



Provider Bulletin



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

Appeal Process on Behalf of a Member

Members of Molina Healthcare of Ohio, Inc. have the right to appeal a denial. An appeal is the request for a review of a Molina Healthcare decision to terminate, reduce, deny or suspend a service. A member, representative or provider acting on behalf of the member has the right to file an appeal. An appeal can be filed verbally or in writing within 90 days from the date of the notice of action.

If you are acting on behalf of a member, an [Appeal Representative Authorization Form](#) must be completed and signed by the member within 15 days of receipt of the appeal. The lack of written consent does not pose any barrier to the member's appeal process. However, the appeal will be closed and no determination will be made if it is not received within the 15-day timeframe. Therefore, it is very important this form is signed and submitted to Molina Healthcare. This form is available online at www.MolinaHealthcare.com by selecting Provider, Ohio, Forms.

To submit an appeal on behalf of a member, complete a [Member Grievance/Appeal Request Form](#) available at www.MolinaHealthcare.com. Select Members, Ohio, Quality, Member Grievance. Attach any records you wish to submit for review along with the Appeal Representative Authorization Form and send to:

Molina Healthcare of Ohio, Inc.
Attn: Appeals and Grievances Department
P.O. Box 349020
Columbus, Ohio 43234-9020

For more information on Molina Healthcare's process for reviewing standard or expedited appeals, please refer to the [Appeals and Grievances/Complaints](#) section of the provider manual available at www.MolinaHealthcare.com by selecting the Manual link.

HIPAA 5010 Claims Submission Requirements

In accordance with 5010 requirements, Molina Healthcare recommends all providers reference the appropriate ODJFS Companion Guide (837I, 837P) to ensure all 5010 requirements are being met to avoid any unnecessary claim rejections. Below are some highlights of important requirements:

- Claims with a Post Office Box, Lock Box or Lock Bin in the billing address field, Loop 2010AA, Segment N301 of the 837 file ***will be denied, if received on or after April 1, 2012***. Molina Healthcare will no longer relax this edit to accept incoming claims, effective April 1. The billing address field must include an actual street address for 5010 compliance (Loop 2010AA, Segment N301). Post Office Box, Lock Box or Lock Bin addresses are to be sent in the Pay-To Address field (Loop 2010AB), if necessary.
- The Attending Provider information is mandated on all inpatient and outpatient institutional claims with the 5010 format in loop 2310A. Previously with the 4010 format, Attending Provider information was only required on inpatient claims or encounters. Based on this new rule, please

be sure to include this required data element on all institutional claim submissions to Molina Healthcare.

- The birth weight is required on all newborn institutional inpatient claims. Newborn claims will group into DRGs 385-391 or 892-898. To report this data, the appropriate value code must be used:
 - Paper UB-04: Report in block 39, 40 or 41 using value code '54' and the newborn's birth weight, in grams.
 - Electronic: Report birth weight in loop 2300, segment HI as follows:
 - HI01-01: Qualifier of 'BE'
 - HI01-02: Value code '54'
 - HI01-05: Birth weight in grams

Visit <http://jfs.ohio.gov> to reference the ODJFS Companion Guide for additional information.

Molina Healthcare of Ohio Receives 'Commendable' NCQA Status

Molina Healthcare of Ohio has earned its accreditation status and received a Commendable rating from the National Committee for Quality Assurance (NCQA). NCQA awards a status of Commendable to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement accorded by the NCQA, an independent, not-for-profit organization dedicated to measuring the quality of America's health care.

“Achieving an accreditation status of Commendable from NCQA is a sign that a health plan is serious about quality. It is awarded to plans whose service and clinical quality meet or exceed NCQA’s rigorous requirements for consumer protection and quality improvement,” said Margaret E. O’Kane, president of NCQA.

Health plans earning this accreditation level must also achieve Healthcare Effectiveness Data and Information Set® (HEDIS) results that are in the highest range of national or regional performance. HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

Payment Reminders related to Preventive Well Exams

Molina Healthcare wants to educate our female members about the importance of annual preventive care appointments with their obstetrical/gynecological provider.

As a reminder, the following are two important payment guidelines related to preventive visits:

- Molina Healthcare will pay for preventive services even if it has not been 12 months (a full year) since the last service. This is a calendar year benefit vs. a rolling year benefit.
- Molina Healthcare will pay for a preventive care visit and an OB/GYN visit for the same member on the same date of service if the diagnosis codes billed support payment of both codes.

Services required during an adolescent well exam that should be documented in the medical record are:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

For additional resources and to download an OB/GYN Service Coding Guide, visit our website. Select Providers, Ohio, [Forms](#).

HEDIS® Wellness Report

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 the utilization of preventive care.

Controlling High Blood Pressure (CBP)

Best Practice

One of every three Americans currently has hypertension, and over 90 percent of middle-aged and elderly Americans will be affected by it at some point in their lives.¹ The risk of developing hypertension increases greatly with age.² Despite available effective treatment options, studies show that more than half of Americans with hypertension go untreated or undertreated.³ Treating systolic blood pressure (SBP) and diastolic blood pressure (DBP) to targets that are <140/90 mmHg is associated with a decrease in cardiovascular complications.

Wellness Report

Molina Healthcare annually monitors the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the calendar year.

HEDIS Measure	2009 Rate	2010 Rate	2011 Rate	Goal*
Controlling High Blood Pressure	49.56%	60.36%	48.79%	60.00%

Cholesterol Management for Patients with Cardiovascular Conditions (CMC)

Best Practice

One in three American adults has some form of cardiovascular disease, including coronary heart disease, high blood pressure, heart failure and stroke⁴. High cholesterol is a major risk factor and cause of cardiovascular disease. Screening and managing cholesterol levels in patients with cardiovascular conditions are extremely important and very effective at reducing the harm caused by coronary heart disease and other cardiovascular disease⁵.

Wellness Report

Molina Healthcare annually monitors the percentage of members 18-75 years of age who were discharged for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1 to November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year.

Combined ABD & CFC Rates

HEDIS Measure	2009 Rate	2010 Rate	2011 Rate	Goal*
LDL-C Screening	67.53%	79.16%	78.81%	82.00%
LDL-C Control (<100 mg/dL)	35.06%	43.90%	38.68%	50.00%

¹ Vasan RS, Beiser A, Seshadri S, Larson MG, Kannel WB, D'Agostino RB, Levy D. Residual lifetime risk for developing hypertension in middle-aged women and men: the Framingham Heart Study. JAMA, 2002;287: 1003-1010.

² Wang TJ, Vasan RS. Epidemiology of uncontrolled hypertension in the United States. Circulation 2005, 112 (11): 1651-1662.

³ American Heart Association. December 15, 2010. Heart Disease and Stroke Statistics 2011 Update: A Report From the American Heart Association. Journal of the American Heart Association <http://circ.ahajournals.org/cgi/reprint/CIR.0b013e3182009701> (June 1, 2011)

⁴ American Heart Association. Heart Disease and Stroke Statistics – 2008 Update. www.americanheart.org/downloadable/heart/1200078608862HS_Stats%202008.final.pdf.

⁵ Centers for Disease Control and Prevention. Heart Disease. <http://www.cdc.gov/HeartDisease>. Updated November 2007.

Persistence of Beta Blocker Treatment after a Heart Attack (PBH)

Best Practice

About half of all heart attack survivors are readmitted to the hospital within one year of the event, and reoccurring heart attack rates remain exceedingly high⁶. The American Heart Association and the American College of Cardiology strongly recommend treatment using beta-blockers following a heart attack to reduce mortality during acute and long-term management of heart attacks⁷

Wellness Report

Molina Healthcare annually monitors the percentage of members 18 years of age and older who were hospitalized and discharged from July 1 of the year prior to the calendar year to June 30 of the calendar year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Combined ABD & CFC Rates

HEDIS Measure	2009 Rate	2010 Rate	2011 Rate	Goal*
Persistence of Beta-Blocker Treatment after a Heart Attack	81.03%	84.62%	89.08%	85.70%

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

* National NCQA 75th percentile for Medicaid HMO plans.

Improvement Strategies

- Provide appointment reminder calls or postcards to help ensure that patients do not miss scheduled appointments.
- Utilize flow sheets to promote better adherence to guidelines when it comes to assessing and treating hypertension and cholesterol in patients with cardiovascular disease at each visit.
- Increased awareness of accurate blood pressure measurement is important when evaluating, treating and controlling high blood pressure. Accurate blood pressure readings are obtained through an accurate BP-measuring instrument, correct cuff size and an appropriate measurement technique.
- If initial blood pressure measurement is elevated, be sure to re-check the blood pressure at the end of the visit. Record your findings.
- Monitor cholesterol with regular screenings to reduce cardiovascular disease.
- Provide Smoking Cessation and other interventions to eliminate or control risk factors.

Tools Available

- Molina Healthcare provides **Preventive Health Guidelines** and **Clinical Preventative Guidelines** for the treatment of children and adults, and **HEDIS Coding Help Sheets** for Adults and Children that provide a description of recommended preventive services and coding requirements. Find them at www.MolinaHealthcare.com/medicaid/providers/oh/resource/pages/guide_prevent.aspx.
- Visit the American Heart Association website at www.my.americanheart.org for information on [High Blood Pressure](#) and [Beta Blocker Treatment after a Heart Attack](#).
- Visit the Cardiovascular website at www.crf.org. This site provides innovative therapies to improve the quality of life for those suffering from cardiovascular disease.

⁶ Centers for Disease Control and Prevention. *Heart Disease Facts*. Updated 2010. www.cdc.gov/heartdisease/facts.htm (May 2011)

⁷ American Heart Association. 2006. Heart Disease and Stroke Statistics- 2011 Update. <http://circ.ahajournals.org/cgi/content/full/123/4/e18> (May 2011).

Members' Satisfaction with Getting Needed Care

The annual CAHPS, Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) survey measures members satisfaction with their health care and health plan. One area of satisfaction that is measured is how the provider has met the member's needs and if the member received prompt access to other specialized sources of care. The survey questions related to getting needed care are:

- In the last 12 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

On a composite 3-point scale, the most recent survey results are:

CAHPS® Measure – <i>Getting Needed Care</i>	2009 Result	2010 Result	2011 Result	75 th Percentile	90 th Percentile
Adult (Combined ABD & CFC)	2.10	2.18	2.27	2.32	2.40
Child	2.20	2.43	2.29	2.43	2.47

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

By providing care when needed, you can help us improve member satisfaction rates and members' experiences obtaining care from doctors or specialists. Key satisfaction is measured by continuum of care, health plan performance and the members' experience in the provider's office. Take care of members' health care needs and keep members satisfied so their health care experiences are a positive one.

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.

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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.