



HIPAA 5010 Claims Submission: Billing Address cannot be a Post Office Box Address

In accordance with the Electronic Data Interchange (EDI) Transition to Version 5010 under HIPPA, Molina Healthcare transitioned to the 5010 format effective January 1, 2012.

Under the Version 4010 transaction regulations, a Post Office or Lock Box address was accepted as part of the billing address field. However, under 5010, a Post Office Box, Lock Box or Lock Bin cannot be accepted in the billing address field, Loop 2010AA, Segment N301 of the 837 file.

As a result, payers' systems, such as Molina Healthcare's system, that are 5010 compliant will reject incoming claims with a Post Office Box, Lock Box or Lock Bin address in the billing address field. According to payers and the clearinghouse community, many providers are not compliant with this new practice.

To continue to accept claims and not cause a high rejection rate on 5010 claims submissions that are not compliant with the billing address edit, Molina Healthcare and many clearinghouse covered entities will relax this edit to accept claims during the initial phase-in period of 5010. Molina Healthcare will notify you 30 days prior to enforcing this rejection on incoming claims requiring the billing address field to include an actual street address for 5010 compliance (Loop 2010AA, Segment N301). Post Office Box, Lock Box or Lock Bin addresses are to be sent in the Pay-To Address field (Loop 2010AB), if necessary. All billing provider and service facility addresses require a 9-digit ZIP code in Loop 2010AA, Segment N403.

Molina Healthcare recommends that all providers comply with these 5010 requirements as soon as possible to avoid any unnecessary claim rejections. Please reference the appropriate Ohio Department of Job and Family Services (ODJFS) Companion Guide ([837I](#), [837P](#)) for additional information.

ODJFS Fee Schedule and Inpatient Hospital Rate Released

ODJFS released all 2012 fee schedule changes. Molina Healthcare is in process of updating all applicable procedure code sets and rates accordingly.

For discharges January 1, 2012, and after, ODJFS instituted Medicaid Managed Care capital rates, and Molina Healthcare has updated all DRG rates accordingly. Please be sure to use the capital rates located in the new column, "MCO I/P Capital Rate", to calculate DRG payments within the 2012 rate file available at <http://jfs.ohio.gov/OHP/bhpp/XLS/HospRatesWeb.xlsx>.

Working Together to Provide Care Coordination for Dual Eligibles

"Dual eligibles" are consumers who are eligible to receive both Medicaid and Medicare services, but in Ohio they do not receive coordinated care through a managed care delivery system.

Consequently, dual eligibles face significant health challenges. In an analysis of physician visits by dual eligibles in Franklin and Hamilton counties, it was found:

- 1 in 5 were diagnosed with circulatory and respiratory disease

- Nearly 10% had musculoskeletal conditions
- More than 5% had mental disorders¹

The Centers for Medicaid and Medicare Services (CMS) found that dual eligibles had fewer preventable emergency department (ED) visits and received more preventive care after enrolling in a MCP.

For the best care of the member and to increase cost savings, we must work together to seamlessly provide care to this high-cost population. We can do so by opening lines of communication, learning more about the services you provide and developing better ways to coordinate care.

Molina Healthcare has substantial experience in serving high needs populations, including dual eligibles. Molina Healthcare, Inc. coordinates care for dual eligibles in five states and operates one of the nation's largest dual eligible managed care programs. In Ohio, Molina Healthcare serves 30,000 of the state's 120,000 Aged, Blind or Disabled (ABD) consumers enrolled in a MCP. We also offer a Medicare Advantage Special Needs Plan in 15 counties, under which dual eligibles are covered.

As Ohio's health care systems moves toward further reform, the state has indicated plans to integrate approximately 170,000 dual eligibles into a managed care setting in September 2012. Allowing these consumers to receive services through managed care is projected to save Ohio \$6.9 billion across a 10-year timeframe (2013-2022).²

In September, the ODJFS released a "Request for Information" to seek input from entities interested in providing care to dual eligibles. Molina Healthcare was one of 24 parties that responded. Molina Healthcare recognizes the important role integration must play in increasing efficiency and improving quality of services provided to dual eligibles by the Medicaid and Medicare programs.

Molina Healthcare Care Management Program Expansion

Effective January 1, 2012, ODJFS expanded the requirements for Care Management programs at the Managed Care Plan (MCPs). The expanded care management components include quarterly face-to-face visits at point-of-care locations, such as provider offices, and increased expertise to consider the whole patient in the care management process.

In an effort to expand our program, Molina Healthcare is looking for talented individuals to join our family. We are hiring case managers, social workers, utilization management specialists and other trained specialist who will enhance our care management teams. If you know qualified individuals who are looking for an opportunity to work in the health care industry, please refer them to www.MolinaHealthcare.com for more information or to apply online.

Payment Reminders related to Preventive Well Exams and Prenatal or Postpartum Care

Molina Healthcare wants to enhance our female members' health by educating them about the importance of annual preventive care appointments with their obstetrical/gynecological provider. We also ask you consider providing an annual well exam for your patients in addition to prenatal or postpartum care.

As a reminder, the following are two important payment guidelines related to preventive visits:

- Molina Healthcare will pay for preventive services even if it has not been 12 months (a full year) since the last service. This is a calendar year benefit vs. a rolling year benefit.

¹ Mehdizadeh, S., Warshaw, G. Ghatek, M. 2002. "Dual Eligibles: How Do They Utilize Health and Long-Term Care Services?" <http://jfs.ohio.gov/ohp/bhpp/projects/DualEligibles.pdf>

² Special Needs Consulting Services October 2011 Analysis "Coordinated Care for Ohio's Dual Eligibles: Program Design recommendations and Savings estimates"

- Molina Healthcare will pay for a preventive/well visit in addition to OB/GYN visits for the same member on the same date of service if the diagnosis codes billed support payment of both codes.

Services required during an adolescent well exam that should be documented in the medical record are:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

These payment guidelines are specific to females ages 12-21 years:

- Adolescent Well Care – Annual visit for adolescents ages 12-21 years
 - CPT codes that should be used are 99384-99385 or 99394-99395
 - Diagnosis codes that should be used are V20.2, V70.0, V70.3, V70.5, V70.6, V70.8 or V70.9
- OB/GYN Visits
 - CPT codes that should be used are 57170, 58300, 59430, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, 99201-99205, 99211-99215 or 99241-99245
 - Diagnosis codes that should be used are 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V24.1, V24.2, V25.1, V28, V72.3 or V76.2

For additional resources and to download an OB/GYN Service Coding Guide, visit our “forms” page on the Ohio Providers website at www.MolinaHealthcare.com/medicaid/providers/oh/forms/Pages/fuf.aspx.

HEDIS® 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.

Use of Appropriate Medications for People with Asthma (ASM)

Best Practice

Approximately 39.9 million Americans have been diagnosed with asthma and each year nearly 5,000 die of it. Many asthma-related deaths, hospitalizations, emergency room visits and missed work and school days could be avoided if patients had appropriate medications and medical management.^{3,4,5}

Wellness Report

Molina Healthcare annually monitors the percentage of members 5 to 64 years of age during the calendar year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

HEDIS® Measure	2009 Rate	2010 Rate	2011 Rate	Goal*
Use of Appropriate Medications for People with Asthma	86.34%	84.64%	86.40%	93.00%

³ Akinbami, L.J., J.E. Moorman, X. Liu. 2011. Asthma prevalence, health care use, and mortality. United States, 2005-2009. National Health Statistics Reports. 32: 1-5.

⁴ American Lung Association. Epidemiology and Statistics Unit, Research and Program Services. Trends in Asthma Morbidity and Mortality. July 2011.

⁵ Centers for Disease Control and Prevention. 2009. Asthma-Basic Information. <http://www.cdc.gov.asthma.faqs.htm>. June 1, 2011.

Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) (SPR)

Best Practice

After heart disease, cancer and stroke, COPD is the fourth leading cause of death and disability in the U.S. and is projected to be the third largest disease burden in the world by 2020. More than 12 million people in the U.S. have been diagnosed with COPD – another 12 million are not aware they have the disease.^{6,7}

Wellness Report

Molina Healthcare annually monitors the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

HEDIS® Measure	2009 Rate	2010 Rate	2011 Rate	Goal*
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Not Reported	29.94%	29.85%	33.00%

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 asthma at each visit.
- Schedule follow up appointments for patients prescribed asthma medications to ensure that they are medication-compliant and to determine if the medications are effective.
- Educate members about the symptoms, management and risks of COPD.
- Communicate awareness about key preventive measures that include smoking cessation, pneumococcal and influenza vaccination, and medication adherence.

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 Lung Association website at www.lungusa.org/finding-cures/our-research/acrc/ for guidance on asthma care.
- Visit the American College of Chest Physicians (ACCP) website at www.chestnet.org/accp/education for guidance education, treatment and prevention of cardiopulmonary disease.

⁶ Hanania, N. COPD 2010. www.chestnet.org/accp/chestsoundings/copd-2010 (May 31, 2011).

⁷ Joo, M.J., D.H. Au, T.A. Lee. 2009. Use of Spirometry in the Diagnosis of COPD and Efforts to improve Quality of Care. Transl Res 154: 103-10.

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 their health plan. One area of satisfaction that is measured is how quickly members can receive care when they needed care right away. The survey questions related to getting care quickly are:

- 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 3-point scale, the most recent survey results are:

CAHPS® Measure – Getting Care Quickly	2009 Result	2010 Result	2011 Result	75 th Percentile	90 th Percentile
Adult (Combined ABD & CFC)	2.30	2.30	2.37	2.41	2.46
Child	2.60	2.70	2.63	2.65	2.68

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

By providing needed care as quickly as possible, you can help us improve member satisfaction scores. Key satisfaction is measured by continuum of care, health plan performance and members' experiences in their provider's office. Remember to provide care for members as soon as they need care. Take care of members' health care needs and keep members satisfied so their health care experience is a positive one.

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.

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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.

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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.