PROVIDER BULLETIN

SEPTEMBER 2014

ALL PATIENT REFINED DIAGNOSIS GROUPS

Effective for inpatient hospital claims with a discharge date on or after July 1, 2013, and in accordance with the Ohio Department of Medicaid's (ODM) Hospital Payment Policy, Molina Healthcare has implemented All Patient Refined Diagnosis Groups (APR-DRGs) grouping and pricing methodology. APR-DRG payments expand the basic DRG structure by considering the patient's age, severity of illness (SOI) and risk of mortality. APR-DRGs are assigned SOI indicators from 1 to 4 for minor, moderate, major, and extreme severity of illness causes, which more accurately reflect the increased difficulty and costs of treatment. The APR-DRG will be displayed as four numeric digits; the fourth digit is the SOI indicator. To learn more, visit: www.ahrq.gov/legacy/qual/mortality/Hughessumm.pdf, or www.bcbst.com/providers/webinar/APRDRG.pdf.

Present On Admission Indicators

Present On Admission (POA) indicators are required for all diagnoses present when the order for inpatient admission occurs. Conditions that develop during an outpatient encounter — including emergency department, observation, or outpatient surgery — are considered POA. Your immediate attention to this new requirement is requested to comply with the federal regulation. Molina Healthcare will deny claims without POA indicators for inpatient claims with a discharge date of July 1, 2013, or after.

2014 PROSPECTIVE MEDICAL RECORD REVIEW & RETROACTIVE RISK ADJUSTMENT

Last spring, you and your colleagues honored Molina Healthcare's requests for medical records and helped us collect and compile data for the Healthcare Effectiveness Data and Information Set (HEDIS®) for 2014. Thank you for assisting us with this important project. Providers like you have advised us of the significant increase in your staff's workload each spring due to numerous requests for documentation to support the HEDIS® program. In order to reduce the number of medical records requested during HEDIS® season, we are initiating a Prospective Medical Record Review (PMRR) project in September 2014. By requesting 2014 medical records for some HEDIS® measures now, we expect to be able to reduce the number of requests for records next spring during the regular HEDIS® data collection. Additionally, we will be requesting a small number of records for Medicare Risk Adjustment during the PMRR project.

We appreciate your cooperation in extending professional courtesy to our Quality Improvement staff as they begin this project. Please contact Aimee Wagstaff, HEDIS® Program Manager, at (888) 562-5442 ext. 216483 with questions.

Questions?

Call Provider Services
(855) 322-4079 – 8 a.m. to 5 p.m.
Monday through Friday

Connect with Us

ItMatters@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

To receive this bulletin via email, contact ProviderServices@MolinaHealthcare.com to send us your:

→ group name
→ TIN
→ service location address
→ contact name
→ contact phone number
→ email

Website Roundup

These Provider Training Presentations were added to the Molina Dual Options website:

- Claim Submission Training
- Transportation Training
- Provider Sensitivity Training
- Patient Liability Training

Also at www.MolinaHealthcare.com:

- Clinical and preventive guidelines
- Disease management programs
- Quality Improvement program
- Member rights and responsibilities
- Privacy notices
- Claims and denials decision information
- Provider manual
- Utilization management affirmative statement (non-incentive for underutilization)
- How to obtain copies of utilization management criteria

Provider Spotlight

Congrats to Darlene Boggs and Anthony Wetherington, winners of Molina Healthcare gift baskets in the monthly Clear Coverage and Web Portal drawings!

ICD-10 IMPLEMENTATION UPDATE

The U.S. Department of Health & Human Services will soon release a new ICD-10 compliance date of Oct. 1, 2015. The rule will require HIPAA-covered entities to continue use of the ICD-9 code set through Sept. 30, 2015. This action is made necessary by enactment on April 1, 2014, of the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93), which delayed adoption of ICD-10.

ICD-10 represents a significant change to the entire health care community, and much of the industry has already invested resources in its implementation. CMS has executed a comprehensive testing approach, including end-to-end testing in 2015. While many providers have completed the necessary system changes, the time offered by this rule ensures all providers are ready.

While Ohio Medicaid will not be accepting the ICD-10 code set until the new effective date of Oct. 1, 2015, Ohio Medicaid will stay the course with ICD-10 implementation work by:

- Modifying all systems for the new compliance date
- Continuing remediation and testing activities as originally planned, including external testing for entities electing to participate starting June 2014
- Continuing updates to the Ohio Administrative Code
- Revising external outreach and internal training plans to follow the new Oct.1, 2015 date
- Continue to monitor PAMA impacts and publish updates at: http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx.

For additional information, visit: http://www.cms.gov/ICD10.

ELECTRONIC FUNDS TRANSFERS

Molina Healthcare offers electronic remittance advices and electronic funds transfers (ERA/EFT) with our contracted vendor ProviderNet. Molina Healthcare picks up any fees related to the accessibility of your payment data as well as the EFT payment processing. This is a *free* service for you. In order to sign up for EFTs, ProviderNet requires:

- An initial payment to at least one Tax ID + NPI association
  - o If Provider has multiple NPIs associated to one Tax ID, only one affiliation needs a paper check.
  - o If Provider has multiple Tax IDs and NPIs, each Tax ID needs a minimum of one paper check.

To sign up for ERA/EFTs visit www.MolinaHealthcare.com and choose enrollment information under the EDI ERA/EFT tab. Providers without an NPI number can email your full name/practice name and a contact number to OHMyCareLTSS@Molinahealthcare.com with the subject "requesting EFTs."

Upcoming Provider Training Webinars
Featured: Clear Coverage™
Friday, Oct. 17, 12 to 1 p.m.
 Meeting Number: 804 106 527
Friday, Nov. 14, 9 to 10 a.m.
 Meeting Number: 800 990 920

The Benefits of Clear Coverage:
- 24/7 online access
- Real-time authorization status
- Automatic approval for many services
- Upload medical records, view eligibility, & print proof of authorization

To attend the WebEx orientations, simply:
1.) Go to www.webex.com
2.) Click "Attend Meeting"
3.) Enter the Meeting Number
4.) Provide your number when you join the meeting to receive a call back
5.) Follow the instructions

Ohio Minds Matter
A shortage of Child and Adolescent Psychiatrists and Psychologists makes the critical task of improving mental health outcomes for children and adolescents a daunting one. Long waiting times and other barriers limit access to only a fraction of those who need it. Ohio Minds Matter aims to address this concern by ensuring psychotropic drugs are used appropriately in this vulnerable age group as part of a holistic approach to treatment. The program's goal is to reduce the use of:

- Antipsychotic medication in children younger than six (6)
- Two or more concomitant antipsychotic medications for more than two months duration
- Four or more psychotropic medications in children and adolescents younger than 18

Help achieve these goals with the resources available on the Minds Matter website at www.ohiomindsmatter.org, including algorithms to guide your management of psychotropic medication, Attention Deficit Hyperactivity Disorder, disruptive behavior and agitation, and moodiness and irritability. Relevant learning modules offering CME credit are also available.

+MyCareOhio
Connecting Medicare **+** Medicaid

LONG-TERM SERVICES AND SUPPORTS (LTSS) CLAIMS SUBMISSION TRAINING

To attend the WebEx training, simply go to www.webex.com, click "Attend Meeting," enter the Meeting Number, and provide your phone number when you join the meeting to receive a call back.

Date	Time
Sept. 24, 2014 Meeting Number: **804 033 018**	9 to 10 a.m.
Oct. 3, 2014 Meeting Number: **801 029 479**	9 to 10 a.m.
Oct. 8, 2014 Meeting Number: **807 943 150**	9 to 10 a.m.

Molina Healthcare has implemented a new email box specifically for LTSS waiver providers. All LTSS waiver questions sent to OHMyCareLTSS@MolinaHealthcare.com will be answered by a designated Provider Relations Representative.

UPCOMING MYCARE OHIO PROVIDER FORUMS

Providers are invited to attend upcoming regional MyCare Ohio forums. The forums are broken into two sessions – one session with each managed care plan in the region. Topics include transition of care, prior authorizations, claim submissions, online provider resources, and information on the upcoming passive enrollment. We strongly urge all providers to take advantage of this face-to-face training opportunity.

Molina Healthcare and Aetna Better Health September 26, 2014 from 9 a.m. to 11:45 a.m. Kingsgate Marriott Conference Center at the University of Cincinnati 151 Goodman Dr. **Cincinnati**, OH 45219	
Session 1	9 to 10:15 a.m.
15 minute break	
Session 2	10:30 to 11:45 a.m.
Session 3 (Waiver Provider Focused)	1 to 2:30 p.m.
Molina Healthcare and Aetna Better Health **September 29, 2014 from 9 a.m. to 11:45 a.m.** Embassy Suites Hotel 2700 Corporate Exchange Dr. **Columbus**, OH 43231	
Session 1	9 to 10:15 a.m.
15 minute break	
Session 2	10:30 to 11:45 a.m.
Molina Healthcare and Buckeye Community Health Plan **October 1, 2014 from 9 a.m. to 11:45 a.m.** Dayton Marriott 1414 South Patterson Blvd. **Dayton**, OH 45409	
Session 1	9 to 10:15 a.m.
15 minute break	
Session 2	10:30 to 11:45 a.m.

Session 1 will promptly start at 9 a.m. so please plan on arriving 5 to 10 minutes early.

MyCare Ohio Medicare Passive Enrollment

ODM will be sending out letters to all of the MyCare Ohio eligible members with instructions pertaining to the Medicare passive enrollment. Effective Jan. 1, 2015, if a member does not actively choose to NOT participate with the plan for their Medicare, the member will be passively enrolled. This means that whichever plan to which the member has been assigned for their Medicaid benefit will also have the member for the Medicare benefit.

Members will have up to 60 days prior to Jan. 1, 2015 to actively choose to keep their current Medicare carrier (Traditional Medicare, Medicare Advantage Plan, etc.). Members will have still have the right to opt-in or opt-out of the Medicare portion on a monthly basis. They will, however, remain with the Medicaid portion of MyCare Ohio program for the life of the demonstration.

If a member does not want to be passively enrolled into a managed care plan for their Medicare, then they must call the Ohio Medicaid Consumer Hotline at (800) 324-8680 or for hearing impaired TTY (800) 292-3572.

MyCare Ohio Quick Links:

- Molina Dual Options Website: www.MolinaHealthcare.com/Duals
- Ohio Department of Medicaid: http://medicaid.ohio.gov
- Centers for Medicare & Medicaid Services: www.cms.gov
- Ohio Association of Area Agencies on Aging: www.ohioaging.org

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.