

Membership Update

Molina Healthcare of Ohio, Inc. (MHO) is pleased to report the current membership as of March 1, 2007 is 127,189 (123,230 CFC members and 3,959 ABD members).

The entire MHO team would like to thank you for your participation and service to our members! Please be sure to remind your patients of the routine dental and vision benefits available through MHO.

Service Request Form for Prior Authorization

Effective 11/1/06, MHO reduced the services requiring prior authorization (PA). The revised Instructions for Submitting PA Requests, which is included with this bulletin, include the current list of services that require PA. The Instructions and Service Request Form for PA can also be found at www.molinahealthcare.com under the Frequently Used Forms link. **Did you know you can also submit PA requests on the Molina Provider Self-Service E-Portal?** For more information, please reference the E-Portal article below or contact Provider Services at 1-800-642-4168.

During the CFC and ABD transition to managed care plans, MHO has allowed retroactive PA requests in an effort to assist you with transition of your patients to MHO. Effective May 1, 2007, MHO will no longer PA services retroactively. It is important you obtain PA prior to rendering services listed on the Instructions for Submitting PA requests. Services rendered without PA, when required, will be denied. There will be an exception for services rendered within the first 30 days of enrollment for a CFC member or the first 90 days for an ABD member. Per ODJFS guidelines, this period of time is considered the Transition of Care "TOC". MHO will continue to consider retroactive PA requests for members during the TOC period.

Maternity Care Billing Guidelines

Each managed care plan (MCP) is required to report encounter data to the Ohio Department of Job & Family Services (ODJFS) in accordance with Ohio Administrative Code rule 5101:3-26-06. ODJFS requires MHO to submit the Last Menstrual Period (LMP) date on all pregnancy related encounters to facilitate calculating pregnancy related clinical performance measures. To comply with this requirement, MHO requires the LMP date be included on all pregnancy related claims. If this field is left blank, the claim will be denied.

Per ODJFS BIN.1001.2 - Instructions for Completing the CMS 1500 (rev 7/06), the LMP should be reported as follows:

- Item 10a-c - **Patient's Condition** - Check "YES" or "NO" to indicate whether employment, auto, or other accident involvement applies to one or more of the services described in Item 24.
- Item 14 - **Date of Current Illness, Injury or Pregnancy** - Complete this field for pregnancy only. Enter the six digit (MMDDYY) or eight digit (MMDDCCYY) date of the last menstrual period.

Per ODJFS Hospital Billing Instructions (rev 10/01/05), the LMP on the UB-92 claim form should be reported as follows:

- Form Locator 32-35 - **Occurrence Code** – Populate occurrence code 10 - Last menstrual period. The date of the last menstrual period is applicable when the patient is being treated for a maternity related condition.
- Form Locator 36 - **Occurrence Span Code and Dates** – Populate the LMP date

Urgent Care Billing Requirements

MHO requires all services rendered at an urgent care facility to be billed with Place of Service 20. ODJFS did not previously recognize place of service 20, however, this is required for claims to process accurately against urgent care benefits in the MHO claims processing system.

Anesthesia Billing Requirements

MHO requires all anesthesia services be billed with the number of actual minutes in the Units field (Item 24G) of the CMS 1500 form. The minutes will then be calculated by 15 minute increments to determine the appropriate units to be paid. If the claim is submitted without the minutes in field 24G, the claim will be denied.

UC HealthPartners – MHO Behavioral Health Services Partner

As a reminder, effective December 1, 2006, MHO delegated the access, referral, and treatment of behavioral health conditions for its members to UC HealthPartners (a division of Alliance Behavioral Care). If you have not yet contracted with UC HealthPartners and are interested in doing so, please contact Mary Leventhal, Provider Relations Manager at (513) 475-8622.

To obtain prior authorization or check claim status, please call (513) 475-8622 or (800) 926-8862. Submit **behavioral health** claims to UC HealthPartners, Attn: Claims, PO Box 19947, Cincinnati, OH 45219

Provider Demographic Changes

MHO has developed a new Provider Information Update Form to make it easy for you to inform us of any changes to your practice information. It is important that you notify us of any changes to your address, phone number, tax identification number, etc. to ensure accurate and timely claims payment. A copy of the form is included with this bulletin and can also be found at www.molinahealthcare.com under the Frequently Used Forms link.

Provider Self Services E-portal

Please visit www.molinahealthcare.com to explore all of the self-services available. The Provider E-Portal offers the following services:

- ❖ Member Eligibility Inquiry
- ❖ Check Claim Status
- ❖ Submit Prior Authorization Request
- ❖ Check Prior Authorization Status
- ❖ Access PCP Member Roster
- ❖ Access Provider Affiliation List (provider roster with contract effective dates)
- ❖ Verify Member's PCP
- ❖ Submit CMS-1500 Claim Forms

ed	Status
007	F2
007	F2
007	F1
007	F2

ETip - Hovering your mouse on top of the Status code will cause the description to appear

To access the Provider E-Portal, you must first register to receive a secure user ID and password. Please register online by selecting the "Login to Provider Self Services" link or call Molina E-Portal Provider Services at 1-866-449-6848 for complete instructions and/or assistance with any questions regarding registration.

Questions

If you have any questions, please call the Provider Services Department. A representative will be available to assist you from 8:00 a.m. – 5:00 p.m. Monday – Friday. Please call toll free at 1-800-642-4168, or TTY: 1-800-750-0750 (or 711).