrangements for testing
 - If you are submitting an 837 Encounters file directly to Molina, please send an email to EDI-Encounters@molinahealthcare.com to make arrangements for testing
 - If you are receiving an 835 Remittance file directly from Molina, please send an email to EDI-Eraeft@molinahealthcare.com to make arrangements for testing
 - For all other testing needs or questions, please send an email to Molina_5010_Testing@molinahealthcare.com.

Molina Healthcare's 5010 Readiness

Molina Healthcare has achieved Level I compliance and is ready to test the 5010 HIPAA transactions with providers, business associates and other trading partners. For additional information regarding Molina Healthcare's 5010 migration plans, please visit our website at www.molinahealthcare.com. Once on the website, select the Providers tab, pick a state and select GO. Next select the HIPAA tab and then select TCS Readiness.

HIPAA TCS Questions

For HIPAA TCS questions or concerns, please Provider Services at (800) 642-4168.

Please complete and submit the 5010 Conversion – Provider Change Form included with this newsletter by 7/1/11 if you will be changing to subpart billing.

Molina Healthcare Electronic Data Interchange (EDI) Transition from ANSI X12 Version 4010A1 to 5010 USING THE NPI

On January 16, 2009, the US Department of Health and Human Services (DHHS) published the final rule adopting the Accredited Standards Committee X12 Version 5010 as the next Health Insurance Portability and Accountability Act (HIPAA) standard for HIPAA covered transactions. Molina Healthcare, Inc. (MHI) will support the 4010A1 transaction standards through December 31, 2011 and the 5010 transactions which are mandated by DHHS as of January 1, 2012.

How does the change to 5010 impact claim submission and use of the NPI?

One of the changes introduced by 5010 includes clarification regarding the use of National Provider Identifier (NPI). If a provider has obtained subpart NPI's, the HIPAA 5010 claims submission requires that providers report the billing provider's National Provider Identifier (NPI) at the most detailed level of enumeration (i.e., location or specialty), and that they use the same billing provider NPI for all payers. This change requires payers such as Molina Healthcare to adjust their claims processing environments to support subpart billing. If a provider has chosen to obtain subpart NPI's to distinguish multiple businesses or functions of its business, this information must be communicated to all trading partners and business associates with which that provider interacts.

Molina Healthcare recommends that providers review all of their billing systems to ensure that valid NPI's are consistently used for all payers in accordance with the 5010 rules. This will minimize the risk of rejections when transitioning to version 5010.

Impact of Subpart NPI's to Molina Healthcare

If changing to subpart billing, providers must notify Molina Healthcare of all subparts and provide the following information associated with the subparts: NPI of the subpart as well as the Provider Name, Billing Physical Address, Pay-To Address associated with that NPI. Please submit this information by using the attached provider change form. This will help facilitate accurate claims payment by ensuring that all required information related to additional billing provider NPI is available.

In preparation for HIPAA 5010 implementation, providers may notify Molina Healthcare about additional subparts at any time prior to 5010 claim submission. However, to expedite changes and to minimize potential impacts, Molina Healthcare requests that you provide this information by 7/01/2011.

HIPAA Transaction and Code Sets (TCS) Questions

For HIPAA TCS questions or concerns, please call Provider Services at (800) 642-4168.

5010 CONVERSION - PROVIDER CHANGE FORM

Today's Date: ____/____/____

CURRENT PRACTICE INFORMATION
ALL FIELDS IN FIRST SECTION ARE REQUIRED

Provider Name: _____ Group Name: _____
 Tax ID: _____
 Contact Person: _____ Phone # (_____) _____
 Authorizing signature: _____ Authorizing name printed: _____
(Physician/Office Manager signature required; email signature okay)

PROVIDER CHANGE INFORMATION

PROVIDE COMPLETE INFORMATION - Your request will be processed for all participating lines of business.

PLEASE PRINT OR TYPE

Provider Group Will Be Changing to Subpart Billing: Yes or No

Date Billing Will Change to Subparts: (before 1/1/2012 requested) _____

Subpart Billing Name -1: _____ Subpart Billing NPI - 1: _____ Street Address that will be submitted on claim form: _____ City: _____ State: _____ Zip: _____ Phone: (_____) _____ Fax: (_____) _____ Remit Address: _____ City: _____ State: _____ Zip: _____ Phone: (_____) _____ Fax: (_____) _____ Rendering Providers at Subpart Billing Name1: _____
Subpart Billing Name -2: _____ Subpart Billing NPI -2: _____ Street Address that will be submitted on claim form: _____ City: _____ State: _____ Zip: _____ Phone: (_____) _____ Fax: (_____) _____ Remit Address: _____ City: _____ State: _____ Zip: _____ Phone: (_____) _____ Fax: (_____) _____ Rendering Providers at Subpart Billing Name2: _____

For more than 2 subparts, attach additional pages.

Please mail, fax or email this change form *and* supporting documentation to:
Molina Healthcare of Ohio, Attn: PIM, PO Box 349020, Cols, OH 43234
Fax (614) 781-1537 OR Email MHOCContracting@molinahealthcare.com
For questions, please call Provider Services at (800) 642-4168