

APRIL 2014

UPDATE TO PRE-SERVICE & POST-SERVICE CLAIM RECONSIDERATION POLICY

Molina Healthcare of Ohio is committed to superior customer service by providing timely responses to pre-service prior authorization and post-service claim reconsideration requests. **We have extended our provider submission time frame from seven days to 14 days.**

The updated policy will apply to all pre-service prior authorization and post-service claim requests for reconsideration received April 1, 2014 and after. This update does not alter a member's right to appeal or a provider's right to appeal on a member's behalf. **The intent of this 14 day window is to allow providers the opportunity to submit additional clinical information for a final review.**

- For pre-service denial reconsideration requests, providers will have 14 calendar days from the date of the denial notification to either request a peer-to-peer review with one of our medical directors or submit additional clinical information for final medical review.
- For post-service claim denial reconsideration requests, providers will have 14 calendar days from the date the post-service claim reconsideration request was initially denied to submit additional clinical information for final medical review.

The fax number to submit a Claims Reconsideration Request Form (CRRF) is (800) 499-3406. Molina Healthcare asks that providers use fax whenever possible when submitting the CRRF and that a single CRRF is submitted for each member.

PHARMACY FACTS

Important Changes to Preferred Drug List

As of April 1, 2014, two important changes to Molina Healthcare's Preferred Drug List (PDL) will go into effect. Flovent and Spiriva are no longer preferred medications that do not require prior authorization. For members diagnosed with asthma or COPD, consider switching to preferred drugs:

- Flovent to inhaled corticosteroid Pulmicort, Asmanex, or Qvar
- Spiriva to long-acting anticholinergic inhaler Tudorza.

The PDL can be located at www.MolinaHealthcare.com.

Questions?

Call Provider Services
(855) 322-4079 – 8 a.m. to 5 p.m.
Monday through Friday

Connect with Us

ItMatters@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth



Join Our Email Distribution List

To receive this bulletin via email, contact ProviderServices@MolinaHealthcare.com to send us your:



- group name
- TIN
- service location address
- contact name
- contact phone number
- email

Website Roundup

Molina Marketplace Provider Manual and frequently used forms can be found at: www.MolinaHealthcare.com.

- [Marketplace Provider Manual](#)
- [Marketplace Provider Forms](#)

April's Quality Check

"Quality is never an accident. It is always the result of intelligent effort." – John Ruskin

Webex Online Trainings

Clear Coverage – April 2014

Friday, April 18, 9 to 10:30 a.m.

Meeting Number: 282 131 164

- Go to: www.webex.com
- Click "Attend Meeting"
- Enter Meeting Number
- Provide your number when you join the meeting to receive a call back.
- Follow the instructions that you hear on the phone.

Repeats & Reminders

- Claim Reconsideration Request Form
Fax: (800) 499-3406
- [Pharmacy Preferred Drug List and PA Form](#) at www.MolinaHealthcare.com.

ACCESS STANDARDS – HELPING MEMBERS SET REASONABLE EXPECTATIONS

Access to care standards are reviewed by the Molina Executive Quality Improvement Committee. Molina Healthcare conducts an annual survey to measure compliance with the published standards and performs targeted education and/or implements corrective action plans with those participating providers not meeting the standards.

Category	Type of Care	Access Standard
Primary Care Provider (General Practitioners, Internist, Family Practitioners, Pediatricians)	Preventive/Routine Care	Within 6 weeks
	Urgent Care	By the end of the following work day
	Emergent Care	Triaged and treated immediately
	After Hours	Available by phone 24 hours a day, 7 days a week
OB/GYN	Pregnancy (initial visit)	Within 2 weeks
	Routine Visit	Within 6 weeks
Orthopedist	Routine Visit	Within 8 weeks
Otolaryngologist (ENT)	Routine Visit	Within 6 weeks
Dermatologist	Routine Visit	Within 8 weeks
Dental	Routine Visit	Within 6 weeks
Endocrinologist	Routine Visit	Within 8 weeks
Allergist	Routine Visit	Within 8 weeks
Neurologist	Routine Visit	Within 8 weeks
Behavioral Health	Routine Care	Within 10 business days
	Urgent Care	Within 48 hours
	Non-Life Threatening Emergency	Within 6 hours
All other Non-Primary Care	Routine Care	Within 8 weeks
All	Office Wait Time	Maximum of 30 minutes

PUBLIC WEBSITE HOME PAGE IMPROVEMENTS

1. New labeling of the “Prospect/Find a Health Plan” area – now being called “Become a Member”
2. New location of “For Healthcare Professionals” button.
3. Removing multiple state lines of business with three common bottoms – “Become a Member,” “I’m a Member,” and “I’m a Health Care Professional.”
4. Portal icons now link directly to My Molina.

Provider Spotlight

Congrats to **Maple City Family Practice**, who received a Molina gift basket as the Monthly Web Portal Winner!

Fighting Fraud, Waste and Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available to you 24 hours a day, seven days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.

Molina Healthcare Contacts

DEPARTMENT	PHONE NUMBER
Case Management	(855) 322-4079
Claims Reconsideration	(855) 322-4079
Claims Inquiry – Customer Service	(855) 322-4079
Community Outreach	(855) 665-4623
Fraud, Waste & Abuse Tip Line	(866) 606-3889
Member Eligibility Ohio Medicaid	(800) 686-1516
Member Services – MyCare Ohio	(855) 665-4623
Member Services – Medicaid	(800) 642-4168
Member Services – Medicare	(866) 472-4584
Member Services – Marketplace	(888) 296-7677
Pharmacy	(855) 322-4079
Prior Authorization	(855) 322-4079
Provider Services	(855) 322-4079
Provider Web Portal Help	(866) 449-6848
Utilization Management	(855) 322-4079
24-Hour Nurse Advice Line	(888) 275-8750

April Community Outreach Events

April 9: AIDS Walk Central Ohio
McFerson Commons, 8 a.m.
218 West St., Columbus 43215

April 11: Celebration for Ohio’s Children
Windows on the River, 12 p.m.
2000 Sycamore St., Cleveland 44113

April 25: Access Center
Ohio Latino Affairs Commission, 5 p.m.
901 S. Ludlow St., Dayton 43235

April 26: Asian Health Fair 2014
Bethel United Methodist Church, 10 a.m.
1220 Bethel Rd., Columbus 43235



WHAT IS MYCARE OHIO?

MyCare Ohio is a demonstration project that integrates Medicare and Medicaid services into one program, operated by a Managed Care Plan. The goal is to create a single point-of-contact for all individuals enrolled in both Medicare and Medicaid, giving them the ability to better understand their health care needs and to more easily navigate various services and health care settings.

WHEN WILL MYCARE OHIO BEGIN?

- Enrollment will occur in phases by region over several months beginning May 1, 2014.
- Individuals join a MyCare Ohio managed care plan for Medicaid services. Enrollment will be phased in through June and July.
- Individuals will have up to eight months to decide which Medicare plan best fits their health care needs.

Molina Healthcare will be an option for consumers in the following regions:

- Central: Delaware, Franklin, Madison, Pickaway, Union
- West Central: Clark, Greene, Montgomery
- South West: Butler, Clermont, Clinton, Hamilton, Warren

MyCare Ohio Regions	Enrollment Letter Distribution Date	Enrollment Date
NW	February 28, 2014	May 1, 2014
NE, NEC, SW	March 28, 2014	June 1, 2014
C, WC, EC	April 30, 2014	July 1, 2014

Consumers will receive an Enrollment Letter from the Ohio Department of Medicaid (ODM) informing them which managed care plans they can choose and how long they have to choose a MyCare Ohio Medicaid plan.

HOW WILL THIS IMPACT YOUR PATIENTS?

The established transition period, between 90 and 365 days depending on the service, allows providers to continue providing services to their current patients who enroll in a MyCare Ohio plan. All the patient's current health care services will not immediately change. The patient's MyCare Ohio plan will receive information about members' current care needs and services. Providers may continue providing care to their patients after the transition period if they decide to join the health plan's network.

Webex Online Trainings

Molina Dual Options MyCare Ohio

With LTSS Waiver and Behavioral Health (BH). Request In-office orientation at:

OHProviderBulletin@MolinaHealthcare.com

- **Wed., April 16, 9 to 10:30 a.m.**
Meeting Number: 288 516 827
Training: Dual Options & LTSS
- **Wed., April 23, 9 to 10:30 a.m.**
Meeting Number: 284 867 147
Training: Dual Options & BH
- **Wed., April 30, 9 to 10:30 a.m.**
Meeting Number: 283 126 839
Training: Dual Options & LTSS
- **Wed., May 7, 9 to 10:30 a.m.**
Meeting Number: 287 526 523
Training: Dual Options & BH
- **Wed., May 14, 9 to 10:30 a.m.**
Meeting Number: 288 221 354
Training: Dual Options & LTSS
- **Wed., May 21, 9 to 10:30 a.m.**
Meeting Number: 280 726 338
Training: Dual Options & BH
- **Wed., May 28, 9 to 10:30 a.m.**
Meeting Number: 281 266 724
Training: Dual Options & LTSS

- Go to: www.webex.com
- Click "Attend Meeting"
- Enter Meeting Number
- Provide your number when you join the meeting to receive a call back.
- Follow the instructions that you hear on the phone.

Team Approach to Care Coordination

The MyCare Ohio approach is person-centered to coordinate care based on specific needs. The care team includes: the individual, family/caregivers, care manager, waiver service coordinator (if appropriate), PCP, specialists, and other providers.

Combined Benefit Package

The benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including long-term care services and supports and behavioral health services.

MyCare Ohio Quick Links:

- Molina Dual Options Website: www.MolinaHealthcare.com/Duals
- Ohio Department of Medicaid: <http://medicaid.ohio.gov>
- Centers for Medicare & Medicaid Services: www.cms.gov
- Ohio Association of Area Agencies on Aging: www.ohioaging.org