MOLINA HEALTHCARE

Provider Bulletin

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

Molina Healthcare of Ohio is Moving!

Molina Healthcare of Ohio is in the process of relocating to a new office within Franklin County. Please be advised that you will be receiving communications over the next two months with new office phone and fax numbers. If you have any questions, please call Provider Services.

Claim Reconsideration Request Form Fax Number Change

Molina Healthcare is changing the Claim Reconsideration Request Form (CRRF) fax number to (800) 499-3406. We will update the form on the website soon, but please feel free to start using this number now. The previous number, (614) 781-4464, will be discontinued late Oct. 2013.

New Standardized IVR System

In August, Molina Healthcare implemented an enhanced design of our Interactive Voice Response (IVR) system, the automated system that members and providers use to route their calls to the appropriate department, to provide an improved customer experience.

Consistent Experience for Members and Providers

- Standardized options to provide consistent experience across all Molina markets and lines of business.
- Consolidated, easy to follow call flows enable efficient and accurate change management to best meet customer needs.

Easy to Understand Menu Options

- Eliminate unnecessary menu options that end up in the same call center
- Menu options consistently in sequence
- Order of urgency considered (i.e. behavioral health crisis at the beginning of the menu)
- New menu options for prospective members

Inpatient Policy Changes Effective Oct. 1, 2013

Molina Healthcare will implement inpatient utilization review policy changes effective Oct. 1, 2013. Our goal is to ensure members receive medically necessary services in the appropriate and most efficient and cost effective setting. All inpatient admissions require prior authorization. Similar to Ohio Administrative Code (OAC) 5101:3-2, Molina Healthcare will review and evaluate covered medical services to ensure procedures are medically necessary and 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. For stays of one day or less, when InterQual® is met for inpatient and observation, we will review and consider these for observation level of care. If you disagree with the decision and believe inpatient admission is necessary, a Molina Healthcare Medical Director will review the case and make a determination.
    - **Important Note: Hospitals participating in Molina Healthcare's network are not required to seek authorization for observation days.**
- If both observation and inpatient criteria are met, Molina Healthcare will initially authorize an observation stay for the following conditions:
    - Acute Abdomen
    - Acute Appendicitis (adult)
    - Acute Bronchitis
    - Acute Coronary Syndrome/Chest Pain
    - Acute Kidney failure
    - Acute Pancreatitis
    - Anemia Asthma Bronchiolitis
    - Cardiac Dysrhythmia
    - Cellulitis or Abscess
    - Cholelithiasis
    - Chronic Ischemic Heart Disease
    - Chronic Obstructive Pulmonary Disease (COPD)
    - Congestive Heart Failure (CHF)
    - Deep Vein Thrombosis (DVT) Dehydration

- Diabetes/DKA
- Disorders of Fluid, Electrolyte, and Acid base balance (Nausea, Vomiting)
- Gastroenteritis/Esophagitis
- General Symptoms
- Hypotension
- Pneumonia, Organism Unspecified or simple
- Poisoning/Toxic Ingestions
- Seizures
- Septicemia
- Syncope or Decreased Responsiveness
- Unstable Angina

These conditions are often evaluated and treated within one day or less and rapid improvement of the member's condition is anticipated. If the member remains hospitalized past one day and continues to meet InterQual® criteria, Molina Healthcare will approve the inpatient admission authorization request. If inpatient admission InterQual® 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.

Rule Change for Members Disenrolled from a Medicaid Managed Care Plan (MCP) and Transitioned to Ohio Medicaid due to Nursing Facility (NF) Stay

It is no longer the standard policy that a member who has been in the NF for two calendar months will be eligible for disenrollment from Molina Healthcare and transitioned to Ohio Medicaid. Changes made by the Ohio Department of Medicaid (ODM) effective July 1, 2013 include:

- Any member whose stay in a NF is considered short-term will **not** be eligible for is disenrollment.
- If the member is considered to be long-term placement and is admitted to the hospital, the time frame of two calendar months starts over.

Molina Healthcare can request a member be transitioned back to Ohio Medicaid if:

1. Molina Healthcare has authorized NF for services for two calendar months,
2. The member's discharge plan documents the need for long-term NF care, *and*
3. The member is not expected to be discharged home in the foreseeable future.

If all of the above conditions are met, and the member has not been in the hospital, had hospice care or long-term acute care, then Molina Healthcare can request disenrollment. Please be sure to send the Fact Sheet showing the member's admission date and the Level of Care, which must be from the Area Agency on Aging and should list the member's level of care (i.e. skilled, intermediate, protective).

Electronic Funds Transfer & Remittance Advice

Molina Healthcare has partnered with payment vendor Alegeus ProviderNet for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Access to the Alegeus ProviderNet portal is **free** to our participating providers. Benefits include:

- Administrative rights to sign up and manage your own EFT Account
- Associate new providers in your organization to receive EFT/835s
- View, print and save PDFs of your Explanation of Payment (EOP)
- Historical EOP search by various methods (i.e. claim number, member name)
- Route files to your FTP and/or associated Clearinghouse

To enroll, visit https://providernet.alegeus.com and enter your account information (tax ID, NPI and banking information). If you have questions regarding the registration process, contact Alegeus ProviderNet at (877) 389-1160 or ProviderNet@alegeus.com. Visit www.MolinaHealthcare.com for additional information.

All Patient Refined Diagnosis Groups (APR-DRGs)

Effective for inpatient hospital claims with a discharge date on or after July 1, 2013 and in accordance with ODM's Hospital Payment Policy, Molina Healthcare has implemented ***All Patient Refined Diagnosis Groups (APR-DRGs)*** grouping and pricing methodology. APR-DRG payments expand the basic DRG structure by considering the patient's age, severity of illness (SOI) and risk of mortality. APR-DRGs are assigned severity of illness indicators from 1 to 4 indicating minor, moderate, major, and extreme severity of illness causes, which more accurately reflect the increased difficulty and costs of treatment. The *APR-DRG* will be displayed as four numeric digits; the fourth digit is the SOI indicator. For additional information, visit: www.ahrq.gov/legacy/qual/mortality/Hughessumm.pdf, or www.bcbst.com/providers/webinar/APRDRG.pdf.

Present On Admission (POA) Indicators

"Present On Admission" (POA) indicators are required for all diagnoses present when the order for inpatient admission occurs. Conditions that develop during an outpatient encounter — including emergency department, observation, or outpatient surgery — are considered present on admission. To comply with the federal regulation, Molina Healthcare is requesting your immediate attention to this new billing requirement, and will begin to deny claims without the POA indicators for inpatient claims with a discharge date of July 1, 2013 or after. The Centers for Medicare and Medicaid Services (CMS) billing requirements for POA indicators can be accessed on the CMS website.

Clear Coverage™ Implementation

Clear Coverage™ is a web-based application accessed through the Molina Web Portal for contracted providers to enter prior authorization requests for all outpatient surgical and radiology procedures. Molina Healthcare expects all requests for these services to be processed through Clear Coverage™. Clear Coverage™ offers a seamless process and a wide range of benefits: lower administrative costs, more consistent policy adherence, and time savings. Self-training material is located on the Molina Web Portal and in-person training is available from your External Provider Relations Representative.

Monthly Online Training Sessions

Molina Healthcare offers monthly online training sessions for our provider network that will cover both the Web Portal and Clear Coverage™. No registration is required for these 1.5 hour long training sessions. Simply join using the appropriate month's log on information. You will find October's information below.

October 2013 – Online Training Session
Date: Friday, Oct. 18, 2013
Time: 9 a.m. to 10:30 a.m.

- Go to: www.webex.com
- Click "Attend Meeting"
- Enter Meeting Number: 804 839 711
- Provide your number when you join the meeting to receive a call back. Or, you can call (855) 665-4629 toll-free to be connected.
- Follow the instructions that you hear on the phone.

New Clear Coverage™ Monthly Raffle

Molina Healthcare is launching a raffle for our hard working providers! To reward our providers who use the Clear Coverage™ program, you will be entered into a monthly raffle when you use Clear Coverage™ to request an authorization. The more authorizations you process through Clear Coverage™, the more times your name will be entered into the raffle. If your name is drawn in the raffle, you and your authorization team will win a gift card for lunch!

Ohio Department of Medicaid Communication

In 2009, the federal government required all state Medicaid programs to become ICD-10 compliant by Oct. 1, 2014. ICD-10 code sets will replace the ICD-9 code sets currently used in reporting medical diagnoses and inpatient procedures. This transition is required of all providers and payors under the Health Insurance Portability and Accountability Act (HIPAA). ODM is on-track to meet the Oct. 1, 2014 deadline. Until then, you can expect a series of updates and information that will help you to prepare for Ohio Medicaid's ICD-10 conversion. For more information on ICD-10 readiness, visit http://jfs.ohio.gov/OHP/ICD10/Index.stm.

Help Us Help Our Members

To emphasize the importance of preventive care, Molina Healthcare distributes informational material, encourages members to make needed provider appointments, and rewards them when they take action to get care. Our provider programs also offer incentives for scheduling and providing preventive care to members. Your input is a valuable resource. If you have ideas on how we can assist you with ensuring our members receive recommended preventive services, please contact Quality Improvement Intervention Specialist Lisa Baird at (800) 642-4168 ext. 212011 or Lisa.Baird@MolinaHealthcare.com.

Cervical Cancer Screening & HEDIS®

Molina Healthcare monitors preventive care using the Healthcare Effectiveness Data and Information Set (HEDIS®) standards. The HEDIS® measure for cervical cancer screening evaluates the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21 to 64 who had a Pap test performed every three years.
  - Documentation in the medical record indicating the date and results of cervical cancer screening in the measurement year or in the two years prior to the measurement year
- Women age 30 to 64 who had a Pap test/HPV co-testing performed every five years.
  - Documentation in the medical record indicating the date and results the Pap test and HPV test were performed in the measurement year or in the four years prior.

An eligible member can only be **excluded** from the measure with documentation of a hysterectomy with no residual cervix. Document the date and result of the most recent Pap and/or the date of a "total", "complete" or "radical" hysterectomy in the medical record. A good time to do a Pap test is at the postpartum visit.

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

Commitment to Healthy Members and Quality Services

Use of Appropriate Medications for People with Asthma (ASM)

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

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Use of Appropriate Medications for People with Asthma (ASM)	80.66%	**77.93%**	**88.19%**

**National NCQA 75th percentile for Medicaid HMO plans.*

Improvement Strategies

- ✓ Provide appointment reminder calls or postcards to ensure that patients do not miss appointments.
- ✓ Use flow sheets to promote better adherence to guidelines when assessing and treating asthma.
- ✓ Provide an individualized Asthma Action Plan.
- ✓ Schedule follow-ups for patients prescribed asthma medications to ensure medication compliance.
- ✓ Provide education on asthma self-management and interventions to reduce exposure to triggers.

Tools Available

- ✓ Preventive Health Guidelines, Clinical Preventive Guidelines and HEDIS Coding Help Sheets for Adults and Children are available at www.MolinaHealthcare.com.
- ✓ American Lung Association website: http://www.lungusa.org/finding-cures/our-research/acrc/

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2013 Prospective Medical Record Review (PMRR)

Last spring, you and your colleagues honored Molina Healthcare's requests for medical records in order to help us collect and compile data for HEDIS® for 2013. Providers like you have advised us of the significant increase in your staffs' workload each spring due to numerous documentation requests to support the HEDIS® program. In order to reduce the number of medical records requested during HEDIS® season, we are initiating a Prospective Medical Record Review (PMRR) program. By requesting 2013 medical records for some HEDIS® measures now, we expect to reduce the number of record requests next spring.

Molina Healthcare will once again partner with Medical Review Group (MRG) to retrieve medical records on our behalf. MRG will treat your patients' PHI with total protection and confidentiality, in accordance with HIPAA regulations. MRG will contact your office to schedule on-site data collection or request that copies of chart components be sent either electronically, or by mail or fax, whichever you prefer. Contact Aimee Wagstaff, HEDIS Program Manager, at (800) 357-0146 ext. 218514 if you have any questions.

Questions?

If you have any questions, please call Molina Healthcare's Provider Services at (800) 642-4168. Representatives are available to assist you from 8 a.m. to 5 p.m. Monday through Friday.