



Provider Bulletin



A bulletin for the Molina Healthcare of Ohio Medicaid network • September 2011

Ohio Medicaid Pharmacy Benefit Changes – Effective October 1, 2011

Effective October 1, 2011, Ohio Medicaid will no longer cover the prescription drug benefit for Ohio Medicaid members enrolled in a Medicaid care coordination plan (CCP), and CCPs will cover all prescription drugs and other medical supplies that CCP members receive at the pharmacy. The Ohio Department of Job and Family Services (ODJFS) mailed notification letters about Pharmacy Carve In to Ohio Medicaid members in late August.

Molina Healthcare of Ohio, Inc. is working in partnership with the state to make this transition as smooth as possible for our members and providers. In an effort to simplify the process for the provider community, Ohio Medicaid and the CCPs have collaborated to develop a more standardized [prior authorization \(PA\) list](#), a single [PA form](#) for all health plans and a similar [preferred drug list](#) (PDL). For more information or to access the form and lists, visit www.MolinaHealthcare.com and select the [Rx Info](#) link.

Pharmaceuticals are a driving force in any health care system, and it is best when they are part of a CCP to provide for the complete health for our members. Molina Healthcare members will no longer pay a co-payment for prescription drugs. They will now receive prescription drugs and medical supplies at no cost to them.

Members who are currently taking prescription drugs that require a PA by Molina Healthcare have at least a month before they need their providers to submit a PA form. Members' pharmacies will continue to refill their prescriptions if Ohio Medicaid paid to fill the prescription on or after April 1, 2011, until the following dates:

- October 31, 2011 (1 month), if the prescription is a controlled substance.
- January 31, 2012 (4 months), if the prescription is a standard tablet/capsule antidepressant, standard tablet/capsule antipsychotic or injectable antipsychotic medication prescribed by a provider other than a psychiatrist.
- December 31, 2011 (3 months), for all other prescriptions that require prior authorization by Molina Healthcare.

After the above dates, providers will need to request PA for members from Molina Healthcare.

CVS/Caremark is the pharmacy benefit manager (PBM) for Molina Healthcare.

Provider IVR Self Service – Member Coordination of Benefits (COB) Information Now Available When Checking Member Eligibility

Molina Healthcare introduced a new feature for the Provider IVR Self Service System on August 24. Molina Healthcare providers will now be able to obtain members' additional health insurance or coordination of benefits (COB) information when checking members' eligibility via IVR Self Service.

Available information includes:

- Carrier name
- Subscriber name
- Subscriber ID number
- Effective date

- Termination date
- Insurance status (primary, secondary, etc.)

To access this information, providers can call 1-800-642-4168, select the option for eligibility, then follow the prompts to hear COB information.

Please note: The provider must have the Molina Healthcare member's ID number available and date of birth to access information for the member.

If, after hearing the available COB information, the provider believes he or she has more current information, there is an option to connect to a Member and Provider Customer Services agent.

The IVR is available 24 hours a day, seven days a week, for our providers' convenience.

Molina Healthcare invites Participating Physicians to participate in a Clinical Committee

Molina Healthcare is committed to working with our participating physicians to promote quality health care for our members. As part of this commitment, Molina Healthcare has an active Quality Improvement (QI) Plan, overseen by a multi-disciplinary committee structure. Each QI committee is comprised of participating physicians who provide feedback and direction for our Quality Improvement and Utilization Management functions.

Molina Healthcare values our providers' expertise as a practicing physician and invites you to consider becoming a member of one of the clinical committees listed below. All committee meetings are held at Molina Healthcare's Columbus office from 6 p.m. to 8 p.m. and include dinner and compensation for attendance. Teleconference participation is available for physicians located more than 50 miles from Molina Healthcare's office.

- **Professional Review Committee:** Meets monthly to provide oversight for the provider credentialing program
- **Clinical Quality Improvement Committee:** Meets quarterly to provide oversight and recommendations for all quality improvement clinical programs, processes and interventions
- **Utilization Management and Pharmacy and Therapeutics Committee:** Meets quarterly to coordinate, direct and monitor the quality and cost effectiveness of health care resource utilization and manage pharmacy resources to improve overall satisfaction with and quality of care
- **Fair Hearing Panel:** Meets on an as-needed basis to review adverse credentialing decisions that are under appeal by the provider and make recommendations on participation status in the network

Please contact Medical Director Robert Robison, MD, at Robert.Robison@MolinaHealthcare.com or 614-781-4479 or Quality Improvement Director Lois Heffernan, RN, at Lois.Heffernan@MolinaHealthcare.com or 614-781-4314 if you are interested in participating or learning more about our committees.

Call Utilization Management (UM) for UM Process and Issue Questions

UM staff is available to answer questions about UM processes and specific issues from 8 a.m. to 5 p.m. on normal business days by calling Provider Services toll-free at 1-800-642-4168 and selecting the Utilization Management option. After normal business hours, providers can leave a confidential voicemail regarding UM processes and issues, and UM staff will return your call the next business day. Out-of-area callers should call the toll-free Provider Services phone number above.

Explanation of Payment moves to Paperless Processing

Effective September 26, Molina Healthcare will no longer mail paper Explanations of Payment (EOPs) to our providers who currently receive Electronic Funds Transfer (EFTs). As an EFT provider you can view, download, and save individual EOPs from the ProviderNet website at <https://providernet.adminisource.com> at any time. This change will make EOPs available faster by eliminating the time to print, process and deliver a paper copy. If you have questions or technical issues related to the ProviderNet website, you may contact FIS, the ProviderNet owners, directly by email at Provider.Services@fisglobal.com or by phone at 1-877-389-1160. As always, Molina Healthcare Provider Services is available for questions and help at 1-800-642-4168.

Credentialing Tips for Providers

If you are submitting new credentialing and recredentialing information, Molina Healthcare wants to help you complete the process as quickly as possible. Here are some helpful tips to follow when submitting your information:

- Use the Council for Affordable Quality Healthcare (CAQH®) application if you are a physician or other individual health care practitioner
 - Ensure Molina Healthcare has permission to access your application
 - Ensure that you re-attest to your CAQH information before it expires
 - Make certain your attachments to the CAQH application are current
- Use the Ohio Department of Insurance Standardized Credentialing Form if you are any other health care provider
 - Ensure you have signed and dated the standard authorization, attestation, and release
- Avoid delays by applying for credentialing no sooner than 4 weeks before your:
 - Residency completion
 - Malpractice insurance effective date
 - Start date with a new practice
- Please respond promptly to Molina Healthcare requests related to credentialing and recredentialing

Call Provider Services at 1-800-642-4168 if you have any additional questions related to this process.

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.

Prenatal and Postpartum Care

Best Practice

Prenatal and postpartum care is critical to the health and well-being of mothers and their newborns. Infants born to mothers who receive no prenatal care are three times more likely to be born with low birth weight and have an infant mortality rate five times that of those whose mothers received prenatal care.¹

Women experience some degree of emotional distress in the postpartum period and need personalized care during this time to hasten the development of a healthy mother-infant relationship and a sense of maternal confidence. A postpartum visit is important to help new mothers know what to expect during the postpartum periods and resolve any issues which may arise.²

¹ Preventing Infant Mortality Fact Sheet. <http://www.hhs.gov/news/factsheet/infant.html>. Updated Jan 13, 2006. Accessed August 2011.

² American Academy of Pediatrics and The American College of Obstetricians and Gynecologist. 2002. Guidelines for Perinatal Care (5th Edition).

Wellness Report

Molina Healthcare annually monitors the percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment and the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
Timeliness of Prenatal Care	88.91%	87.21%	86.44%	89.00%
Frequency of Ongoing Prenatal Care	76.27%	76.76%	70.13%	73.72%
Postpartum Care	62.53%	61.41%	58.69%	66.00%

* National NCQA 75th percentile for Medicaid HMO plans.

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

Improvement Strategies

- Encourage your patients to schedule a visit as soon as they think they are pregnant.
- Schedule ongoing prenatal visits at the time of the initial visit.
- Use reminder calls or postcards to ensure patients do not miss appointments.

Tools Available

- Visit the American Congress of Obstetricians and Gynecologists' (ACOG) website at www.acog.org for guidance on perinatal care.
- Use the postpartum appointment scheduling calendar provided by Molina Healthcare to ensure postpartum visits are completed at the correct time. If you did not receive a scheduling calendar, call Health Education at 1-800-642-4168.

Fighting Fraud, Waste and Abuse

Proper member identification is vital to reduce fraud, waste and abuse (FWA) in government health care programs. The best way to verify a member's identity is by obtaining a copy of the member's ID card and a form of picture ID. This is especially important for members that are not established within your practice or may be seeking emergency care. If a photo ID cannot be provided, another way to determine the patient's identity is to confirm the member's age by asking their date of birth.

Questions?

If you have any questions, please call Molina Healthcare's Provider Services at 1-800-642-4168. Representatives are available to assist you from 8 a.m. to 5 p.m. Monday through Friday.