



Rewards for Healthy Choices Program to Re-launch

Due to the success of the *Rewards for Healthy Choices* program in 2009, Molina Healthcare of Ohio is re-launching the *Rewards for Healthy Choices* program for 2010.

How does the program work?

Rewards for Healthy Choices booklets have been mailed to all Molina Healthcare members to promote the utilization of preventive health services. Members are encouraged to schedule an appointment with their provider for eligible services between June 1 and August 31, 2010. Members who submit valid coupons for services received will be entitled to a gift card reward.

How does this affect you as a provider?

Please help us encourage preventive care by completing the provider section of the coupon and submitting it to Molina Healthcare. To complete the provider section, simply sign, date and fax the coupon Molina Healthcare at the fax number specified on the coupon. A signature from you or your office staff is necessary so we can verify the member's visit and reward them for making healthy choices.

Rewards for Healthy Choices coupons are for the following services:

- Well Child Checkups – Annual visit for children ages 0-11 years
- Well Care Checkups for Teens – Annual visit for adolescents ages 12-21
- Adult Well Care Checkups – Annual visit for adults ages 22-65+
- Women's Health
 - o Breast Cancer Screening – as recommended by their provider
 - o Pap Test – as recommended by their provider
 - o Chlamydia Screening – as recommended by their provider
- Comprehensive Diabetes Care – for members with a diagnosis of diabetes
 - o HbA1c Screening
 - o LDL-C Screening
 - o Urinalysis
 - o Annual Dilated Retinal Eye Exam
- Refill of Asthma Medications – for members with a diagnosis of asthma. This coupon must be signed by a pharmacist at the time the medication is dispensed and must be used for controller medications, NOT rescue inhalers.

Gardasil Coverage

Medicaid fee-for-service is clarifying the coverage and reimbursement policies for vaccination against the Human Papilloma virus (HPV) with the quadrivalent (CPT 90649) and bivalent (CPT 90650) vaccines. In addition to reimbursing providers for vaccinating females ages nine through eighteen, effective immediately, providers will also be reimbursed for vaccinating males ages nine through eighteen.

Prior Authorization Reference

Molina Healthcare maintains a list of services that require prior authorization organized by CPT code. To reference the list, go to www.MolinaHealthcare.com and select Ohio, Providers, Forms. Click on CPT Codes Requiring Authorization.

Attachments B and C Clarification

Attachments B and C were updated by the state in 2009 and have been in use since June of last year. **There are no new updates to the forms, but some offices are still using the old versions.** If your office has printed a stock of these forms, please check to confirm that you are using the most current version. The documents can be found at www.MolinaHealthcare.com. Select Ohio, Providers, Forms and select the links named ODJFS Attachment B and ODJFS Attachment C.

Advance Directives Refresher

Under Ohio law, there are three types of advance directives:

- Living Will – Allows patients to put wishes about medical care in writing for situations when they are unable to make these wishes known.
- Declaration for Mental Health Treatment – Allows patients to appoint a proxy to make decisions specifically about mental health treatment on their behalf when they lack the capacity to make these decisions.
- Durable Power of Attorney – Allows patients to choose a representative to carry out their wishes regarding medical care when they cannot act for themselves.

Providers must discuss with patients their right to make health care decisions and execute advance directives, and provide appropriate medical advice if requested. Providers must document the presence of advance directives in a prominent location in the patient's medical record.

Providers must honor advance directives to the fullest extent of the law. In no event may a provider refuse to treat a patient or otherwise discriminate against a patient because the patient has completed an advance directive; however, Ohio law includes a conscience clause. If a provider cannot follow an advance directive because it goes against conscience, they must assist the patient in finding another provider who will carry out the patient's wishes. Under Ohio law, patients have the right to file a complaint related to advance directives with the Ohio Department of Health.

Molina Healthcare does routine audits of providers' medical records to ensure the integrity and quality of medical record keeping. Auditors check patient medical records for documentation of advance directive discussions and for forms that are complete and on file. Lack of advance directive documentation in medical records may result in corrective action being taken against the provider.

Great Lakes Medical Supply

Great Lakes Medical Supply is now a participating provider with Molina Healthcare. GLMS can be reached at 1-800-774-0788 for all non-diabetes related items (select prompt 5 - Home Medical Equipment).

Effective 06/01/2010, Edgepark Surgical Supply will no longer be a participating provider in the Molina Healthcare network. Future orders for items previously supplied by Edgepark can be placed through GLMS or a local in-network vendor of your choice. As a reminder, all services should be directed to participating providers.

A complete list of Molina Healthcare participating providers can be found via our online directory at www.MolinaHealthcare.com.

CyberAccess for Ohio Medicaid

The Ohio Department of Job and Family Services (ODJFS) has contracted with ACS, the pharmacy benefits manager (PBM) for Medicaid, to provide the CyberAccess system. CyberAccess is a user-friendly, HIPAA-compliant Internet portal for providers to access pharmacy information regarding their patients. Prescribers can also use the tool to verify a drug's prior authorization status and to send e-prescriptions to pharmacies.

Through CyberAccess, prescribers and/or their authorized staff have the ability to:

- Review two years of claims data (patient profile information)
 - Patient demographic information
 - Prescribed drug history
- Identify potential care management concerns
 - Best practice recommendations
 - Drug-related problems
 - Adverse drug events
 - Under utilization, over utilization and noncompliance
 - Disease management or disease-related concerns
- Electronically verify drug prior authorization status
 - Determine if drug is a preferred agent
 - Determine if the patient meets approval criteria within the SmartPASM system
 - Ensure appropriateness of drug before it is prescribed
- Electronically send prescriptions to pharmacies.
 - e-fax prescriptions to pharmacies
 - e-prescribe capability

CyberAccess is fully funded by ODJFS and is FREE for all Ohio Medicaid Providers. Please contact ACS at (614) 682-2034 to set up an in-office demonstration or to sign up for CyberAccess.

Questions?

If you have any questions, please call Molina Healthcare's Provider Services Department at 1-800-642-4168 (TTY: 1-800-750-0750 or 711). Representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday.