MOLINA HEALTHCARE

Provider Bulletin

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

Important New Requirements Coming to ODJFS Care Management Program January 1, 2012

Significant changes are required to the Care Management programs at the Managed Care Plan (MCPs), per the 2012 Ohio Department of Job and Family Services (ODJFS) MCP Provider Agreement. The following outlines the key changes:

- All MCPs must enroll at least 1 percent of its member population into high-risk care management (HRCM). The state allows the MCPs to independently identify the members most appropriate for HRCM.
- MCPs are required to perform quarterly face-to-face visits with each member enrolled in HRCM. These face-to-face visits will be directly tied to the member's care plan, which is developed through collaboration with all parties involved in the member's care, including providers. ODJFS is encouraging the MCPs to conduct these visits at point-of-care locations, such as provider offices. The MCP may subcontract with community-based entities to augment the MCP's delivery of care management services and interventions. The most appropriate member of the multidisciplinary team (MDT) will do the face-to-face visit.
- Molina Healthcare formed MDTs to support the Care Management Program. These teams includes nurses, social workers, pharmacy technicians, community health workers, licensed practical nurses, registered dieticians and support staff to provide a holistic approach to members' needs. As part of the MDT, the provider's role is to provide ongoing input into the care treatment plan of the member. Each HRCM member will be assigned to a Care Manager who will serve as the member's conduit to the MDT and will ensure care coordination.

MCPs will continue to communicate and share information with primary care providers and specialists to ensure all team members participate in setting goals, indentifying barriers and providing input into the development of the plan of care. Collaboration will be a key driver for successful health care navigation for our members.

Molina Healthcare wants to Partner with You

The MCPs believe these new requirements move Care Management in a positive direction for MCP members. Molina Healthcare looks forward to working more closely with its provider network to successfully meet these new care management requirements. We hope to partner with you to meet the following objectives:

- Reduce inappropriate ED visits
- Reduce inpatient readmissions
- Meet the quarterly face-to-face visit requirements

If you have any questions regarding the Care Management Program changes please visit our website at www.MolinaHealthcare.com or call Care Management at 1-866-774-1510. If you would like to discuss potential partnership opportunities, ask to speak with a Care Management Manager.

HIPAA 5010 Transaction Compliance Standards Implementation effective January 1, 2012

With the upcoming Electronic Data Interchange (EDI) Transition from ANSI X12 Version 4010A1 to 5010 coming under HIPPA, all providers, trading partners and health plans should be aggressively pursuing Level II compliance.

Though the Centers for Medicare and Medicaid Services (CMS) Office of E-Health Standards and Services (OESS) recently announced it will delay enforcement for non-compliance with the Version 5010 HIPAA transaction and code set standards from January 1 to March 31, 2012, Molina Healthcare's compliance date for use of these new standards remains January 1. The 90-day enforcement discretion period does not impact Molina Healthcare's goal to be 5010 compliant by January 1.

The 4010A1 transaction standards are only permitted until December 31, 2011. We will continue as planned to issue all 835 HIPAA transactions in Version 5010 beginning January 1. To prepare, we encourage you to make necessary changes to be compliant with Version 5010. A full description of 5010 requirements and education resources are available at www.cms.gov/Versions5010andD0.

For additional information regarding Molina Healthcare's 5010 migration plans, please visit our website at www.MolinaHealthcare.com.

Transition of Care Refill Prescriptions Expire December 31, 2011

As of October 1, Molina Healthcare started administering the pharmacy benefit for our members.

The pharmacy page on our website includes information about our preferred drug list (PDL), prior authorization requirements and transition of care information. The pharmacy will refill a prescription that usually requires Molina Healthcare prior authorization if Ohio Medicaid paid to fill the prescription on or after April 1, 2011, until the following dates:

- October 31, 2011, if the prescription was a controlled substance.
- January 31, 2012, if the prescription is a standard tablet/capsule antidepressant, standard tablet/capsule antipsychotic or injectible antipsychotic medication prescribed by a provider other than a psychiatrist.
- December 31, 2011, for all other prescriptions that require prior authorization by Molina Healthcare.

After the above dates, providers will need to request prior authorization with Molina Healthcare for a member's prescription. Molina Healthcare's PDL and list of drugs that require prior authorization can be found at www.MolinaHealthcare.com.

Missing Diagnosis Pointers on CMS 1500 Claims

A single encounter may frequently correlate with multiple procedures and/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 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 21.

A pointer should be submitted to the claim diagnosis code in the order of importance. The remaining diagnosis pointers are used in decreasing 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

Molina Healthcare is in the process of automating the claims system to reject claims for missing and invalid diagnosis pointers. We will also be identifying claims paid with a missing diagnosis pointer and may be notifying you of the need for a corrected claim in the coming weeks.

For additional information on how to use diagnosis pointers, visit http://www.healthdataservices.com/Help/QuickStart/quickstart05-diagpointers.htm

Medicaid Addendum Updates to the ODJFS Attachments

The Ohio Department of Job and Family Services (ODJFS) has modified the standard Medicaid Addendum which becomes effective immediately. Molina Healthcare will no longer be accepting and/or executing the old Medicaid Addendum as of January 1, 2012. Part of the changes include the reordering of attachments.

- Attachment A: PCP Capacity (previously Attachment B)
- Attachment B: Specialist (previously Attachment C)

To access the new Medicaid Addendum Attachment As and Bs, please visit www.MolinaHealthcare.com and select Provider, Ohio, Forms.

Home Health Prior Authorization Request Quick Tips for a Smooth Process

Molina Healthcare understands that an efficient prior authorization (PA) process is important to our providers. These quick tips for requesting a home health prior authorization will help make sure that we receive all of the information needed to process your requests as quickly as possible so that you can focus on what's most important – providing care to your patients.

Tips to Request Home Health Services

The Basics

This basic information is needed on all PA requests for home health services.

1. Check the patient's insurance information to ensure Molina Healthcare is the primary insurer.
2. Complete the Molina Healthcare Service Request Form or the Ohio Care Coordination Plan Standardized PA Request Form.
3. Submit all information required for home health services.

Start of Care Only

- Documentation of a face-to-face encounter with the treating physician within 90 days prior to the start of care date, or within 30 days following the start of care date.
- Completion of a Certificate of Medical Necessity for Home Health Services (JFS 07137).

State of Care and Continuing Care Requests

- Supporting documentation of the patient's need for home health services.
- Date of last face-to-face encounter with physician.
- Written physician's order for continuing home health services from the attending physician actively treating the patient.
- All home health requests require ongoing supervision of the treating physician. The treating physician must order recertification and document the clinical need for continuation of services.

Clinical Information

- Current diagnosis and co-morbidities

- Current medical status
- Medication list and compliance
- Recent hospitalization information
- DME currently utilized
- If requesting home health nurse visits, indicate the specific skilled nursing need to support the request
- Latest 485 form, when available
- Provide a complete description of any wounds: size, depth, type and frequency of dressings
- Daily home health notes for the last 2 weeks for continuing care

Molina Healthcare typically responds to routine home health service requests within 2 days, but can take up to 14 working days to review the request if additional clinical information is needed.

Helpful Hints

These hints will help ensure that your PA requests contain all of the necessary information for review the first time they are submitted.

- Call ahead. Molina Healthcare can answer any questions before you submit your PA request.
- Fax your PA requests, including all clinical information and signed CMN to 1-866-449-6843.
- Maximum time requested is 60 days for start of care and continuing care per request.
- No more than a combined total of 14 hours (56 units) per week of home health nursing and home health aide services. Patients with documented, increased home care needs may receive up to 28 hours of home health aide care per week when discharged from an acute care hospital.
- The main purpose of home health services cannot be to provide incidental services. Incidental services include light chores, light house cleaning, preparing of meals and/or taking out the trash. These incidental services cannot increase the total number of hours requested.

Most Common Errors

Avoid the most common reasons for delay or denial of PA requests.

- Insufficient or missing clinical information necessary for review of the home health services.
- Lack of progress notes
- Illegible documentation

If you have questions about a request, call Molina Healthcare at 1-800-642-4168. Prior Authorization staff is available to assist you 8 a.m. to 5 p.m. Monday through Friday.

Wellness Report

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.

Comprehensive Diabetes Care

Best Practice

Almost 21 million Americans are living with known diabetes and an additional 3 million Americans have undiagnosed diabetes.[1,2] Much of the burden of the illness and cost of diabetes treatment is attributed to potentially preventable long-term complications, including heart disease, blindness, kidney disease and stroke.[3] Appropriate and timely screening and treatment can significantly reduce complications.

[1] CDC (2011): Chronic disease prevention and health promotion. Diabetes at a glance. www.cdc.gov/chronicdisease/resources/publications/AAG/ddt.htm
[2] National Institute of Diabetes and Digestive and Kidney Diseases. National Diabetes Statistics.
[3] American Heart Association. Heart Disease and Stroke Statistics. 2008 Update.

Wellness Report

Molina Healthcare annually monitors the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following during the calendar year.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
HbA1c Testing	74.83%	79.50%	79.25%	86.40%
HbA1c Poor Control	61.15%	40.77%	56.95%	43.20%
Eye Exam	47.90%	46.01%	50.11%	63.70%
LDL - C Screening	70.42%	74.26%	72.19%	80.10%
Monitoring for Nephropathy	73.95%	73.80%	77.92%	82.70%
Blood Pressure Control (<140/90)	54.08%	58.77%	50.11%	68.29%

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

Improvement Strategies

- Schedule the next recommended and ongoing preventive and chronic health visits at the current visit.
- Provide appointment reminder calls or postcards to help ensure that patients do not miss appointments.
- Utilize flow sheets to promote better adherence to guidelines when it comes to assessing and treating diabetes at each visit.
- Monitor Body Mass Index (BMI) as a screening tool to identify obesity for children and adults.

Tools Available

- Molina Healthcare provides Preventive Health Guidelines and Clinical Preventative Guidelines for the treatment of children and adults, and HEDIS Coding Help Sheets for Adults and Children that provide a description of recommended preventive services and coding requirements. Find them at www.MolinaHealthcare.com/medicaid/providers/oh/resource/pages/guide_prevent.aspx.
- Visit the American Diabetes Association (ADA) Clinical Diabetes website at http://clinical.diabetesjournals.org for guidance on diabetic care.

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.

Join our Email Distribution List

If you prefer to receive this bulletin via email, please email us the provider group name, TIN, service location address, contact name, contact phone number and email address at ProviderServices@MolinaHealthcare.com.

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.

What's Coming

Web Portal Enhancements

MOLINA® HEALTHCARE

Molina Healthcare is making changes to improve the Web Portal's ease of use and efficiency. Here are some of the improvements coming in December:

Security Update

- New, easier to use registration process improves ease of registering on-line, along with a "How to Register" video and improved help information.
- Medicare providers will now be able to register and access Web Portal functionalities.
- Improved ease of adding users to an existing provider's account
- Each portal user will now have an individual account with access levels according to their needs.
- Physicians who are part of a group will now be able to register individually with their own accounts.

Medicare Functionalities

- New capability to inquire on the status of Medicare claims and service requests/authorizations.

Claim Status

- Remit messages now available when viewing claims status information.

Status Change Notifications

- New system messaging capabilities to automatically notify of claim and service request/authorization status changes.

Service Request/Authorization Enhancements

- Improved efficiency of creating service requests/ authorizations via new capability to create and use templates for frequently used requests.
- Reduce time for repeat service request/authorizations by copying a member's previous request
- Expanded capabilities for attaching documentation and clinical notes to service requests.
- Notification if the member has previously received the service when creating a service request/authorization.
- New capability for the member's PCP to view all service request/authorizations for their members.

Check out the new features and give us feed back at webportal@molinahealthcare.com

We invite you to come and see the enhancements and improvements to the Molina Healthcare Web Portal. We are committed to making the improvements you asked for with more to come in 2012.