



Just the Fax



A fax bulletin for the Molina Healthcare of Ohio network • March 2011

CPT Codes Requiring Prior Authorization is Updated

Molina Healthcare maintains a codified list of services that require prior authorization based on the site of service. This document is posted to the provider website and has been updated to reflect 2011 CPT and HCPC coding updates, as well as changes to the ODJFS fee schedule and/or payment policy.

Please note one clarification has been made to the general categories of services that require prior authorization. Molina Healthcare has added a category to the Ambulatory Surgical Services category that states, "All Non-Grouper Surgical Codes." This is not a new payment policy but has been added to clarify the requirements.

As a reminder, Molina Healthcare will accept the Standardized Prior Authorization Forms accepted by all 7 Medicaid Care Coordination Plans or the Molina Healthcare Service Request Form.

All Service Request Form Resources can be found at www.MolinaHealthcare.com on the "Forms" page of the provider website. To view the CPT Code list referenced above, select the [CPT Codes Requiring Prior Authorization](#) link.

CAHPS Surveys in Process

CAHPS (Consumer Assessment of Healthcare Providers and Systems) is an annual member satisfaction survey overseen by the Ohio Department of Job and Family Services and administered annually by a third party vendor. The survey measures satisfaction with the services members receive from Molina Healthcare of Ohio (Molina Healthcare) both directly and through contracted providers.

The 2010 CAHPS survey process began on February 23 and concludes on May 5. The survey vendor first attempts to contact members by mail and will follow up with telephone calls to those who do not respond. The survey results are then calculated and provided to Molina Healthcare.

Molina Healthcare uses the survey results to identify opportunities to improve member satisfaction, and we also share our CAHPS scores with our contracted providers. The scores help us determine how we can partner with you to ensure that our members are satisfied with the care that they receive.

Coordination of Benefits

Complete and accurate coordination of benefits (COB) information is necessary for Molina Healthcare to pay claims timely and accurately. **Molina Healthcare is streamlining the COB process so that it is easier for you to communicate the information with us.**

Molina Healthcare provided an additional method for you to share COB information in June 2010. Since implementation, we have received a very positive response from the provider community. Please consider this as an option for your practice!

What do you need to do? Please submit updated COB information directly to Molina Healthcare by sending a secure email to MHOEnrollment@MolinaHealthcare.com or by sending a fax to (614) 781-1410, attention Enrollment.

Remember to include:

- Molina Healthcare ID number
- A copy of the front and back of the other insurance ID card
- Verification of eligibility, including the member ID number and the coverage dates from the other insurance carrier or third party vendor.

To get an understanding of the information that health plans use to verify COB, review the Ohio Department of Job and Family Services Health Insurance Fact Request Form (JFS 06614), available at www.odjfs.state.oh.us/forms/inter.asp.

Once you submit the COB information, no further action is required to ensure your related claims are adjusted. It is a one-step process. Molina Healthcare will verify the COB information and adjust all claims impacted by the update within 45 days of the submission date.

Molina Healthcare is also encouraging members to share complete and accurate insurance information with their providers and educating them about why it is important.

We look forward to working with you to capture the correct information for our members so that we can continue to exceed claims payment standards.

Therapeutic Injections - Claim Processing Guidelines

Molina Healthcare has improved configuration to better administer the requirements outlined in OAC 5101:3-4-13, Therapeutic injections (including trigger point injections) and prescribed drugs, Section B (2), Limitations. As a reminder, Section B (2), Limitations states the following:

(a) In accordance with CPT as defined in rule 5101:3-1- 19.3 of the Administrative Code, only one unit of service will be reimbursed for codes 20552 and 20553 per patient, per date of service, per provider regardless of the number of sites or regions injected. Units of service are not determined by the number of injections given.

(b) A physician visit for a patient will not be separately reimbursed when trigger point injection procedures and a physician visit are performed on the same date of service in accordance with rule [5101:3-4-06](#) of the Administrative Code.

(c) Codes 20552 and 20553 are not to be billed collectively for the same patient on the same date of service. In accordance with CPT as defined in rule 5101:3-1- 19.3 of the Administrative Code, only one of these codes will be reimbursed per date of service, per provider, per patient.

(d) Trigger point injections should be repeated only if reasonable and medically necessary. For dates of service on or after July 1, 2006, trigger point injections of local anesthetic and/or steroids will be limited to a maximum of eight dates of service per patient per calendar year. Injections exceeding this limit in a calendar year period will be denied.

Health Education Initiatives and Programs

Molina Healthcare of Ohio, Inc. is committed to ensuring our members receive the highest quality of care. To help increase members' utilization of recommended medical services, we have created a number of member and provider educational initiatives to improve the rates of preventive care received by our members.

Rewards for Healthy Choices: This is an annual program where members who have missed a preventive service are mailed a postcard/coupon reminder encouraging them to schedule a visit with their health care provider. The postcard includes information on why the preventive services are

important. Once the member receives the visit, the provider faxes a signed coupon to Molina Healthcare and the member received a gift card reward.

motherhood matterssm: To promote prenatal and postpartum care and preventive care for their infants, pregnant members who participate in motherhood matterssm have the opportunity to earn gift card rewards by getting their recommended preventive care. They are also provided with an educational kit to assist them in keeping themselves and their babies healthy.

Women's Health: All newly identified pregnant members are mailed a prenatal postcard explaining how often they should see their health care provider to ensure a healthy pregnancy. All new mothers are mailed a postpartum postcard reminding them to schedule their follow up appointment within 3 to 8 weeks after the birth of their baby.

Be Your Best Series: This is a quarterly series spotlighting one health topic. Educational brochures are currently being distributed by Provider Service and Community Outreach Representatives during provider visits and community outreach events. Topics include: Checkups, Immunizations, Heart Health, Postpartum Health, Mental Health, and Breast Cancer Screening and Prevention.

Pneumococcal Immunization Program: Monthly reminder postcards are sent to members who have missed a pneumococcal vaccine at 8 or 17 months, indicating that the member may have missed a vaccination.

Missed Service Alerts: Each month, claims data is analyzed to identify members who may have missed important health services. An alert is added to the member's screen in the production system, so when the member calls in, they are reminded of the needed service(s) by a Molina Representative.

Disease Management Programs: Members with chronic conditions have the option to enroll in one or more of our programs, Breathe with Easesm; Healthy Living with Diabetessm; Living with COPD; and Heart Healthy Living. Members enrolled in these programs received educational material on their condition and telephone contact to assist them in dealing with their disease.

Educational Articles: We publish articles about relevant health topics for our members in the semiannual *Health and Family Newsletter* and in our semiannual *Partners in Care* provider newsletter and our monthly provider newsletter updates. In addition to articles regarding health topics, the provider newsletter updates include information on safe office practices and HEDIS® rates, the rates at which our members are receiving recommended health care services. .

State Mandated Performance Improvement Projects (PIPS): Molina actively participates in PIPs related to promoting annual dental visits for children ages 2 to 21 and EPDST services for children and adolescents.

We are dedicated to exceeding the expectations of our providers. We encourage and appreciate your feedback on any our initiatives and programs. If you have any questions or comments, please contact your Provider Services Representative.

Access Standards - Helping Members Set Reasonable Expectations

How many times has a patient called your office and expected an immediate appointment? Molina Healthcare's Member Services, Health Education and Outreach teams are working to ensure that our members have information regarding appropriate appointment guidelines.

In addition to member outreach and education, Molina Healthcare conducts an annual survey of appointment availability across our network. The random survey takes place in the fall of each year via telephone. We appreciate your cooperation should you be chosen to participate.

Listed in the tables below are the industry-standard appointment guidelines that Molina Healthcare expects providers to meet.

Category	Type of Care	Access Standard
Primary Care Provider	Preventive/Routine Care	Within 6 weeks
	Urgent Care	By the end of the following work day
	Emergency Care	Triaged and treated immediately
	After Hours	Available by phone 24 hours a day, 7days a week
Specialist	Routine Consultation	Within 6-8 weeks
Behavioral Health	Routine Care	Within 10 business days
	Urgent Care	Within 48 hours
	Non-Life Threatening Emergency	Within 6 hours
All	Office Wait Time	Maximum of 30 minutes

Questions?

If you have any questions, please call Molina Healthcare's Provider Services Department at 1-800-642-4168 (TTY: 1-800-750-0750 or 711). Representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday.