



Provider Bulletin



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

Billing Address 5010 Claims Submission Reminder

Effective July 1, 2012, Molina Healthcare of Ohio, Inc. no longer accepted claims received with a Post Office Box, Lock Box or Lock Bin in the billing address field of the 837 file. As previously communicated in April, all incoming claims received on or after July 1 with a non-physical street address in the billing address field will be denied in accordance to 5010 requirements. The billing address field must include an actual street address in Loop 2010AA, Segment N301.

For HIPAA transactions and code sets (TCS) questions or concerns, please call our toll-free HIPAA Provider Hotline at 1-866-MOLINA2 (1-866-665-4622).

Molina Healthcare of Ohio – Regional Orientations

Molina Healthcare welcomes the providers who have joined our valued provider network. Molina Healthcare is contracting with providers statewide to prepare for Medicaid expansion as part of the State of Ohio's Medicaid re-procurement process. If you are a new provider, we invite you to one of our upcoming provider orientation sessions.

Molina Healthcare's new provider orientation is an opportunity for us to introduce ourselves to you, inform you of our rich history, and give you important information about the services we offer to support your office. We will share our processes and procedures with you and your staff, and answer any questions you may have.

We are hosting orientations across the state in a variety of formats in an effort to best serve you:

- If you are affiliated with a Molina Healthcare contracted hospital, you may attend one of its upcoming orientations. The invitation for these events will come directly from your hospital.
- If you are not affiliated with a hospital or if you are unable to attend a hospital orientation, we will be hosting remote online orientations. The 1.5 hour-long web session will be held:
 - Tues. Oct. 9 – 9 a.m.
 - Fri. Oct. 19 – 2 p.m.
 - Wed. Oct. 31 – 9 a.m.
 - Fri. Nov. 2 – 9 a.m.
 - Fri. Nov. 9 – 2 p.m.
- We will also be holding in-person regional orientations in December (location will be announced):
 - Fri., Dec. 7 – 2 p.m. – Cuyahoga County
 - Fri., Dec. 14 – 2 p.m. – Allen County

If you are interested in attending an online or in-person orientation, please contact Misty Nahay at Misty.Nahay@MolinaHealthcare.com to register. Please specify the date and time of the orientation you would like to attend, the provider group name and the names of each attendee from your office. Once registered, you will receive more information prior to the orientation date.

National Drug Code (NDC) Number Paper Claim Billing Requirements

Molina Healthcare has identified programming issues specific to paper claims when reporting an NDC number. In the interim, the 11-digit NDC number should only be reported in the shaded area of field 24A of the CMS 1500. Please do not include any additional qualifiers (i.e. N4, ML, UN, etc.).

Prenatal Risk Assessment Form (PRA)

The Prenatal Risk Assessment (PRA) form is a checklist of medical and social factors used as a guideline to determine when a member is at risk of a preterm birth or poor pregnancy outcome. Complete the PRA form for each obstetrical patient at the initial antepartum visit. Please ensure a return fax number is included on the form to ensure PRA approval is returned to the correct facility.

Our PRA form is available on our website at www.MolinaHealthcare.com. Select Provider, Ohio, Forms. The most recent PRA form is located under the "Other Forms and Resources" section.

Electronic Funds Transfer / Electronic Remittance Advice

Molina Healthcare is partnering with our payment vendor, FIS Global, for EFT/835 processing. Its web-based portal, ProviderNet, offers convenience and efficiency of electronic processes to receive both electronic payment and remittance advice (ERA) transmissions. We recommend our providers take advantage of ProviderNet's benefits – a free service for Molina Healthcare providers.

Registration is easy. Follow these simple steps:

1. Visit <https://providernet.adminisource.com> and select Register
2. Verify your information
 - a. Select Molina Healthcare from the payers list
 - b. Enter your primary NPI, Tax ID and a recent check number associated with the NPI/Tax ID combination
3. Enter your User Account Information and use your email address as your user name
4. Verify your Contact Information, Bank Account Information and Payment Address
 - a. Note: Any changes to this address may interrupt the EFT process
5. Sign and return the ACH form with a **voided** check from your registered account immediately
6. Add any additional payment addresses, accounts, and Tax IDs once you have logged in.

Once your account is activated, you will begin receiving all payments through EFT, and you will no longer receive a Paper EOP (i.e. Remittance) through the mail. You will receive 835's (by your selection of routing or via manual download) and have the ability to view, print, download, and save historical and new ERA as of payment date March 28, 2011, and forward. If you have any questions regarding the actual registration process, please contact ProviderNet customer service at 1-877-389-1160 or email Provider.Services@fisglobal.com.

Amended Prior Authorization Requirements effective September 1, 2012

As a reminder, Molina Healthcare will implement amended prior authorization (PA) requirements September 1, 2012, as published in the June 2012 Provider Bulletin, in an effort to simplify the requirements between our Medicaid and Medicare lines of business. The simplified PA requirements serve as a first step for Molina Healthcare to be able to offer new Web Portal functionality that will provide automated and immediate PA approvals, an enhancement beyond today's electronic PA submission process. This will reduce turnaround time and administrative costs for your practice, and the functionality will have the capability to accept medical records electronically, eliminating the need to fax.

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.

Please note Molina Healthcare’s fax number to request authorization is 1-866-449-6843. Molina Medicare has a dedicated fax number at 1-877-708-2116 for providers to submit requests.

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.

Controlling High Blood Pressure (CBP)

Best Practice

One out of three Americans have 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 over half of Americans with hypertension go untreated or undertreated.³ Treating systolic and diastolic 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 BP was adequately controlled (<140/90) during the calendar year.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Controlling High Blood Pressure	48.79%	59.38%	60.00%

Comprehensive Diabetes Care

Best Practice

Almost 21 million Americans are living with known diabetes and an additional 3 million Americans have undiagnosed diabetes.^{4,5} Much of the burden of the illness and cost of diabetes treatment is attributed to potentially preventable long-term complications, including heart disease, blindness, kidney disease and stroke.⁶ Appropriate and timely screening and treatment can significantly reduce the disease burden.

Wellness Report

Molina Healthcare annually monitors the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following during the calendar year.

¹ Vasan RS, Beiser A, SeshadriS, 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. *Circulation: Journal of the American Heart Association* (June 1, 2011)

⁴ CDC (2011): Chronic disease prevention and health promotion. Diabetes at a glance. www.cdc.gov.

⁵ National Institute of Diabetes and Digestive and Kidney Diseases. National Diabetes Statistics.

⁶ American Heart Association. Heart Disease and Stroke Statistics. 2008 Update.

HEDIS [®] Measure	2011 Rate	2012 Rate	Goal*
HbA1c Testing	79.25%	77.48%	86.00%
HbA1c Poor Control (>9.0%, lower is better)	56.95%	46.80%	34.00%
Eye Exam	50.11%	54.75%	64.00%
LDL - C Screening	72.19%	70.64%	80.00%
Monitoring for Nephropathy	77.92%	73.95%	83.00%
Blood Pressure Control (<140/90)	50.11%	58.28%	60.00%

* National NCQA 75th percentile for Medicaid HMO plans.

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

Improvement Strategies

- Promote regular preventive screenings to decrease complications and provide early treatments
- Schedule the next recommended and ongoing preventive and chronic health visit at the current visit.
- Provide appointment reminder calls or postcards to help ensure that patients do not miss scheduled appointments.
- Use flow sheets to promote better adherence to guidelines when it comes to assessing and treating hypertension and diabetes at each visit.
- Controlling hypertension and cholesterol levels is also important for reducing diabetic vascular complications
- Monitor BMI (Body Mass Index) as a screening tool to identify obesity for both children and adults.
- 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 pressure 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.

Tools Available

- Molina Healthcare provides Preventive Health Guidelines and Clinical Preventive Guidelines for both 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 by selecting Providers, Ohio, Health resources, Guidelines. 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 Diabetes Association (ADA) Clinical Diabetes website at clinical.diabetesjournals.org for guidance on diabetic care.

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.

***Partners in Care* Provider Newsletter Posted to Website**

Molina Healthcare's commitment to quality means we are dedicated to sharing information with our providers to ensure our members have access to quality health care services, a patient-centered experience, essential consumer protections, and more. Twice a year, we publish *Partners in Care* to share articles with you about our programs, procedures and other information. The [Spring 2012 *Partners in Care*](#) provider newsletter is now posted at www.MolinaHealthcare.com.

The Spring 2012 newsletter features the following articles:

- Practitioner Credentialing Rights
- Molina Healthcare's Utilization Management
- High Risk Care Management
- Patient Safety
- Care for Older Adults
- Non Discrimination
- Hours of Operation
- Drug Formulary and Pharmaceutical Procedures
- Member Rights and Responsibilities
- Health Management Programs Improve Member Health
- Quality Improvement Program
- Behavioral Health
- Standards for Medical Record Documentation
- Preventive Health Guidelines
- Clinical Practice Guidelines
- Nurse Advice Line
- Enhanced Online Presence
- International Classification of Diseases (ICD)-10 Codes
- SNP Model of Care Provider Training
- Advance Directives
- Care Coordination & Transitions

Also available on our website:

- Clinical practice and preventive health guidelines
- Disease management programs for asthma, diabetes and pregnancy
- Quality improvement program
- Member rights and responsibilities
- Privacy notices
- Claim and denial decision information
- Provider manual
- Utilization management affirmative statement (non-incentive for under utilization)
- How to obtain copies of utilization management criteria

Molina Healthcare and American Cancer Society Partner to educate Members on Cancer

Molina Healthcare and the American Cancer Society are partnering to educate Molina Healthcare members of the importance of cancer screenings and encouraging them to contact their provider to schedule screenings through targeted mailings focused on colorectal, breast and cervical cancer screenings. We want to inform you Molina Healthcare patients who receive a mailing may be reaching out to you with questions and to schedule an appointment.

We know that the best defense against cancer is early detection by finding a cancer early. Evidence accumulated over two decades has shown that a recommendation from a physician is the single, most powerful factor in a patient's decision to be screened for cancer. We hope that you will join us in this campaign to help our members get the life-saving cancer screenings they need.

By calling the American Cancer Society at 1-800-ACS-2345 or visiting www.cancer.org, your office can receive free information that can be shared with your patients. Also, you can direct your patients to call or visit the American Cancer Society website to request free information. We hope this information is helpful and we appreciate your continued support. For more information about Molina Healthcare benefits, please contact Molina Healthcare's Provider Services at the number below.

Payment for Preventive Services – Molina Healthcare Initiative and Reminders

Molina Healthcare recently announced the reimplementation of the *Rewards for Healthy Choices* program with the goal of enhancing our members' health by educating them about the importance of annual preventive care appointments with their health care provider.

We want to encourage our members to schedule preventive care appointments early and not wait until the end of the year. Members received a letter in the mail encouraging them to schedule visits for the below services between July 15 to September 30 to be eligible for a gift card reward.

- Well Child Visits – A visit at 1, 2, 4, 6, 9, 12, and 15 months for children ages 0-15 months
- Well Child Visits – Annual visit for children ages 3-6 years
- Adolescent Well Care – Annual visit for adolescents ages 12-21 years
- Adult Well Exams – Annual visit for adults ages 21+ years
- Asthma (refilling controller medications)
- Breast Cancer Screening (female members 40+ years)
- Cervical Cancer Screening (female members 21+ years)
- Cholesterol Management for Patients with Cardiovascular Conditions

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 a full year (12 months) since the last service.
- Molina Healthcare will pay for a preventive/well visit with a sick visit for the same member on the same date of service if the diagnosis codes billed support payment of both codes.

Molina Healthcare understands your office can be very busy and availability for preventive visits may be limited at times. We encourage you to continue to provide care for our ill members, and take this opportunity to also complete a preventive visit. Molina Healthcare appreciates your commitment and dedication to serve our members. If you have any questions, please contact the Provider Services Department at the number below.

Join our Email Distribution List and Connect with Us

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.