



Provider Bulletin



A bulletin for the Molina Healthcare of Ohio Medicaid network • January 2013

Self-Attestation Grace Period for 2013 Primary Care Physician Rate Increase

Per the Patient Protection and Affordable Care Act (ACA), certain primary care physicians are eligible to receive increased Medicaid payments for primary care services provided to Medicaid-eligible individuals. Providers must request the reimbursement by self-attesting that they are an eligible provider by applying through the MITS portal on Ohio Medicaid's website.

Verification of attestation will begin in mid-January. Providers will receive an email indicating approval or denial. The Office of Medical Assistance (OMA), previously known as ODJFS, will notify Molina Healthcare of a provider's eligibility and effective date of eligibility. For providers who self-attest during the Jan. 1-19 grace period, the effective date will be Jan. 1, 2013. Thereafter, the date of self-attestation will be the effective date.

Approved providers can expect to see increased payments beginning in April when OMA anticipates the Centers for Medicare & Medicaid Services (CMS) will approve Ohio's State Plan Amendment to implement the primary care rate increase. Qualified providers will receive the enhanced payment directly from Molina Healthcare. These payments may be made retrospectively.

For additional information about the Primary Care Physician Rate Increase, please reference the [Frequently Asked Questions](#) provided by OMA and the [Frequently Asked Questions](#) provided by CMS, provided on the organizations' websites. You can access the MITS portal at <https://www.ohmits.com>.

OMA Fee Schedule and Inpatient Hospital Rates Released

OMA released all 2013 fee schedule and inpatient hospital rate changes. Molina Healthcare is updating procedure code sets and rates accordingly. As communicated by OMA, the DRG Relative Weights and Trim Points will remain the same for discharges on Jan. 1, 2013 and after. Be sure to use the Medicaid Managed Care capital rates located in the "MCO I/P Capital Rate" column to calculate DRG payments within the 2013 rate file available at <http://ifs.ohio.gov/OHP/bhpp/XLS/HospRatesWeb.xlsx>.

Healthchek

Healthchek is Ohio's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, which includes federally-mandated health services for Medicaid-eligible persons from birth through age 20. EPSDT is designed to promote health by providing early intervention to diagnose and treat health issues. All Healthchek services are covered benefits.

Molina Healthcare is required by Ohio Administrative Code to provide contracted providers with a description of Healthchek services for Medicaid members. Contracted providers are required to notify patients or parents and guardians of patients of appropriate Healthchek services and exam intervals.

For more information about Healthchek services, appropriate services and exam intervals, and the list of covered services, visit the [Benefits and Covered Services](#) section of the Molina Healthcare [Provider Manual](#) posted on our website at www.MolinaHealthcare.com. A help sheet that can assist providers with billing common Healthchek services is also on our website. Select "Providers," then "Ohio," then "Health Resources," then "Guidelines." Click on [HEDIS Help for Providers - Kids](#).

Members’ Satisfaction with Getting Care Quickly

The annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures members’ satisfaction with their health care and health plan. The two questions below measure satisfaction with how quickly care is received when it is needed immediately.

- ✓ *In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?*
- ✓ *In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?*

On a composite three-point scale, member satisfaction results are:

CAHPS® Measure – Getting Care Quickly	2010 Result	2011 Result	2012 Result	75th Percentile	90th Percentile
Adult - CFC	2.31	2.33	2.28	2.43	2.47
Adult - ABD	2.34	2.40	2.40	2.43	2.47
Child	2.70	2.63	2.68	2.66	2.69

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Satisfaction is measured by continuum of care, health plan performance and the patient’s experience in their provider’s office. By providing needed care as quickly as possible, you can help improve your patients’ satisfaction.

The Importance of Care Coordination

Coordination of care between medical settings can improve members’ health outcomes. It can improve patient safety through consideration of medication interactions, improve the member experience, and may decrease costs associated with duplicative services.

If you are a PCP, here are some ways you can improve coordination of care:

- Refer to specialists with whom you have a good professional relationship. This will help to ensure communication across health settings.
- Refer to specialists only when necessary. Some matters can be handled by a PCP as opposed to a specialist, and this could help to increase specialty access to those who really need it.
- Establish care coordination agreements with specialists or groups of specialists. An agreement can list items for which each party is responsible.
- Obtain hospital and facility discharge summaries for members who have been inpatient.

If you are a specialist, here are some ways you can help:

- Send results from referrals to the referring practitioner in a timely manner.
- Establish care coordination agreements with PCPs.

If you have any questions regarding coordination of care, please call our Quality Improvement department at 1-800-357-0146 ext. 212011.

Amended Prior Authorization Requirements effective March 1, 2013

Molina Healthcare recently updated the 2013 prior authorization (PA) list of services. All speech therapy services, including evaluations, and all hysterectomies now **require** PA for medical necessity review. Once approved, hysterectomy claims cannot be paid until the appropriate ODJFS Consent Form has been received by Molina Healthcare. ODJFS Consent Forms are available on our website.

Changes will be posted to our website at www.MolinaHealthcare.com in the Benefits and Covered Services and Benefits Index sections of the [Provider Manual](#), and are effective on March 1. The

[Provider Forms](#) section of the website will also include revisions to the Service Request Form and Instructions and the CPT Codes Requiring Prior Authorization.

We encourage you to take advantage of the searchable CPT code listings that include authorization requirements by place of service. When submitting a PA request, please consider the Web Portal authorization submission process, which eliminates extra paperwork and faxing.

Commitment to Healthy Members: Prenatal and Postpartum Care (PPC)

Prenatal and postpartum care is critical to the health of mothers and their newborns. Infants born to mothers who do not receive prenatal care are three times more likely to be born with low birth weight and have a five times greater rate of infant mortality.¹ A postpartum visit is also important because some women experience emotional distress and need personalized care during the postpartum period to ensure the development of a healthy mother-infant relationship.²

Molina Healthcare annually monitors the percentage members who delivered a baby that received a timely prenatal care visit and a timely postpartum visit. Molina Healthcare also monitors frequency of ongoing prenatal care.

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

*National NCQA 75th percentile for Medicaid HMO plans.

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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

- Molina Healthcare provides our OB/GYN providers with an appointment scheduling calendar. If you did not receive a scheduling calendar, please contact Lisa Baird at 1-800-642-4168 ext. 212011 or Lisa.Baird@MolinaHealthcare.com.
- [Suggested Timeline for Pregnancy Care](#) guidelines are available on our website.

Reminder: Behavioral Health CPT Coding Changes for 2013

Major changes to the codes in the Psychiatry section of the American Medical Association's (AMA) manual on Current Procedural Terminology (CPT) have been made for 2013. Refer to the AMA's 2013 CPT manual. For information on webinars and other educational opportunities, visit the American Psychiatric Association's (APA) website at <http://www.psychiatry.org/practice>.

The new CPT codes are required by HIPAA. Use is based on the date of service and not the date of claims submission. Services provided before Jan. 1 must use the old codes, but services provided on or after Jan. 1 should bill with the new codes. Molina Healthcare is updating fee schedules to map to the new rates. Note that if a new code was mapped from an old code that required prior authorization, the new code also will require authorization. Existing authorizations that extend beyond Jan. 1 will be honored using the new codes.

CPT® five-digit codes, descriptions, and other data only are copyright 2011 by the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. CPT® is a registered trademark of the American Medical Association (AMA).

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).

Reminder: Advanced Imaging Unit to Review PA Requests

Effective Feb. 4, Molina Healthcare's newly developed Advanced Imaging Unit will be responsible for providing PA reviews for all high-tech outpatient elective diagnostic imaging procedures. PA is required for non-emergency CT scans (including CTA), MRI/MRA studies, PET Scans and Nuclear Cardiology/MPI. The requirement applies to all providers for all lines of business. The implementation of this team should improve turnaround times for PA of these services. For a complete list of procedure codes requiring prior authorization, visit www.MolinaHealthcare.com.

Partners in Care Provider Newsletter Posted

The fall 2012 [Partners in Care](http://www.MolinaHealthcare.com) provider newsletter is posted at www.MolinaHealthcare.com, found by selecting the Communications tab. The fall 2012 newsletter features the following articles:

- Molina Medicare Intensifies Its Focus on the Underserved
- Who Should Get the Flu Vaccination?
- Care for Older Adults
- Refer Your Patients to Molina Healthcare's Nurse Advice Line
- Quality Matters to Molina Healthcare
- Advance Directives
- New Portal for Molina Healthcare Members

Also available on our website:

- Clinical practice and preventive health guidelines
- Disease management programs for asthma, diabetes and pregnancy
- Quality improvement program
- Member rights and responsibilities
- Privacy notices
- Claims and denials decision information
- Provider manual
- Utilization management affirmative statement (non-incentive for underutilization)
- How to obtain copies of utilization management criteria

To request hardcopy versions of Partners in Care, call Provider Services 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. Together we can help prevent and deter FWA.

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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.

Connect with Us. Molina Healthcare is on Facebook and Twitter. Like us at www.facebook.com/MolinaHealth and follow us at www.twitter.com/MolinaHealth. Email us your Facebook URL and Twitter handle at ItMatters@MolinaHealthcare.com so we can like your Facebook page and follow you on Twitter, too.

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.