



Molina Healthcare names Amy Schultz Clubbs as Ohio Plan President

Molina Healthcare, Inc. promoted Amy Schultz Clubbs to President of Molina Healthcare of Ohio, Inc. (MHO). Amy previously served as MHO's Chief Financial Officer and most recently Chief Operating Officer before her promotion and follows former President Kathie Mancini, who was promoted to Regional Vice President of the Molina health plans in Ohio and Missouri.

Amy brings more than 20 years of financial and 17 years of health care and insurance experience to her new role. She is a member of the board of trustees for The Neighborhood House, a 100-year-old nonprofit organization that helps children, families and adults become self-sufficient, and a member of the Advisory Council for the Children's Defense Fund in Ohio.

Business First published a [story](#) about Amy's promotion on June 22.

Payment for Preventive Services

Molina Healthcare of Ohio, Inc. (MHO) recently announced the reimplementation of the *Rewards for Healthy Choices* program with the goal of enhancing our members' health by educating them about the importance of annual preventive care appointments with their health care provider.

We want to encourage our members to schedule preventive care appointments early and not wait until the end of the year. As a result, members were instructed to schedule visits for the services below between July 1, 2011, and September 30, 2011, to be eligible for a gift card reward.

- Well Child Visits – A visit at 1, 2, 4, 6, 9, 12 and 15 months for children ages 0-15 months
- Well Child Visits – Annual visit for children ages 3-6 years
- Adolescent Well Care – Annual visit for adolescents ages 12-21 years
- Adult Well Exams – Annual visit for adults ages 21+years
- Diabetes Retinal Eye Exam – Annual exam for members with a diagnosis of diabetes
- Asthma (refilling controller medications)
- Breast Cancer Screening
- Cervical Cancer Screening

As a reminder, the following are two important payment guidelines related to preventive visits:

- Molina Healthcare will pay for preventive services even if it has not been a full year (12 months) since the last service.
- Molina Healthcare will pay for a preventive/well visit with a sick visit for the same member on the same date of service if the diagnosis codes billed support payment of both codes.

Molina Healthcare understands your office can be very busy and availability for preventive visits may be limited at times. We encourage you to continue to provide care for our ill members and take this opportunity to also complete a preventive visit. Molina Healthcare appreciates your commitment and dedication to serve our members.

New Look – Provider Bulletin

You may have noticed a change to this issue...it's the name! Molina Healthcare retired the "Just the Fax" title and replaced it with "Provider Bulletin." As we work to transition distribution of this newsletter from fax to email, the name needed a change. If you prefer to receive this newsletter via email, please send us an email at ProviderServices@MolinaHealthcare.com with the provider group name, TIN, service location address, contact name, contact phone number and email address.

New NDC Number Billing Requirements

Effective August 2, 2011, in accordance with Ohio Medicaid payment policy, the NDC will be required at the detail level when a claim is submitted with a HCPC code that represents a drug. With the exception of hospital claims, federal law requires that any code for a drug covered by Medicaid must be submitted with the NDC. HCPC codes J0120-J9999, Q0138-Q0139, Q0515, Q2009-Q2010, Q2017, Q2026-Q2027, Q3025, Q4081, Q4096-Q4099, S0145, S0148, S0166, B4157-B4162, and CPT codes in the 90281-90399 series require the NDC number. Molina is requesting your immediate attention to this new billing requirement and to comply with the federal requirement, will begin to deny claims without the NDC number in October 2011.

This change will apply to the following claim types:

- **CMS 1500/837P**
 - Professional claim details will be denied if the NDC information is missing or is invalid. This applies to all provider types.
 - The shaded area of Fields 24A-24G should be used to report codes, NDC units, and descriptors.
- **UB-04 Institutional/837I**
 - End-Stage Renal Disease Clinic claims will be denied if the NDC information is missing on the line item detail or is invalid.
 - NDC information is not required on hospital claims, but hospitals that are able or are already submitting NDCs are encouraged to continue this practice.
 - Form Locator 43 - Revenue Code Description – Populate the NDC number, if applicable.

Prior Authorization Request – Quick Tips

Providers are encouraged to use the Molina Healthcare of Ohio [Service Request Form](#) or the [Standardized Prior Authorization Form](#) accepted by all Medicaid Managed Care Plans. For your convenience, the forms can be accessed at www.MolinaHealthcare.com by selecting Forms. To request a hardcopy of either of these forms, please call 1-800-642-4168.

All requests should include the following information, as applicable, for the requested service:

Required Information for Prior Authorization Requests

- Member demographic information (name, DOB, social security number, etc.)
- Provider information (referring physician and referred-to specialist)
- Requested service/procedure, including specific CPT/HCPCS codes
- Member diagnosis (ICD-9 code and description)
- Location where the service will be performed
- Requested length of stay for inpatient requests

Clinical indications for the service or referral, including:

- Adequate patient history related to the requested services
- Physical examination that addresses the area of the request
- Supporting lab and/or x-ray results to support the request
- Relevant PCP and/or specialist progress notes or consultations
- Any other relevant information or data specific to the request

Molina Healthcare of Ohio will process any non-urgent requests as quickly as possible, but no later than within 14 working days of receipt of a request. Urgent requests will be processed as soon as possible but within 72 hours of receipt of a request.

Your Role in Continuity and Coordination of Patient Care

For Specialists and Ancillary Providers:

Molina conducted a Provider Satisfaction Survey, which included questions related to primary care providers' satisfaction with coordination of care. Based on survey responses, there is significant opportunity for improvement in the prompt sharing of complete and accurate consult and study reports between specialists and ancillary providers and the patient's primary care provider.

Given the importance of the primary care provider in coordination of patient care, we encourage you to ensure that you are sending consult reports and other pertinent medical summaries to your patients' primary care providers on a consistent basis.

For Primary Care Providers:

Molina recently completed a random review of primary care medical records and found that there is opportunity for improvement in the documentation of the primary care provider's review of consult and study reports that are provided by specialists and ancillary providers.

To facilitate appropriate coordination of care, we encourage you to promptly review all consults and study reports and document this review in your patients' medical charts.

Molina Healthcare Electronic Data Interchange (EDI) Transition from ANSI X12 Version 4010A1 to 5010

On January 16, 2009, the Secretary of the Department of Health and Human Services (DHHS) adopted the Accredited Standards Committee X12 Version 5010 as the next Health Insurance Portability and Accountability Act (HIPAA) standard for HIPAA covered transactions. Molina Healthcare, Inc. (MHI) will support the 4010 transaction standards through December 31, 2011, and the 5010 transactions which are mandated by DHHS as of January 1, 2012.

Molina Healthcare is committed to paying you correctly and timely. In order to ensure your claims are submitted appropriately per the 5010 transaction requirements, **please complete and submit the 5010 Conversion – Provider Change Form included with this newsletter by August 31, 2011, if you will be changing to subpart billing.**

Wellness Reports

Molina Healthcare uses Healthcare Effectiveness Data and Information Set (HEDIS[®]) rates to monitor the preventive services members receive. These rates are shared with contracted providers in an effort to find opportunities to improve the utilization of preventive care.

Cervical Cancer Screening

Best Practice

In the United States, approximately 12,000 women develop cervical cancer each year.¹ Between 60 and 80 percent of women who are newly diagnosed with cervical cancer have not had a Pap test in the last five years.² According to the Centers for Disease Control and Prevention (CDC), women should have regular Pap tests starting at age 21 or within three years of becoming sexually active, whichever is first. After that, regular pap tests are recommended.³

¹ Centers for Disease Control and Prevention (CDC); National Center for Chronic Disease Prevention and Health Promotion; Division of Cancer Prevention and Control. National breast and cervical cancer early detection program. 2008/2009. http://www.cdc.gov/cancer/NBCCEDP/pdf/0809_nbccedp_fs.pdf

² American Cancer Society: Cervical Cancer. http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?nav=criov&dt=8.

³ Centers for Disease Control and Prevention (CDC), Sexually Transmitted Diseases Treatment Guidelines, 2010. Updated January 2011.

Wellness Report

Molina Healthcare annually monitors the percentage of members 21-64 years old who received one or more Pap tests to screen for cervical cancer in the calendar year.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
Cervical Cancer Screening	54.78%	61.21%	62.03%	74.00%

Chlamydia Screening in WomenBest Practice

2.3 million Americans 14-39 years old are infected with chlamydia. Teenagers are affected by chlamydia more than other age groups.⁴ In 2003, the highest age-specific rates of reported chlamydia in women were among 15-19 year olds and 20-24 year olds.⁵ Preventive chlamydia screenings provide great health benefits in terms of both improving quality of life and offering the most value for health care dollars.⁶

Wellness Report

Molina Healthcare annually monitors the percentage of members 16-24 years old who were identified as sexually active and who had at least one test for chlamydia in the past year.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
Chlamydia Screening in Women	49.73%	54.03%	55.47%	62.00%

Breast Cancer ScreeningBest Practice

Breast cancer accounts for 1 in 4 cancer diagnosis in women in the United States. Early detection by screening with mammograms can decrease breast cancer mortality, detecting about 85% of breast cancers in women without symptoms. Nearly one third of women do not have adequate screening for this disease.⁷

Wellness Report

Molina Healthcare annually monitors the percentage of members 40-69 years old who had a mammogram to screen for breast cancer in the calendar year.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
Breast Cancer Screening	41.17%	44.17%	43.14%	75.00%

* National NCQA 75th percentile for Medicaid HMO plans.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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.

⁴ Center for Disease Control and Prevention, Fact Sheet, Chlamydia in the United States, Updated March 2011.

<http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>. Accessed July 2011.

⁵ National Research Council and Institute of Medicine. Adolescent Health Services: Missing Opportunities. Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, R.S. Lawrence, J. Appleton Gootman, and L.J. Sim, Editors. Board on Children, Youth And Families. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press. 2009.

⁶ The American College of Obstetricians and Gynecologists. ACOG NEWS RELEASE: Spotlight on Chlamydia: Annual Screenings a Must for Young Women. Available at: http://www.acog.org/from_home/publications/press_releases/nr05-08-07-1.cfm Accessed July 2011.

⁷ National Cancer Institute. Fact Sheet. Screening Mammograms: Questions and Answers. <http://www.cancer.gov/cancertopics/factsheet/detection/screening-mammograms>. Accessed July 2011.

5010 CONVERSION - PROVIDER CHANGE FORM

Today's Date: ____/____/____

CURRENT PRACTICE INFORMATION
ALL FIELDS IN FIRST SECTION ARE REQUIRED

Provider Name: _____

Group Name: _____

Tax ID: _____

Contact Person: _____

Phone # (_____) _____

Authorizing signature: _____

Authorizing name printed: _____

(Physician/Office Manager signature required; email signature okay)

PROVIDER CHANGE INFORMATION

PROVIDE COMPLETE INFORMATION - Your request will be processed for all participating lines of business.

PLEASE PRINT OR TYPE

Provider Group Will Be Changing to Subpart Billing: Yes or No

Date Billing Will Change to Subparts: (before 1/1/2012 requested) _____

Subpart Billing Name -1: _____

Subpart Billing NPI - 1: _____

Street Address that will be submitted on claim form:

_____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Remit Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Rendering Providers at Subpart Billing Name1: _____

Subpart Billing Name -2: _____

Subpart Billing NPI -2: _____

Street Address that will be submitted on claim form:

_____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Remit Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Rendering Providers at Subpart Billing Name2: _____

For more than 2 subparts, attach additional pages.

Please mail, fax or email this change form *and* supporting documentation to:
Molina Healthcare of Ohio, Attn: PIM, PO Box 349020, Col, OH 43234
Fax (614) 781-1537 OR Email MHOCContracting@molinahealthcare.com
For questions, please call Provider Services at (800) 642-4168