

Molina Healthcare Partners with HealthCare Insight

Effective November 1, 2006, Molina Healthcare of Ohio, Inc. will institute editing services with the help of our strategic business partner HealthCare Insight (HCI). This new service will protect our clients from the unnecessary expenditures that result from inaccurate or inappropriate coding of claims and will create more accurate and equitable reimbursement for all billing providers.

Some providers will observe that more exacting programs are now in place to assure that only accurately and properly coded and billed services will be reimbursed.

- Services that are restricted by age or gender will only be paid as appropriate
- Global surgical packages that include uncomplicated follow-up visits will be more accurately tracked and related post-operative visits denied.
- Billing for services not reimbursable and billing fees for assistant surgeons and secondary surgical procedures will be more accurately identified and payments reduced in accordance with coding and reimbursement guidelines.

These are just some of the more comprehensive applications of coding and reimbursement rules that are now possible because of improved technology and our implementation of clinical review. The coding and billing rules that Molina Healthcare will apply are industry standards as published and defined in CPT and by CMS and are the same policies that providers will encounter from most other health care payors. Determinations for non-payment or reduced payments are based upon CPT coding and reimbursement protocols and guidelines, and **do not** represent opportunities for providers to balance bill patients.

HCI will provide skilled clinical and coding analysts in addition to software editing to assess and evaluate the coding of claims. This will be in addition to all other reimbursement processes that Molina Healthcare currently employs. By utilizing RN's to review system-detected reimbursement issues, HCI is able to evaluate the claim from a clinician's perspective and in doing so, their nurses will authorize payment on many services that the system would normally deny. This prevents unnecessary resubmissions of claims and provides more consistent and logical claims processing.

Molina Healthcare has a responsibility to control healthcare costs for our clients and for all patients. These improvements to our claims adjudication processes will enable us to more effectively and universally implement fair reimbursement rules and guidelines aimed at providing equitable reimbursement to all providers.

If you have any questions, please visit our website at www.molinahealthcare.com or call the Provider Services Department at 1-800-642-4168. A representative will be available to assist you from 8:00 a.m. – 5:00 p.m. Monday – Friday.

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Visit us at our web site: www.molinahealthcare.com*

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