



Molina Healthcare Provider Website Updates

Molina Healthcare of Ohio has posted updates to our Provider website at www.MolinaHealthcare.com. The Health Insurance Marketplace line of business has been added to the following forms:

- [Corrected Claim – Standard Cover Sheet](#)
- [Request for Claim Reconsideration](#)
- [Claim Status Inquiry Form](#)
- [Return of Overpayment](#)

[2014 Service Request Form and Instructions](#) – The form has been updated to reflect the new changes and requirements for medical services as of Jan. 1, 2014.

[CPT Codes Requiring Prior Authorization](#) – The form has been updated to reflect the 2014 Molina Medicaid Benefits.

Clear Coverage Monthly Online Training Sessions

Molina Healthcare of Ohio offers monthly online training sessions for our provider network that cover both the Web Portal and Clear Coverage™, a web-based application that allows for the auto-approval of specific prior authorization requests. No registration is required for these 1.5 hour long training sessions. Simply join using the appropriate month's log on information. You will find February's log on information below.

January 2014 – Online Training Session

Friday, Jan. 17, 2014 Time 9:00 a.m. to 10:30 a.m.

- Go to: www.webex.com
- Click "Attend Meeting"
- Enter Meeting Number: 801 856 118
- Provide your number when you join the meeting to receive a call back. Alternatively, you can call (855) 665-4629 toll-free to be connected.
- Follow the instructions that you hear on the phone.

February 2014 – Online Training Session

Friday, Feb. 14, 2014 from 9:00 a.m. to 10:30 a.m.

- Go to: www.webex.com
- Click "Attend Meeting"
- Enter Meeting Number: 805 653 870
- Provide your number when you join the meeting to receive a call back. Alternatively, you can call (855) 665-4629 toll-free to be connected.
- Follow the instructions that you hear on the phone.

Respite Care Benefit

The Ohio Department of Medicaid is offering a Respite Care benefit beginning in 2014 to a limited group of members that are either under the age of 21 who are determined eligible for social security income for children with disabilities, or supplemental security disability income for adults disabled since childhood and their families who meet the criteria. **Prior Authorization is required for all Respite Care Services.** The criteria for these services are as follows:

- The member must reside with his or her informal, unpaid primary caregiver in a home or an apartment that is not owned, leased, or controlled by a provider of any health-related treatment or support services.
- The member must not be residing in foster care.
- The member must be under the age of 21 and determined eligible for social security income for children with disabilities or supplemental security disability income for adults disabled since childhood.
- The member must be enrolled in the MCP's care management program.
- The member must be determined by the MCP to meet an institutional level of care as set forth in rules 5160-3-07 and 5160-3-08 of the Administrative Code.
- The member must require skilled nursing or skilled rehabilitation services at least once per week.
- The member must have received at least 14 hours per week of home health aide services for at least six consecutive months immediately preceding the date respite services are requested.
- The MCP must have determined that the child's primary caregiver has a need for temporary relief from the care of the child as a result of the child's long-term services and support needs/disabilities, or in order to prevent the provision of institution or out-of-home placement.

Billing Requirements

Respite Care services must be billed with HCPCs code G0156 and appended with a GY modifier to differentiate Respite Care services from Home Health Aide services. Other modifiers that can be used in addition to GY for Respite Care services include:

- U2-Second Visit – Must be used to identify the second visit for the same type of service made by the same provider on the same date per member.
- U3-Third Visit or more – Must be used to identify the third or more visit for the same type of service made by the same provider on the same date per member.
- HQ-Group Visit – Indicates that a group visit was done.

Reimbursement

Reimbursement will be made in accordance with the ODM Fee Schedule allowance for code G0156, base and additional unit rates.

Respite services are limited to no more than 24 hours per month and 250 hours per year. Respite services must be provided by enrolled Medicaid providers who meet the qualifications of the program, including a competency evaluation program and first-aid training. Respite services must not be delivered by the child's legally responsible family member or foster caregiver. (Ohio Administrative Code 5160-26-3)

Delegation of Children with Special Health Care Needs

With the implementation of the Children with Special Health Care Needs (CSHCN) population, on July 1, 2013, Molina Healthcare began partnering with Nationwide Children's Hospital's Partners for Kids (PFK) to delegate Care Management (including Complex and High-Risk Case Management) and Health Network by Cincinnati Children's (HNCC) to delegate Care Management (including Complex and High-Risk Case Management) and Utilization Management. Members in Low-Risk Case Management (Disease Management) continue to be managed by Molina Healthcare.

These two physician hospital organizations collaborate with Molina Healthcare, families, providers, and community organizations to help our youngest and most fragile members achieve optimum health outcomes, functional capability, and quality of life through improved management of their conditions. Each organization works only with members in their specific regions or counties.

PFK: Athens, Belmont, Coshocton, Crawford, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, Washington

- Exceptions to the delegation agreement include Health Home members living in those counties, who will continue to receive services through Molina Healthcare of Ohio.

HNCC: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren

- Exceptions to the delegation agreement include Behavioral Health and Health Home members living in those counties, who will continue to receive services through Molina Healthcare of Ohio.
- Please refer to the [Prior Authorization Request Form](#) for HNCC's fax information.

Vision Problems Can Cause Falls Among Older Ohioans

Falls are the leading cause of injury-related hospitalization and death among Ohioans 65 and older and they are largely preventable. The Ohio Department of Health reports that fatal fall rates among older Ohioans increased more than 160 percent from 2000 to 2011. Visual impairment – which can include decreased visual acuity, contrast sensitivity, depth perception, and/or visual field – has been found to influence the risk of falls. Because people with vision impairments are more than twice as likely to fall, keeping a regular schedule of eye examinations with an eye care professional can help avoid debilitating falls in the future.

Commitment to Healthy Members and Quality Services

Frequency of Ongoing Prenatal Care (FPC)

Molina Healthcare annually monitors the percentage of members who delivered between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year who received nine expected prenatal visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Frequency of Ongoing Prenatal Care (Nine Visits)	72.69%	69.80%	72.99%

Postpartum Care (PPC)

Molina Healthcare annually monitors the percentage of pregnant members who had a postpartum visit with an OB/GYN practitioner or PCP between 21 and 56 days after delivery.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Postpartum Care	64.35%	61.42%	71.05%

Timeliness of Prenatal Care (PPC)

Molina Healthcare annually monitors the percentage of pregnant members who received a prenatal care visit in the first trimester or within 42 days of enrollment.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Timeliness of Prenatal Care	86.11%	86.29%	90.39%

How to Improve HEDIS® Scores

- ✓ Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- ✓ Ask front office staff to prioritize new pregnant patients and ensure prompt appointments.
- ✓ Have a direct referral process to an OB/GYN in place.
- ✓ Molina Healthcare has a Motherhood Matters® program to which you can refer patients.
- ✓ Schedule your patient for a postpartum visit within 21 to 56 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®)
- ✓ Use postpartum calendar tool to ensure the visit is within the appropriate time frame.
- ✓ A postpartum visit should include:
 - Pelvic exam, **or**
 - Weight, BP, breast and abdominal evaluation, breastfeeding status incompatibility (ABO/Rh blood typing), **or**
 - Postpartum check, postpartum care, 6 week check notation, or pre-printed “Postpartum Care” form in which information was documented during the visit.

**National NCQA 75th percentile for Medicaid HMO plans.
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

Members’ Satisfaction with Shared Decision Making

The annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures members’ satisfaction with their health care and health plan. One measured area of satisfaction relates to the amount of assistance provided to the patient by the provider when making the best possible choices for treatment. On a composite 3-point scale, the provider survey question and results are as follows:

- ✓ *In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?*
- ✓ *In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?*

CAHPS® Measure – Shared Decision Making	2011 Result	2012 Result	2013 Result	Goal*
Adult – Combined	2.38	2.45	2.24	N/A
Child	2.56	2.56	2.30	N/A

By continuing to provide quality assistance to your patients, you can help improve patient satisfaction and experience rates. Thank you for taking care of your patients’ health care needs and ensuring that their health care experiences are positive.

**No benchmarks for this CAHPS® measure.
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*

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 to obtain a copy of the member’s ID card and a form of picture ID. Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available to you 24 hours a day, seven days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.

Join our Email Distribution List and Connect with Us

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 to 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 (855) 322-4079. Representatives are available to assist you from 8 a.m. to 5 p.m. Monday through Friday.