



\$50 Provider Incentive for Timely Prenatal Care

Follow these steps to earn a \$50 incentive for timely prenatal care:

1. Complete and submit a Prenatal Risk Assessment Form (PRAF) for each newly identified pregnant Molina member.
 - a. The service must be completed within the first trimester or 42 days of the member's enrollment with Molina.
 - b. Fax the completed PRAF to (866) 504-7256.
2. Bill with HCPCS code H10000 at the time of service.
3. Member must deliver a live birth. Trimesters will be based in The LMP on the delivery claim.

Molina will send quarterly consolidated incentive checks for each PRAF completed, with a limit of one per member. Expect payment 6 to 8 weeks after claims are processed. Regardless of compliance, the H1000 Code will be paid at your contracted ODM fee schedule up to three times per member per pregnancy.

To find the PRAF, visit www.MolinaHealthcare.com/OhioProviders and click the "Forms" tab. For more information, visit the Ohio Department of Medicaid website at: <http://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM10207i.pdf>.

Postpartum Care Coding Tips

Providers who bill delivery services globally must submit postpartum care claims using CPTII code 0503F with a nominal fee and diagnosis code Z39.2 to ensure they receive credit toward meeting quality measures. 0503F is a non-payable code and providers will receive a \$0.00 payment on the remittance advice. However, without this code Molina Healthcare will not know the service took place.

Claims data is used to determine if providers have met quality requirements, but bundled payment structures mean that providers rarely submit separate claims to report postpartum services. Postpartum care is a quality measure under the State of Ohio's Comprehensive Primary Care (CPC) program, Ohio's State Innovation Model (SIM) Episodes of Care and the National Committee for Quality Assurance (NCQA).

Providers who do **not** bill globally should submit claims for postpartum services using CPT 59430 code. It is also imperative that postpartum visits be conducted **21 to 56 days after delivery**. We suggest scheduling the postpartum visit before the patient is discharged from the hospital.

Simple and Affordable Retinopathy Screenings

The Problem: Diabetic retinopathy is the leading cause of blindness among working-age adults. Documented compliance with annual retinal exams is often less than 50 percent. With early detection, 95 percent of vision loss cases can be prevented.

The Solution: Diabetic retinopathy screenings are **simple** and **affordable** for primary care facilities with the Welch Allyn RetinaVue™ 100 Imager.

What It Does:

Acquire non-mydratic fundus images in minutes with the Welch Allyn RetinaVue 100 Imager.

Transfer encrypted images sent via secure HIPAA-compliant RetinaVue Network.

Analyze images via evaluation by a board-certified retinal specialist.

Report diagnostics and referral/screening plan returned the same day – usually in just 90 minutes.

Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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The Welch Allyn RetinaVue™ 100 Imager delivers simple and affordable screening solutions in primary care settings to help eradicate some of the leading causes of preventable blindness. Visit www.RetinaVue.com to learn how you can improve patient access to vision-saving technology.

BH Redesign Important Updates

Attention Behavioral Health (BH) Providers: The BH Redesign is effective Jan. 1, 2018 and the Carve-In to Medicaid Managed Care will begin July 1, 2018. Visit Molina Healthcare's website for provider training, claims training, updated Prior Authorization code lists and additional resources at [www.MolinaHealthcare.com/Ohio Providers](http://www.MolinaHealthcare.com/Ohio_Providers).

Behavioral Health Question and Answer Sessions: Meetings do not require a password. Click "Join" at WebEx.com or call (855) 655-4629 and follow the instructions.

- Sat., Feb. 10, 10 to 11 a.m. meeting number 806 226 585
- Tues., Feb. 13, 1 to 2 p.m. meeting number 800 645 715
- Thurs., Feb. 15, 2 to 3 p.m. meeting number 800 295 397
- Sat., Feb. 17, 10:30 to 11:30 a.m. meeting number 800 576 612
- Sat., Feb. 24, 11:30 a.m. to 12:30 p.m. meeting number 804 170 729
- Mon., Feb. 26, 11 a.m. to 12 p.m. meeting number 809 016 896

New HEDIS® Measure Antipsychotics in Children and Adolescents (APC)

Antipsychotics in Children and Adolescents (APC) – The percentage of children and adolescents 1 to 17 on two or more different antipsychotic medications concurrently for at least 90 consecutive days during the measurement year. A lower rate indicates better performance.

Tips to improve APC HEDIS® scores:

- Avoid simultaneous use of multiple antipsychotic medications for children and adolescents per The American Academy of Child and Adolescent Psychiatry.
- Consider monotherapy as the preferred treatment option as it poses a reduced health risk burden for patients associated with multiple concurrent antipsychotics
- Monitor children and adolescents prescribed antipsychotics closely as they are more at risk for serious health concerns, including weight gain, extrapyramidal side effects, hyperprolactinemia and some metabolic effects.
- Monitor girls on certain antipsychotics closely. They may be at risk for gynecological issues.
- Inform parents/guardians of the increased side effect burden of multiple concurrent antipsychotics on children's health has implications for future physical health concerns including obesity and diabetes. Ensure the parents/guardians have an understanding of the local community support resources and what to do in an event of a crisis.
- Prescribing more than one antipsychotic medication is not recommended due to limited evidence of efficacy in children and adolescents. There is also an increased risk of side effects and drug interactions and increased difficulty in assessing drug efficacy safety and tolerability. Consider consulting a specialist if prescribing a second, simultaneous antipsychotic medication.
- While the use of more than one antipsychotic medication is not recommended, it is sometimes necessary to transition a patient from one medication to another (cross tapering).
- If the current antipsychotic medication is ineffective, causing intolerable side effects or cost prohibitive, wean off or cross taper to a new medication over no more than six weeks.
- To fully evaluate for adverse effects from chronic antipsychotic medication exposure consider:
 - Checking height, weight, BMI and waist circumference
 - Checking pulse and blood pressure
 - Assessing for abnormal and involuntary movement
 - Collecting fasting blood sugar and lipid profile
 - If indicated, EKG, A1C hemoglobin test or serum prolactin

*National NCQA 75th percentile for Medicaid HMO plans. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).