



Provider Bulletin



A bulletin for the Molina Healthcare of Ohio Medicaid network • October 2012

Important Change to the Molina Healthcare Pharmacy Network

Effective October 1, 2012, Walgreens' pharmacies are no longer part of the Molina Healthcare of Ohio pharmacy network. Providers who use automatic prescribing to transmit a patient's prescription to a Walgreens' pharmacy will need to update the patient's preferred pharmacy. Molina Healthcare will not cover prescriptions sent to Walgreens as of October 1.

Members who frequently use a Walgreens' pharmacy to fill their prescriptions received a letter notifying them of the change. Molina Healthcare's pharmacy network still has more than 3,600 pharmacies in Ohio, including the large chain pharmacies of CVS, Target and Walmart.

EDI Claims Transitioning to Emdeon

Emdeon is now Molina Healthcare's designated Electronic Data Interchange (EDI) gateway partner and is now accepting all electronic claims on behalf of Molina Healthcare. As a provider, you may continue to submit claims to your existing EDI clearinghouse; they will forward your files to Emdeon.

Molina Healthcare will no longer receive claims directly from Practice Insight. Molina Healthcare and Emdeon have worked with Practice Insight to ensure a smooth transition. Effective September 17, Practice Insight began submitting Molina Healthcare claims to Emdeon, rather than to Molina Healthcare. If you experience any disruption in services, contact us at 1-866-409-2935 or EDI-Claims@MolinaHealthcare.com.

Benefit Accumulators for Physical, Occupational and Speech Therapy

Effective September 1, the prior authorization (PA) requirement for therapy services was changed to require a PA after an initial evaluation and 12 visits for physical therapy (PT) and occupational therapy (OT) and an initial evaluation and six visits for speech therapy (ST). These services are calculated based on a rolling 12-month period, which counts backward 12 months from the last rendered date of service (DOS). The member will regain additional visits as each rendered date of service falls outside of the rolling period.

In an effort to simplify the amended benefit, Molina Healthcare has reset the benefit accumulators to zero. This means the start date of the rolling year will begin with the first rendered DOS after September 1. Any PT, OT and/or ST services rendered prior to September 1 will not count toward the number of allowed visits. You do not need to request a PA unless additional visits beyond the maximum number permitted per rolling year are needed.

Missing and Invalid Diagnosis Pointers on CMS 1500 Claims

Molina Healthcare has identified claims paid with missing diagnosis pointers and has begun notifying providers of the need for corrected claims. We are in the process of automating the claims system to reject claims for missing and invalid diagnosis pointers.

A single encounter may frequently correlate with multiple procedures or diagnosis codes. Diagnosis pointers are required if at least one diagnosis code appears on the claim and must be present with the line item with which it is associated. This is a single digit field used to point to the most appropriate ICD-9 codes by linking the corresponding diagnosis reference number (1, 2, 3, and/or 4) from the diagnosis indicated in item number 21. Do not enter the actual ICD-9 codes or narratives in item number 24E.

A pointer should be submitted to the claim diagnosis code in the order of importance. The remaining diagnosis pointers are used in declining level of importance to the service line. The diagnosis pointer should be reported in the following fields:

Paper Claims: Item Number 24E

Electronic Claims: Loop 2400

- SV107-1: Diagnosis code pointer
- SV107-2: Diagnosis code pointer
- SV107-3: Diagnosis code pointer
- SV107-4: Diagnosis code pointer

Nursing Facility Residents Receiving Hospice Services

In accordance with OAC 5101:3-56-06 Hospice Services: Reimbursement, the following billing requirements will be used for hospice providers serving Molina Healthcare members who are residents of a nursing facility (NF) and require hospice services:

- When a member is a resident of a NF, the hospice room and board HCPCS code T2046 must be billed the amount equal to 95 percent of the Medicaid NF per diem rate, as obtained from the NF, for each day the member is in the NF overnight and is Medicaid eligible.
 - Note: A hospice recipient residing inpatient in a NF remains a member and is not deferred.
- In addition to the room and board (T2046), hospice will be reimbursed for Routine Home Care (T2042) and Continuous Home Care (T2043) for the same dates of service.
- Hospice and Palliative Care (inpatient and outpatient) do not require prior authorization for participating providers. However, they do require notification to Molina Healthcare by telephone or claim submission.
- Four categories of service will be reimbursed using the rate designated for the member’s city of residence at www.jfs.ohio.gov. If city is not listed, the rate by county will be used based on DOS.

Hospice Code	Description	Abbreviation	Unit Limitations
T2042	Routine Home Care	RCH	One unit per day
T2043	Continuous Home Care	CHC	One unit per hour, minimum eight hours per day
T2044	Inpatient Respite Care	IRC	One unit per day
T2045	General Inpatient Care	GIC	One unit per day

Molina Healthcare will reimburse separately for physician services involving direct patient care:

1. Reimbursement for services provided by physicians who are hospice employees or who are under contractual arrangements with the hospice, unless furnished on a volunteer basis, administrative basis or technical service, will be paid to the hospice separately in accordance with Chapter 5101:3-4 of the Administrative Code.
2. If the consumer designates an attending physician who is not an employee of the hospice, but is a participating provider, Molina Healthcare will pay the physician directly. Payment is based on regulations found in Chapter 5101:3-4 of the Administrative Code.

Non-covered services, such as laboratory or radiology services are included in the hospice predetermined rate and are not paid separately.

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. Together we can help prevent and deter FWA.

Commitment to Healthy Members and Quality Services

Molina Healthcare is committed to working with our provider network to ensure your patients receive the appropriate care and services they need. As a quality-accredited health plan, Molina Healthcare monitors Healthcare Effectiveness Data and Information Set (HEDIS[®]) rates, regarded as the industry standard for measuring health plan performance and quality of care and services. We share HEDIS[®] rates with contracted providers in an effort to find opportunities to improve the use of preventive care.

Prenatal and Postpartum Care (PPC)

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 greater than those mothers who received prenatal care.¹ A postpartum visit is important because 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.²

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. Women who were delivered via C-section will have a post-C section visit scheduled within two weeks of delivery. This visit does not take the place of a postpartum visit. Molina Healthcare also monitors frequency of ongoing prenatal care, which shows how many women received 81 percent or more of the recommended number of prenatal visits during the course of the pregnancy.

HEDIS [®] Measure	2011Rate (2010 DOS)	2012 Rate (2011 DOS)	Goal*
Timeliness of Prenatal Care	88.74%	86.11%	89.00%
Frequency of Ongoing Prenatal Care (81+%)	CFC 72.56% ABD 59.02%	72.69%	73.72%
Postpartum Care	60.71%	64.35%	66.00%

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

The overuse of antibiotics has led to a strain of diseases that is becoming resistant to medication. Doctors prescribe antibiotics 62 percent of the time if they perceive parents expect them and 7 percent of the time if they feel parents do not expect them. Education and adherence for the appropriate use of antibiotics is the key to preventing overuse.^{3,4}

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).

³ Lucile Packard Children's Hospital at Stanford. 2011. Upper Respiratory Infection (URI, or Common Cold).

<http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/respire/uricold.html> (June 1, 2011).

⁴ Centers for Disease Control and Prevention. 2011. Get Smart: Know When Antibiotics Work. Facts About Antibiotic Resistance.

<http://www.cdc.gov/getsmart/antibiotic-use/fast-facts.html#ref2> (May 26, 2011).

Wellness Report

Molina Healthcare annually monitors the percentage of members three months to 18 years of age who were given a diagnosis of a URI and were not dispensed an antibiotic treatment during the year.

HEDIS[®] Measure	2011 Rate (2010 DOS)	2012 Rate (2011 DOS)	Goal*
Appropriate Treatment for Children with Upper Respiratory Infection	81.29%	79.50%	92%

* National NCQA 75th percentile for Medicaid HMO plans.

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

Improvement Strategies

- Encourage members to schedule ongoing prenatal visits as soon as they become pregnant and a postpartum appointment immediately after the delivery.
- Use reminder calls or postcards to ensure patients do not miss appointments.
- Use flow sheets to promote better adherence to guidelines when assessing and treating a URI.
- Inform patients that antibiotic use increases the risk of an antibiotic-resistant infection.
- Provide patient education material on the hazards of inappropriate use of antibiotics
- Explain safe home remedies and appropriate over-the-counter medications.
- Include accurate primary and secondary CPT and ICD-9 codes when submitting claims.

Tools Available

- Preventive Health Guidelines and Clinical Preventive Guidelines for the treatment of children and adults and HEDIS Coding Help Sheets for Adults and Children are provided at http://www.molinahealthcare.com/medicaid/providers/oh/resource/Pages/guide_prevent.aspx
- Use the postpartum appointment scheduling calendar provided by Molina Healthcare to ensure postpartum visits are completed. If you did not receive a calendar, contact Lisa Baird at 1-800-642-4168 ext. 212011 or Lisa.Baird@MolinaHealthcare.com.
- Visit the American College of Obstetricians and Gynecologists' website at www.acog.org for guidance on prenatal care.
- For guidance on treating URI, visit the American Academy of Family Physicians at www.aafp.org.

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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.