



Provider Bulletin



A bulletin for the Molina Healthcare of Ohio Medicaid network • April 2012

Molina Healthcare of Ohio files Protest of Request for Applications with the State

Molina Healthcare of Ohio, Inc. was informed on April 6, 2012, by the State of Ohio it was not selected for a Medicaid Managed Care contract award based on the recent Request for Applications (RFA) competitive bidding selection process. This new contract period is set to begin January 1, 2013. Since that time, Molina Healthcare has reviewed all of the RFA scoring documentation secured through a public records request and has filed a formal protest. The protest filed with the Ohio Department of Jobs and Family Services (ODJFS) challenges the scoring of Molina Healthcare's submission pursuant to the RFA and identifies scoring errors that, if corrected, would alter the previously announced results of the RFA.

For access to Molina Healthcare's RFA submission, protest or related media and analyst coverage, please visit www.MolinaHealthcare.com/OhioMedicaidRFA.

The following statement by J. Mario Molina, M.D., president and chief executive officer of Molina Healthcare, Inc., was released following the protest submission: "We believe that fundamental flaws in the scoring of Molina's response changed the outcome of the RFA and precluded consideration of the best solutions for Ohio's most vulnerable citizens. Patients benefit from health plans with the most experience, and Molina Healthcare's history in Ohio and across the country makes us uniquely qualified to serve this population effectively. While we appreciate all of the hard work done by ODJFS in the RFA procurement process, we believe a serious inadvertent error was made that must now be corrected. We urge ODJFS to re-examine its scoring analysis, and we look forward to continuing to work with them to provide high quality care to Ohio's Medicaid members."

The RFA results were based on scoring in four categories: compliance, clinical performance, care coordination, and provider network. Molina Healthcare has identified errors in the scoring of its submission with respect to care coordination, an area where Molina Healthcare has a proven track record of success. Molina Healthcare also identified discrepancies with competitors scoring that provided an unfair advantage to those plans by awarding additional points.

Throughout the past week, Molina Healthcare has received tremendous support from you, our valued provider community... thank you! If you have questions, please contact Provider Services or your local Provider Services Representative.

Molina Healthcare receives 2012 Corporate Caring Award

Molina Healthcare was awarded the 2012 Corporate Caring Award by *Columbus Business First* in the health category for medium-size companies. Molina Healthcare was selected as an award winner from approximately 100 nominations. Applications were judged by a panel of industry experts.

As it is part of Molina Healthcare's mission to serve the underserved, volunteering and charitable giving is part of the company culture. Many of the organizations that our employees volunteer with assist the same population we serve. In 2011, Molina Healthcare of Ohio employees collectively logged more than 1,600 hours of volunteer time, and between the company and Molina Healthcare's 402 employees, more than \$105,000 were made in charitable contributions. [Click here](#) to read an excerpt of the article published in *Columbus Business First*.

HIPAA 5010 Claims Submission: Billing Address

Molina Healthcare will continue to accept incoming claims if a Post Office Box, Lock Box or Lock Bin is present in the billing address field of the 837 file until June 30, 2012. The April 1, 2012, date previously communicated to initially start denying claims has been extended based on the recent CMS announcement. Molina Healthcare will deny claims received on or after **July 1, 2012**, for claims with a Post Office Box, Lock Box or Lock Bin in the billing address field, Loop 2010AA, Segment N301 of the 837 file.

New Inpatient Policy Changes Effective June, 1, 2012

Molina Healthcare of Ohio, Inc. will implement new inpatient utilization review policy changes effective June 1, 2012. Our goal is to ensure members are receiving medically necessary services in the safest, most efficient and cost effective setting.

- **“Observation”** – Services furnished on a hospital’s premises, including use of a bed and periodic monitoring by a hospital’s nursing or other staff, which are reasonable and necessary to evaluate an outpatient’s condition or determine the need for possible admission to the hospital as an inpatient.
- **“Inpatient”** – A patient who is admitted to a hospital based upon the written orders of a physician or dentist and whose inpatient stay continues beyond midnight of the day of admission.

All inpatient admissions require prior authorization. Similar to what is outlined in Ohio Administrative Code (OAC) 5101:3-2, Molina Healthcare will review and evaluate covered medical services to assure that procedures are medically necessary and are provided in the most appropriate setting.

- If inpatient admission InterQual[®] criteria are *not* met and observation InterQual[®] criteria are met, Molina Healthcare will authorize an observation stay. If you disagree with the decision, and believe inpatient admission is necessary, a Molina Healthcare Medical Director will review the case.

Important Note: Hospitals are not required to seek authorization for observation stays.

- If both observation and inpatient criteria are met, Molina Healthcare will initially authorize an observation stay for the following conditions:

Acute Abdomen	Diabetes
Acute Coronary Syndrome	Disorders of Fluid, Electrolyte, and Acid-base Balance (Nausea, Vomiting)
Acute Bronchitis	Gastroenteritis / Esophagitis
Anemia	General Symptoms
Asthma	Pneumonia, Organism Unspecified or Simple
Bronchiolitis	Poisoning / Toxic Ingestions
Cellulitis or Abscess	Seizures
Chronic Obstructive Pulmonary Disease (COPD)	Syncope or Decreased Responsiveness
Congestive Heart Failure (CHF)	Unstable Angina
Deep Vein Thrombosis (DVT)	
Dehydration	

These conditions are often evaluated and treated within 24 hours and rapid improvement of the member’s condition is anticipated. If the member remains hospitalized past 24 hours and continues to meet inpatient InterQual[®] Molina Healthcare will approve the inpatient admission authorization request.

- If inpatient admission InterQual® criteria are met, Molina Healthcare will approve an inpatient admission based upon clinical criteria at the time of admission, excluding the above listed conditions.

For instructions on submitting a prior authorization request, visit www.MolinaHealthcare.com and select the Forms link.

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 Imaging Studies for Low Back Pain (LBP)

Best Practice

Approximately half of American adults experience low back pain each year and about two-thirds will suffer from it in their lifetime. Acute low back pain without complications is usually benign and self-limiting and does not necessitate early imaging studies, such as X-ray, MRI or CT scans. Studies show that there is a poor correlation of X-ray findings with low back problems when low back pain is not attributed to potentially serious spinal or non-spinal pathology. Most patients return to their usual activities in a month.¹

Some members, however, have a diagnosis for which an imaging study for low back pain is clinically indicated.

- Cancer (any prior dates of service; any site)
- Recent trauma (any time within 12 months of the earliest episode of low back pain)
- Intravenous drug abuse (any time within 12 months of the earliest episode of low back pain)
- Neurological impairment (any time within 12 months of the earliest episode of low back pain)

Claims for these members should always include complete and appropriate diagnosis coding, in order to allow them to be excluded from this measure.

Wellness Report

Molina Healthcare annually monitors the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

HEDIS® Measure	2009 Rate	2010 Rate	2011 Rate	Goal*
Use of Imaging Studies for Low Back Pain	68.42%	70.40%	63.08%	83.00%

* National NCQA 75th percentile for Medicaid HMO plans.

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

Improvement Strategies for Providers

- Provide appointment reminder calls or postcards to help ensure that patients do not miss scheduled appointments.
- Utilize flow sheets to promote better adherence to guidelines when it comes to assessing and treating low back pain.
- Avoid unnecessary imaging while also increasing patient satisfaction and meeting the patients' expectations.
- Code all claims appropriately and completely.

¹ American College of Radiology (ACR) National Clearinghouse – Low Back Pain, 2009.

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 College of Physicians at www.acponline.org/clinical_information/journals_publications/ecp/mayjun01/gonzalez.htm.
- Visit the American Academy of Family Physicians at www.aafp.org/afp/2009/0301/p383.html.

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.

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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.