



Headlines

- It's survey time! Molina Healthcare of Ohio, Inc. (Molina) is preparing for our annual provider survey. A random sample of providers will be selected for participation, and we hope those of you who are selected will take this opportunity to give us feedback. **This is your opportunity to let us know how you feel** about the service enhancements we've implemented in the past year.
- Great news! **Molina is contracting Nurse Practitioners (NPs) as PCPs** in all regions. NPs practicing as PCPs must be credentialed through Molina's credentialing process.
- Did you know **you can be reimbursed if a Molina member is enrolled in a Birthing Class** at your facility? For specific billing information, please refer to OAC 5101:3-4-10, Pregnancy Related Services.
- We want to remind you ... **Chiropractic care is limited to the provision of specific services**. These services are listed in OAC 5101:3-8-11, Covered Chiropractic Physician Services and Limitations.
- On our members' behalf, another reminder ... In accordance with OAC 5101:3-26-05, Managed Health Care Programs: Provider Panel and Subcontracting Requirements, **providers are to accept the MCP payment in full and are not allowed to balance bill members**.
- The address to submit claims is: Molina Healthcare, Inc.
P.O. Box 22712
Long Beach, CA 90801
- The address to submit refunds is: Molina Healthcare of Ohio, Inc. - 715257
P.O. Box 715257
Columbus, Ohio 43271-5257
- Need to know what number to fax requests to? See the list below for specific fax queues.
 - Prior Authorization 1-866-449-6843
 - Case Management 1-866-553-9260
 - Concurrent Review 1-866-553-9219
 - Behavioral Health 1-866-553-9262

Scam Alert:

CMS asks that you share the following important information.

Perpetrators are sending faxes to physician offices posing as a Medicare carrier or Medicare Administrative Contractor (MAC). The fax states that an account information update is required within 48 hours in order to prevent a gap in Medicare payments. The fax may have the CMS logo and/or the contractor logo to enhance the appearance of authenticity.

Medicare providers, including physicians and non-physician practitioners, should be wary of this type of request. If you receive a request for information in the manner described above, please check with your contractor before submitting any information. **Medicare providers should only send information to a Medicare contractor using the address found in the download section of the CMS.gov website** found at

<http://www.cms.hhs.gov/MLNGenInfo/> or <http://www.cms.hhs.gov/MedicareProviderSupEnroll> .

Open Enrollment Update

Federal requirements mandate that an Open Enrollment Period (OEP) be held every twelve months for Medicaid members. Because Medicaid managed care was gradually implemented in the state of Ohio, open enrollment months vary by region and by program -- Covered Families and Children (CFC) or Aged, Blind or Disabled (ABD). The currently scheduled OEPs are:

- July 2009 – CFC Southwest and CFC West Central
- August 2009 – CFC Southeast
- November – CFC Central

In order to reduce confusion and to simplify the open enrollment process, the Ohio Bureau of Managed Care (BMC) has decided to establish one statewide open enrollment month in all Medicaid managed care regions for both the ABD and CFC programs. **Beginning this year, November will be the statewide open enrollment month.** The scheduled OEPs will be held as planned, followed by the statewide Open Enrollment Period in November for both CFC and ABD.

Keeping Kids Healthy

Molina recently measured the percent of members who have completed the recommended number of well-child visits.

Measure	Recommendation	Completion Rate
Well Child Visits (0-15 months)	6 visits	41.15 %
Well Child Visit (3-6 years)	Annually	45.99%
Adolescent Well Care	Annually	22.37%

As part of our joint effort to keep kids healthy, **please remind parents when their child is due for a well-child visit.** Children should have six well-child visits between birth and 15 months and children aged 15 months to 21 years should visit their PCP annually.

In addition please remember that annual documentation of BMI percentile, counseling for nutrition and counseling for physical activity should be a part of each medical record for children age 3 years through adolescence.

For a detailed explanation of the recommendations for preventive pediatric health care, please visit the American Academy of Pediatrics: *Guidelines for Health Supervision* at www.aap.org and Bright Futures: *Guidelines for Health Supervision of Infants, Children and Adolescents* at www.Brightfutures.org.

Where did you go?!

Molina must notify the state -- and in some cases, notify members -- when providers are terminating from a group. Notifying Molina is not only a good business practice, it is a contractual requirement.

Providers are required to give the MCP at least sixty days prior notice for nonrenewal or termination.

Please remember to notify Molina with as much advance notice as possible when adding providers and when providers are leaving.

Use of Imaging Studies for Low Back Pain

- Low back pain affects two thirds of adults at some time in their lives. Per the National Quality Measures Clearinghouse, in a given year, about 15 percent of all Americans will have low back pain lasting 2 weeks; of those, 5 to 10 percent will have low back pain lasting three or more months.
- Low back pain is the most common cause of job-related disability, and it is the leading cause of missed work days.

According to the American College of Radiology (ACR), uncomplicated acute low back pain is a benign, self-limited condition that warrants no imaging studies (e.g. x-ray, MRI, CT scan). It is important that low back pain be diagnosed and treated appropriately. There is a poor correlation of x-ray findings with low back problems when low back pain is not attributed to potentially serious spinal pathology or non- spinal pathology.

Molina Healthcare of Ohio, Inc. recently measured the percentage of members with a primary diagnosis of low back pain that met the ACR recommendation and did not have an imaging study within 28 days of the diagnosis.

The results below indicate the percentage of members with uncomplicated acute low back pain who were treated appropriately for low back pain.

2007	2008
73.10%	68.4%

Exclusions – Members who meet the criteria below are appropriate for x-rays to evaluate primary low back pain:

- Members with a diagnosis of cancer at any time in their medical history.
- Members with a diagnosis of recent trauma, IV drug abuse or neurological impairment in the 12 months prior to the index episode.

Physician Coding

If a member has chronic low back pain, please remember to submit an allowed low back pain code at regular intervals. Failure to do so risks the member who suffers from chronic low back pain having no corresponding diagnosis coded within 6 months of an ordered imaging study. Possible diagnosis codes are as follows:

- 721.3; 722.10; 722.32; 722.52; 722.93; 724.02; 724.2; 724.3; 724.5; 724.6; 724.7; 738.5; 739.3; 739.4; 846; 847.2

Newborn Eligibility Information

The rules for the Medicaid managed care plan (MCP) coverage of newborns have changed.

Newborns whose mothers are enrolled in an MCP on the date of birth are eligible for MCP membership from their date of birth as long as they don't meet any of the exclusions or exemptions from membership described in rule 5101:3-26-02.

Effective July 1, 2009, MCP membership for the newborn will be limited to the date of birth through the last day of the month in which the newborn reaches ninety days of age. The previous timeframe for coverage was 120 days.

Access Standards

Helping Members Set Reasonable Expectations

How many times has a patient called your office and expected an immediate appointment? Molina's Member Services, Health Education and Outreach teams are working to ensure that our members have information regarding appropriate appointment guidelines.

Listed in the tables below are the industry-standard appointment guidelines that Molina expects its providers to meet.

Primary Care:

Type of Care	Appointment Wait Time
Preventive Care Appointment	Within 6 weeks of request
Routine Primary Care	Within 6 weeks of request
Acute Care	Members with persistent symptoms must be treated no later than the end of the following working day after their initial contact with the PCP site.
Emergency Care	Members with emergency care needs must be triaged and treated immediately upon presentation at the provider office.
After-Hours Care	Available by phone 24 hours/7 days
Office Waiting Time	Should not exceed 30 minutes

Primary Care Physicians may access their current roster of assigned members at any time via the Molina website: www.MolinaHealthcare.com. Members listed on the roster are assigned patients of the PCP. The standards listed above apply to all members on the eligibility list.

Providers without Internet access, or those who would prefer a paper copy of their roster may contact Provider Services at 1-800-642-4168 to place a request. These PCPs will receive a hard copy of their roster each month.

In addition to the appointment availability standards set for PCP offices, non-PCP (specialty) appointment availability standards are:

Type of Care	Appointment Wait Time
Routine Consultation Appointment	Within 8 weeks of request
Pregnancy (for initial visit)	Within 2-6 weeks of request

Behavioral Health	Appointment Wait Time
Non Life-Threatening Emergency	Access within 6 hours
Urgent Care	Access within 48 hours
Routine Care	Access within 10 business days

ELECTRONIC CLAIMS SUBMISSION

Molina strongly encourages providers to submit claims electronically.

Electronic claims submission is easy, fast and confidential!

What are the benefits?

- **Save money** by decreasing your cost of postage and printing.
- **Eliminate mailing time** - claims reach Molina faster.
- **Reduce delays** - errors can be corrected and resubmitted electronically.
- **Increase efficiency and productivity** in your office.

How does it work?

- Your current billing system creates an electronic file containing your claims.
- The file is sent electronically to a clearinghouse.
- The clearinghouse checks the data for accuracy and provides your staff with reports of accepted and rejected claims.
- The clearinghouse forwards the accepted claims to Molina for processing.
- EDI claims reach Molina's system quicker than printing claim forms and mailing them via the postal service.
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Want to learn more?

Visit our new EDI (Electronic Data Interchange) website!
Go to [Molina Healthcare Providers - Benefits of using EDI](#) or contact one of Molina's clearinghouse partners listed below – and start filing EDI claims today!

Molina Healthcare Clearinghouse Partners			
Name	Phone Number	Claims Type/Format	Payer ID
ZirMed, Inc.	1-877-494-7633	HCFA 1500 - Professional (837P) UB 92 - Institutional (837I)	20149
SSI Group	1-800-880-3032	HCFA 1500 - Professional (837P) UB 92 - Institutional (837I)	20149
Practice Insight	1-713-333-6000	HCFA 1500 - Professional (837P)	20149
Availity/THIN	1-800-282-4548	HCFA 1500 - Professional (837P) UB 92 - Institutional (837I)	20149
Emdeon <i>(formerly WebMD)</i>	1-877-469-3263	HCFA 1500 - Professional (837P) 14 UB 92 - Institutional (837I) Eligibility Batch Inquiry/Response (270/271) Claims Status Batch Inquiry/Response (276/277)	20149

Contact Information

Molina Healthcare EDI Website	EDI Hotline	Molina Provider Services
Molina Healthcare Providers - Benefits of using EDI	1-866-409-2935	1-800-642-4168

Hysterectomy and Sterilization Consent Form Changes

The Ohio Department of Job and Family Services has made changes to the Hysterectomy Consent Form and the Sterilization Consent Form. The previous consent forms will be accepted for **dates of service** up to August 31, 2009. However, starting with DOS September 1, 2009, the new consent forms **MUST** be used.

The updated consent forms are available at www.MolinaHealthcare.com. Please download these forms and make copies for future use.

Note: The same rules still apply to the Sterilization Consent Form – the patient must sign the form at least 30 days prior to the procedure (not more than 180 days), and the physician must complete the Physician's Statement portion after the procedure.

If you have any questions regarding this information, contact Kerry Wycuff in the Molina OB Department at 1-800-357-0146 x212029.

Correction:

The following corrections to the 2009 HEDIS Coding Brochure you recently received have been identified:

Under **Comprehensive Diabetes Care – Age 18–75 Years**
ICD-9-CM Code **632.0x** should be replaced with **362.0x**

Under **Timeliness of Prenatal Care**
CPT Codes **59400, 59510, 59610, 59618, 59425, and 59426** should be deleted

The corrected brochure will be posted to the Molina website for your reference.

We Are Here to Serve You

If you have any questions, please call the Molina Provider Services Department.

A representative will be available to assist you from 8:00 a.m. to 5:00 p.m.

Monday through Friday. Please call toll free at
1-800-642-4168 or TTY: 1-800-750-0750 (or 711).