



Provider Bulletin



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

Auto-Approval for Prior Authorizations System Now Live

To improve the prior authorization process for our providers, Molina Healthcare of Ohio implemented Clear Coverage, a web-based application that can be accessed through the Molina Web Portal. As a Molina Healthcare provider, you are able to enter a prior authorization service request and receive automatic authorization for specific services. The process includes an interactive medical review based on Molina Healthcare specific guidelines and InterQual® clinical criteria. You also can upload medical records as needed, verify member eligibility and benefits, view authorization status, and print proof of authorization.

Clear Coverage is available to our entire provider network, and you are able to access self-training materials for the application within the Molina Web Portal or request in-person training from your External Provider Relations Representative. Clear Coverage brings a wide range of benefits, including lower administrative costs, more consistent policy adherence, and time savings. If you have any questions, please call Provider Services.

Speech Therapy, Hysterectomies Require Prior Authorization effective March 1, 2013

Molina Healthcare has updated the 2013 prior authorization (PA) list of services. All speech therapy services after the initial evaluation is completed, and all hysterectomies now **require** PA for medical necessity review. Once approved, hysterectomy claims cannot be paid until the appropriate Ohio Department of Job and Family Services (ODJFS) Consent Form has been received by Molina Healthcare. ODJFS Consent Forms are available on our website.

Additionally, all behavioral health service requests will be reviewed on a calendar year and will follow the latest American Psychiatric Association CPT Coding Resource Crosswalk of 2012 to 2013 CPT Codes.

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, 2013. The [Provider Forms](#) section of the website will 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, consider using Clear Coverage through the Molina Web Portal, which eliminates extra paperwork and faxing and can automatically authorize specific services.

Improved Member Eligibility Roster

The Member eligibility roster has undergone some major improvements that change it from a static listing to a flexible tool that makes member management easier. You can customize your search with built-in filters, check member eligibility directly from the roster, be informed about new members, and more.

Remember, primary care providers can access their member eligibility rosters online via the Molina Web Portal, which ensures that your office has access to the most up-to-date member eligibility information. Eligibility verification also can be completed using any of the following services:

- Molina IVR: 1-800-642-4168
- ODJFS IVR: 1-800-686-1516
- Submit an Eligibility Inquiry 270 file to Emdeon through your clearinghouse to Molina Payor ID 20149

Children’s Health Care and the Medicaid Managed Care Program

The State of Ohio recently issued a “[Save the Date](#)” to Medicaid providers to announce the upcoming enrollment of Children with Special Health Care Needs (CSHCN) into the Medicaid Managed Care Program. You can view the announcement at <http://jfs.ohio.gov/OHP/bmhc>.

National Doctor’s Day

March 30 is National Doctor’s Day. Doctors devote their lives to helping and healing others, bringing hope and comfort to patients and families every day. We know a doctor’s dedication is tireless. Molina Healthcare would like to thank all of our extraordinary providers for the faithful service and commitment they give to our members on a daily basis. Thank you for all that you do!

Members’ Satisfaction with Provider Communication

The annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures members’ satisfaction with their health care and their health plan. Four questions measure member satisfaction with how well their doctors:

- ✓ *Explained things to their patients in a way that was easy to understand,*
- ✓ *Listened carefully to their patients,*
- ✓ *Showed respect for what their patients had to say,*
- ✓ *And how often the doctor spent enough time with their patients.*

Composite score results (on a three-point scale) are listed below.

CAHPS® Measure – Provider Communication	2010 Result	2011 Result	2012 Result	75th Percentile	90th Percentile
Adult - CFC	2.53	2.53	2.56	2.70	2.73
Adult - ABD	2.50	2.52	2.53	2.58	2.64
Child	2.71	2.71	2.67	2.72	2.75

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

Our goal is to achieve at least the 75th percentile national score. To date, we remain below that level. By taking the steps to improve communication, you can help us improve member satisfaction. Good communication ensures that patients understand their needs and participate actively in managing their care.

New Data Provided in 271 Eligibility Benefit Response Transactions

Trading Partners who initiate 270 eligibility inquiries to Emdeon for Molina Healthcare members will receive the primary health insurance coverage information, in addition to the eligibility verification information, in the 271 eligibility response. Take advantage of this newly provided data and remind Molina Healthcare members to bring all health insurance cards to their appointments. Claims should be directed to the primary carrier prior to billing Molina Healthcare.

If coordination of benefits (COB) information has changed or termed, please let us know by sending a secure email to MHOEnrollment@MolinaHealthcare.com or by sending a fax to (614) 781-4344 to the attention of the Enrollment Department. Remember to include:

- Molina Healthcare ID number
- A copy of the front and back of the other insurance ID card
- Verification of eligibility, including the member ID number and the coverage dates from the other insurance carrier or third party vendor

Review the information that health plans use to verify COB on the ODJFS Health Insurance Fact Request Form (JFS 06614) at www.odjfs.state.oh.us/forms/inter.asp.

Once you submit the COB information, Molina Healthcare will verify and adjust impacted claims that meet the standard 120-day timeframe within 60 days of the submission date. Claims denied prior to 120 days of the COB update will not be reprocessed.

Commitment to Healthy Members and Quality Services

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Molina Healthcare annually monitors the percentage of members 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
BMI Percentile	19.21%	33.64%	67%
Counseling for Nutrition	30.24%	33.87%	67%
Counseling for Physical Activity	23.40%	29%	56%

*National NCQA 75th percentile for Medicaid HMO plans.

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

Improvement Strategies

- Include documentation that includes date of service, height, weight and BMI percentile from the current year for each patient.
- Documentation of counseling for nutrition/physical activity must include anticipatory guidance, discussion of current behaviors, address checklist, counseling or referral education and distribution of education materials to the patient.
- Provide reminder calls or postcards to ensure members do not miss appointments.

Tools Available

- Contact your Provider Services Representative to request educational materials, including a BMI wheel, for your office.
- [Preventive Health Guidelines](#), [Clinical Preventive Guidelines](#), and [HEDIS Coding Help Sheets for Adults](#) are provided at www.MolinaHealthcare.com.
- Visit the American Academy of Pediatrics at http://brightfutures.aap.org/clinical_practice.html for the Early Periodic Screening, Diagnostic and Treatment (EPDST) Healthchek requirements, and find Healthchek-EPDST screening forms and a complete list of billing guidelines at www.MolinaHealthcare.com.

Molina Healthcare of Ohio's Fraud Reporting Line

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available to you 24 hours a day, seven days a week, even on holidays. Reports are always kept confidential, but you also may choose to report anonymously. Please report any issues to 1-866-606-3889.

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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.