



Provider Bulletin



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

Molina Healthcare to Continue as Medicaid Managed Care Provider in Ohio

The Ohio Department of Job and Family Services (ODJFS) recently announced that it selected Molina Healthcare of Ohio, Inc. to be awarded a Medicaid Managed Care contract set to begin January 1, 2013.

On June 7, ODJFS informed us it upheld our protest filing and recommended Molina Healthcare be awarded a Medicaid managed care provider agreement for coverage of the newly designated Central/Southeast, Northeast, and West regions. These three regions represent the entire state of Ohio. As a result of the decision, Molina Healthcare will begin the readiness review process with ODJFS for the new Medicaid managed care contract commencing on January 1, 2013.

Molina Healthcare is pleased to be able to continue its partnership with the state of Ohio to provide quality health care to Ohio's Medicaid members statewide. Molina Healthcare commends ODJFS for its decision and looks forward to continuing our strong partnerships with you, our valued provider community, the state and community-based organizations to provide high-quality health care services for some of Ohio's most vulnerable citizens.

Thank you for your tremendous support during the ODJFS procurement process. We look forward to working with you in service to Ohio Medicaid members for years to come.

Molina Healthcare's Commitment to Ohio

Molina Healthcare responded to the Integrated Care Delivery System (ICDS) Request for Applications (RFA), released by ODJFS in April, on May 24. The Office of Health Transformation proposed a fully integrated system of care that comprehensively manages the continuum of Medicare and Medicaid benefits for dual enrollees, including Long Term Support Services (LTSS). According to the state, the ICDS will be implemented in seven select regions across Ohio beginning in 2013. Molina Healthcare's 30 years of patient-centered care, focused on our country's most vulnerable citizens, positions us well to answer another call to serve the State of Ohio. Final plan selections are scheduled for completion in July. For more information, visit the Office of Health Transformation website at www.healthtransformation.ohio.gov/CurrentInitiatives/IntegrateMedicareMedicaidbenefits.aspx.

Molina Healthcare receives two 2012 Pinnacle Awards

Molina Healthcare recently received two Pinnacle Awards for Best Practices from the Ohio Association of Health Plans (OAHP) for excellence in business and operational performance and for its School Wellness Mini-Grant program. In collaboration with school nurses, Molina Healthcare created the School Wellness Mini-Grant program to support projects that advance the health of students K-12, and their families across Ohio. In the business and operational performance category, Molina Healthcare was recognized for improvement initiatives in the member appeals and grievance process, which decreased administrative costs and resolution turnaround time while improving the grievance process experience for members.

Amended Prior Authorization Requirements effective September 1, 2012

At Molina Healthcare, we know your time is valuable. In an effort to simplify the prior authorization (PA) requirements between our Medicaid and Medicare lines of business, Molina Healthcare recently revised the services that require PA. This also serves as a first step for Molina Healthcare to be able to offer new Web Portal functionality that will provide automated and immediate PA approvals. This Web Portal functionality is an enhancement beyond today's electronic PA submission process. Molina Healthcare will implement the amended PA requirements outlined below **September 1, 2012**.

The amended list of services that require PA has been simplified to be more consistent with PA requirements of other Ohio Medicaid managed care plans. The last modification to Molina Healthcare's prior authorization requirements was implemented in 2008.

Effective September 1, 2012, the PA requirements will be as follows:

The following will **no longer require PA** for Molina Healthcare Medicaid members:

- Office-based surgical procedures (some exclusions apply)
- Behavioral health services up to 20 visits per year for children ages 0-20 and up to 12 visits for adults ages 21 and older in a rolling year; members may continue to self-refer to Community Mental Health Centers (CMHC) for services without a PA

The following services **will require PA**:

- Alcohol and chemical dependency; members may continue to self-refer to obtain services through Ohio Department of Alcohol and Drug Addiction Services (ODADAS) without PA
- Outpatient hospital/ambulatory surgery center (ASC) procedures
- CT scan imaging
- Sleep Studies

The following services **will require PA** after a specified number of visits:

- Physical and occupational therapy services after the initial evaluation and 12 visits
- Speech therapy services after the initial evaluation and six visits

The following services **will require notification** to Molina Healthcare by telephone or claim submission:

- Dialysis
- Hospice and Palliative Care (Inpatient and Outpatient)
- Labor and Delivery

The Benefits and Covered Service and Benefits Index sections of the [Provider Manual](#) that will be effective on September 1 are posted on our website.

We have also posted on the [Provider Forms](#) page of the website the following documents that will be effective September 1:

- Service Request Form and Instructions
- CPT Codes Requiring Prior Authorization
- Behavioral Health CPT Codes Requiring Prior Authorization

We encourage you to take advantage of the searchable CPT code listings that include authorization requirements by place of service. When submitting a PA request, we encourage you to use the Web Portal authorization submission. This eliminates extra paperwork and the need to fax. For additional information, please visit our website at www.MolinaHealthcare.com.

Coming Soon: Prior Authorization Auto-Approval System

Molina Healthcare is preparing to implement new Web Portal functionality that will offer an automated PA approval system, which has the capability to auto-approve requests immediately. This will reduce

turnaround time and administrative costs for your practice. In addition, medical records can be uploaded, which eliminates the need to fax. Providers can begin requesting access to this functionality in September. Look for more information about the new auto-approval system soon.

Molina Web Portal Initiative – Prizes to be Won!

Thousands of providers are already using the Molina Healthcare Web Portal. Are you? If not, now is the time to sign up. Your office could even win a prize!

We are hosting an initiative to encourage our provider network to register and use the Web Portal. For the next several months, when your office registers for the Web Portal, you will receive a thank you gift. Your office will also be entered into a monthly drawing for a gift basket, which includes a \$100 gift card to a local restaurant.

Registration is easy. You can register online at <https://eportal.molinahealthcare.com/Provider/login>. Contact your Provider Relations Representative to schedule a time for a meeting and help to get registered and trained. If you have questions, please call Provider Services at 1-800-642-4168.

Molina Healthcare Web Portal Features and Services

The Web Portal is a secure website that allows our Medicaid and Medicare providers to perform self-service functions 24 hours a day, seven days a week. Molina Healthcare has recently made several improvements to our Web Portal to enhance functionality and ease of use. Here are some of the services available on the Web Portal:

- Medicaid and Medicare member eligibility verification
- Eligibility history of members
- Coordination of Benefits (COB) information
- PCP Member Roster
- HEDIS® missed service alerts for members
- PCPs can view all service/prior authorization requests for their members
- Submit service/prior authorization requests online and perform status checks on those requests
- Nurse Advice Line Call Reports for members
- Submit claims online and perform claims status inquiries
- Newly formatted Provider Online Directory

Sterilization/Hysterectomy Consent Forms

Per OAC 5101:3-21-02.2, the July 2009 versions of both the sterilization consent form (JFS 03198) and the hysterectomy consent form (JFS 03199) will be discontinued on June 30, 2012. Any 2009 forms submitted after July 1, 2012, will be accepted only if the date of the member's signature is during the period from July 1, 2009, through June 30, 2012.

Starting July 1, 2012, only the following forms will be accepted:

Sterilization – One of the following sterilization consent forms will be accepted when the member's signature is dated on and after July 1, 2012:

- HHS-687 (5/2010) available at <http://www.hhs.gov/forms/HHS-687.pdf>
- HHS-687-1 Spanish version (11/2006) available at <http://www.hhs.gov/forms/HHS-687-1.pdf>

Hysterectomy – The following hysterectomy consent form will be accepted when signed by the member on and after January 1, 2012:

- JFS 03199 Acknowledgement of Hysterectomy (April 2011 version) available at: <http://www.odjfs.state.oh.us/forms/file.asp?id=912&type=application/pdf>

These forms are also posted on our website at www.MolinaHealthcare.com.

Claim Coding Edits

To ensure claims are coded appropriately according to state and federal coding guidelines, Molina Healthcare began editing services billed on the Centers for Medicare and Medicaid Services (CMS) HCFA 1500 form for the following two edits on May 1, 2012:

- The Endoscopic Family Reduction (EFR) edit identifies when multiple codes from the same endoscopic family grouping are subject to reductions in payment. These reductions only apply to procedures billed on the same date of service for the same patient by the same provider.
- Imaging Family Reduction (IFR) edit identifies when two or more diagnostic imaging services furnished to the same patient in a single session are subject to reductions in payment.

Per CMS, the 11 families of imaging codes were consolidated into a single family for all diagnostic imaging services, effective January 1, 2011. The technical component (TC) of certain diagnostic imaging services (computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound), listed on the 2011 Medicare Physician Fee Schedule with a family value of "88," are subject to the multiple procedure payment reduction (MPPR). Previously, MPPR only applied to contiguous body parts (i.e., within the same family). The complete list of codes subject to the MPPR on diagnostic imaging is in Attachment 1 in the [CMS Notification - Transmittal 738](#) located at www.cms.gov.

Member Annual Explanation of Benefits (EOB) Mailing

In accordance with the ODJFS Provider Agreement and the Committee of the Federal Register (CFR), Title 42, Chapter IV, Subchapter C, Part 455, Subpart A, Section 455.20, Recipient Verification Procedure, Molina Healthcare will mail EOBs to a randomly selected sample of Molina Healthcare members. The EOBs include all services rendered for the member within the last six months. The purpose of this sample EOB mailing is to verify the services billed were received. All member responses advising services were not received will be researched and tracked accordingly.

Speech Generating Devices (SGD) - OAC Rule Changes effective May 1, 2012

As of May 1, 2012, the Ohio Department of Job and Family Services (ODJFS) rescinded existing Ohio Administrative Code (OAC) Rule 5101:3-10-24 and adopted a new replacement OAC rule 5101:3-10-24. The replacement provides additional clarification regarding the dispensing of SGD's to Medicaid consumers. It also provides new certificates of medical necessity (CMN's) that will facilitate the prior authorization process. The OAC is codified to provide current medical necessity criteria for SGD dispensing to Medicaid consumers. OAC Rule 5101:3-10-24 provides access to the CMN's as appendixes:

- JFS 02924 Certificate of Medical Necessity/Prescription Speech Generating Device Initial Certification
- JFS 02925 Certificate of Medical Necessity/Prescription Speech Generating Device Recertification
- JFS 02926 Certificate of Medical Necessity/Prescription Speech Generating Device Repair, Modification, or Upgrade

For access to the OAC rules and related materials, visit www.jfs.ohio.gov.

Visit Molina Healthcare's Web Portal at www.MolinaHealthcare.com for questions concerning prior authorization, or contact Molina Healthcare at 1-800-642-4168 (option 1, option 1). For Medicaid Fax: 866-449-6843, for Medicare Fax: 877-708-2116.

Provider Satisfaction – It Matters to Molina

Molina Healthcare is preparing to conduct our annual provider satisfaction survey. We have partnered with The Myers Group to perform this survey on our behalf. The survey will be mailed to a representative cross section of our provider network. Molina Healthcare values the opinion of its providers and encourage you to please take a few moments to complete the survey if you receive one. What you have to say truly matters to Molina Healthcare.

The survey results will be used to identify opportunities for improvement so Molina Healthcare can be the Managed Care Plan of choice among providers. For this reason, it is important to respond to the survey questions specifically related to your experiences with Molina Healthcare. With your feedback, we can continue to improve the services Molina Healthcare provides to you.

We look forward to continuing to provide you with exceptional service for years to come.

Notice of Fax Number Changes

Some departments and positions at Molina Healthcare have changed their fax number. We are sorry for any inconvenience this may have caused. Below is the list of Molina Healthcare departments and corresponding fax numbers.

Departments	Fax Number
Network Management and Operations Provider Contracting Quality Improvement	614-781-4463
Member Inquiry Research & Resolution (formerly Appeals & Grievances) Delegation Oversight Provider Relations	614-781-1410
Enrollment	614-781-4344

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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.

Connect with Us. Molina Healthcare is on Facebook and Twitter. Like us at www.facebook.com/MolinaHealth and follow us at www.twitter.com/MolinaHealth. Email us your Facebook URL and Twitter handle at ItMatters@MolinaHealthcare.com so we can like your Facebook page and follow you on Twitter, too.

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.