
Molina Healthcare of New Mexico, Inc. 2011 Incentives

Dear Molina Healthcare Practitioner/Provider [Molina Provider]:

We are pleased to invite your practice to participate in an incentive program that is designed to improve the quality of care provided to Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Members while increasing your reimbursement.

The program begins February 1, 2011 and has the following components:

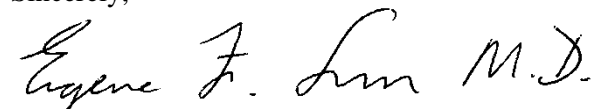
1. For a screening mammogram that you order and document using an appropriate code in the attachment, this will generate \$200 for your practice.
2. For a screening Pap smear that you obtain and submit for lab analysis and document using the code in the attachment, this will generate \$200 for your practice.
3. For correct CPT, HCPC and CPT II coding for the below HEDIS services, Molina Healthcare will reimburse Providers \$20 per service:
 - Combo 3 Immunizations;
 - Well Child visits for first fifteen (15) Months of life, total six (6) visits;
 - Well Child three (3)-six (6) Years, one (1) Well Child visit in measurement year;
 - Comprehensive Diabetes Care: HBA1C Testing;
 - Comprehensive Diabetes Care: Annual Dilated Eye Exam;
 - Comprehensive Diabetes Care: Annual LDL-C Screening;
 - Comprehensive Diabetes Care: Annual monitoring or attention to nephropathy; and
 - Postpartum Care.

These incentives are offered on a "First Come, First Serve," basis and will only run through August 2011 or until available funds are disbursed, whichever comes first.

We encourage you to share this with your billing staff so that claims can be submitted promptly to receive these valuable incentives. You must use the codes listed on the enclosed attachment. No other codes will be tracked or eligible for the incentive. Simply bill the appropriate code with a \$0 billed amount, attach the appropriate documentation, and submit your claim.

Thank you for providing quality care to the Members of Molina Healthcare. If you have questions, please contact your Molina Healthcare Provider Services Representative toll free at (800) 377-9594.

Sincerely,



Eugene Sun, MD
Chief Medical Officer

CODES

3048F	Most recent LDL-C less than 100 mg/dL (DM)
3049F	Most recent LDL-C 100-129 mg/dL (DM)
3050F	Most recent LDL-C greater than or equal to 130 mg/dL (DM)
3011F	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD)
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0-9.0% (DM)
3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)
3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)
3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation", documented (RAD)
3341F	Mammogram assessment category of "negative", documented (RAD)
3342F	Mammogram assessment category of "benign", documented (RAD)
3343F	Mammogram assessment category of "probably benign", documented (RAD)
3344F	Mammogram assessment category of "suspicious", documented (RAD)
3345F	Mammogram assessment category of "highly suggestive of malignancy", documented (RAD)
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented (RAD)
3014F	Screening mammography results documented and reviewed (PV)
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory