



Provider Bulletin



A bulletin for the Molina Healthcare of Ohio Medicaid network • September 2012

Access Standards – Helping Members set Reasonable Expectations

Has a patient ever called your office and expected an immediate appointment? Molina Healthcare’s Member Services, Health Education and Community Outreach teams are working to ensure our members have information regarding appropriate appointment guidelines.

In addition to member outreach and education, Molina Healthcare conducts an annual survey of appointment availability across our network. The random survey is conducted each fall over the phone. We appreciate your cooperation should you be chosen to participate.

Molina Healthcare Appointment and Availability Standards:

Category	Type of Care	Access Standard
Primary Care Provider	Preventive/Routine Care	Within 6 weeks
	Urgent Care	By the end of the following work day
	Emergency Care	Triaged and treated immediately
	After Hours	Available by phone 24 hours a day, 7 days a week
Non-Primary Care	Routine Consultation	Within 6-8 weeks
	Pregnancy (initial visit)	Within 2-6 weeks
Behavioral Health	Routine Care	Within 10 business days
	Urgent Care	Within 48 hours
	Non-Life Threatening Emergency	Within 6 hours
All	Office Wait Time	Maximum of 30 minutes

Regional Orientations – Important Update

The statewide Medicaid Managed Care contract between the Ohio Department of Jobs and Family Services (ODJFS) and Molina Healthcare, which was set to begin January 1, 2013, will now be effective later in 2013. Due to the change of the effective date, Molina Healthcare is rescheduling regional orientations, originally planned to begin in October, to the second quarter of 2013.

We will provide you an updated invitation in a future issue of the Provider Bulletin, and our Provider Relations team will distribute invitations as regional orientations approach, too. Contact your Provider Services Representative if you have any questions.

Fighting Fraud, Waste and Abuse

Proper member identification is vital to reduce fraud, waste and abuse (FWA) in government health care programs. The best way to verify a member’s identity is by obtaining a copy of the member’s ID card and a form of picture ID. This is especially important for members that are not established within your practice or may be seeking emergency care. If a photo ID cannot be provided, another way to determine the patient’s identity is to confirm the member’s age by asking their date of birth. Together we can help prevent and deter FWA.


Remittance Advice Enhancements effective August 6, 2012

To better serve you, the Provider Explanation of Payments (EOPs) for both Medicaid and Medicare are now updated to provide advance details. A new Explanation of Advance (EOA) page will include the original claim details (check date, patient name, date of service, overpayment amount, etc.) for advances that applied to a specific payment/check/EFT. This will allow you to quickly identify the original claim(s) that created the advance. If no advance was applied, no EOA will be included with the EOP.

Additionally, if multiple advances are applied to a single payment, all will be displayed. Below is a sample of the Medicaid EOP that includes an advance with the details provided on the EOA.

SUMMARY OF PAYMENT				DATE: 08/20/2012
Billed Amount:	\$500.00	Refunds:	\$0.00	
Contract/Allowed Amt:	\$200.00	Interest:	\$0.00	
Disallow Amount:	\$300.00	Coinsurance:	\$0.00	
Gross Plan Payable:	\$200.00	Deductible:	\$0.00	
COB Amt:	\$0.00	FFS Withhold:	\$0.00	
Co-Pay:	\$0.00	Total Paid Amount:	\$200.00	
Advance Recovery				
Outstanding Advance(s) exist. Please see Explanation of Advance page(s) for more detailed information.				
Payment Amount:	\$125.00			
Confidential Protected Health Information				
This document contains confidential Protected Health Information that is protected under HIPAA and other applicable federal and state laws. This information should be safeguarded at all times and should be securely destroyed when no longer needed. This information is intended only for use by the authorized recipient. Any unauthorized use or disclosure of this information should be reported to Molina Healthcare.				
To file a provider claim reconsideration, please see the reconsideration procedure on the back of this page.				
Exciting COB Enhancement: Molina can now accept COB claims through the standard 837 EDI file format.				

The Summary of Payment will show any outstanding advances. For example, provider was paid \$125 after the advance of \$75 was applied to this check.

EXPLANATION OF ADVANCE									
 Molina Healthcare of Ohio		Explanation of Advance for: Provider Group Name Provider Address NPI: XXXXXXXXXX TAX ID: XXXXXXXXXX							
		Paid Date: 08/20/2012				Check or EFT Trace # XXXXXXXX			
Program: OHIO ABD Advance Create Date: 03/15/2012 Original Advance Amount: \$425.00 Open Balance as of the Payment: \$75.00 Total Advance Applied to this Payment: \$75.00 Remaining Balance: \$0.00									
Details – Start of Advance									
Check Date	Check or EFT Trace #	Patient Name	Patient Control Number	Date Service From	Date Service Thru	Program	Payer Claim Ctrl#	Net Plan Payable	Interest
03/15/2012	XXXXXXXX	Patient A	XXXXXX	XX/XX/XXXX	XX/XX/XXXX	ABD	Payer Claim Ctrl#	-\$245.00	\$0.00
03/15/2012	XXXXXXXX	Patient B	XXXXXX	XX/XX/XXXX	XX/XX/XXXX	ABD	Payer Claim Ctrl#	-\$115.00	\$0.00
03/15/2012	XXXXXXXX	Patient C	XXXXXX	XX/XX/XXXX	XX/XX/XXXX	ABD	Payer Claim Ctrl#	-\$65.00	\$0.00
Amount Set to Advance:								\$425.00	

The Explanation of Advance page shows an advance of \$425 was originally created on 3/15/12 for the three members listed.

Quest Diagnostics – Preferred Outpatient Laboratory Provider

Molina Healthcare is pleased Quest Diagnostics is our preferred laboratory provider for outpatient laboratory testing and services. It is important our providers use Quest Diagnostics whenever possible.

Our members benefit from Quest Diagnostics’ comprehensive access, convenience and choice. Quest Diagnostics offers more than 90 patient service locations in Ohio with a variety of access points to schedule appointments and obtain test results, as well as capabilities to receive email reminders in English and Spanish. With more than 3,400 diagnostic tests available, Quest Diagnostics provides results within 24 hours for 97 percent of the most commonly ordered tests. Trained IT specialists are always available to provide support for technical issues, and more than 900 physicians are available for consultation regarding rare or difficult test results.

If you are not currently using Quest Diagnostics for outpatient laboratory services or have questions about services or patient locations, call 866-MY-QUEST to request an in-office consultation. You can also contact your Provider Services Representative or Molina Healthcare Provider Services at 1-800-642-4168.

Commitment to Healthy Members and Quality Services

Molina Healthcare is committed to working with our provider network to ensure your patients receive the appropriate care and services they need. As a quality-accredited health plan, Molina Healthcare monitors Healthcare Effectiveness Data and Information Set (HEDIS®) rates, regarded as the industry standard for measuring health plan performance and quality of care and services. We share HEDIS® rates with contracted providers in an effort to find opportunities to improve the use of preventive care.

Use of Appropriate Medications for People with Asthma (ASM)

Approximately 18.7 million adults and 7 million children have asthma in the U.S, and more than 3,000 people die from asthma each year. Many asthma-related deaths, hospitalizations, emergency room visits, missed work and absent school days can avoided if patients use appropriate medications and medical management.^{1,2,3} Two-thirds of people who exhibit asthma symptoms do not control or poorly control their asthma.⁴

Wellness Report

Members 5-64 years of age during the calendar year who were identified as having persistent asthma and who were dispensed an asthma control medication during the measurement year:

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Use of Appropriate Medications for People with Asthma	86.40%	80.66%	91%

Follow-Up after Hospitalization for Mental Illness (FUH)

In the U.S., about 15 million adults suffer from a serious mental illness. Mental illness affects about 1 in 4 adults and less than half of adults with a serious mental illness receive treatment or counseling.⁵ In any given year, 20% of children are diagnosed with a mental illness. Proper follow-up treatment after psychiatric hospitalization can lead to improved quality of life for patients, families and society.⁶

¹ Akinbami, L.J., J.E. Moorman, X. Liu. 2011. Asthma prevalence, health care use, and mortality. United States, 2005-2009. National Health Statistics Reports. 32: 1-5.

² American Lung Association. Epidemiology and Statistics Unit, Research and Program Services. Trends in Asthma Morbidity and Mortality. July 2011.

³ Centers for Disease Control and Prevention. 2009. Asthma-Basic Information. www.cdc.gov/asthma/faqs.htm (June 1, 2011).

⁴ Asthma Regional Council. 2010. *Living with Asthma in New England: Results from the 2006 BRFSS and Call-back Survey*. (May 26, 2011)

⁵ Kessler R.C., W.T. Chiu, O. Demler, E.E. Walters. 2005. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Arch Gen Psychiatry* 62(6):617–27.

⁶ The Substance Abuse and Mental Health Services Administration. 2008. *Serious Mental Illness Among Adults* www.samhsa.gov.

Wellness Report

Members 6 years and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 and 30 days of discharge:

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Follow-up within 30 days	N.R.	72.91%	74%
Follow-up within 7 days	66.61%	55.71%	58%

* National NCQA 75th percentile for Medicaid HMO plans.

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

Remind Members Molina Healthcare Can Help

- We provide transportation services to medical and behavioral health appointments.
- We provide reminder calls to members for appointments.
- We assist with coordination of 7 and 30-day follow-up visits with behavioral health providers.
- Members can call Member Services at 1-800-642-4168 for assistance.

Improvement Strategies

- Use flow sheets to promote better adherence to guidelines when it comes to assessing and treating hypertension and diabetes at each visit.
- Provide an individualized Asthma Action Plan.
- Schedule follow-up appointments for patients prescribed asthma medications.
- Encourage appropriate follow-up care to evaluate the compliance with the treatment regime.
- Provide referrals of community resources, as appropriate, to meet the patient's social, psychological and job needs after discharge.
- Reduce the likelihood of future hospitalizations or relapses through education and increased self-awareness.

Tools Available

- Read more from the Council of High Blood Pressure Research by visiting the American Heart Association website at www.my.americanheart.org.
- Visit the American Lung Association website at www.lungusa.org/finding-cures/our-research/acrc for guidance on asthma care.

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If you prefer to receive this bulletin via email, please email us the provider group name, TIN, service location address, contact name, contact phone number and email address at

ProviderServices@MolinaHealthcare.com.

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Questions?

If you have any questions, please call Molina Healthcare's Provider Services at 1-800-642-4168. Representatives are available to assist you from 8 a.m. to 5 p.m. Monday through Friday.