MOLINA HEALTHCARE

Provider Bulletin

A bulletin for the Molina Healthcare of Ohio Medicaid network • February 2014

Molina's Clear Coverage Offers Automatic Authorizations and Real Time Responses

Are you looking for a faster, more efficient way to submit and receive authorizations? If so, Molina Healthcare offers Clear Coverage to all our contracted providers through our Provider Web Portal. The benefits of Clear Coverage include:

- Web-based and accessible wherever Internet connections are available
- 24/7 online access
- Real time prior authorization (PA) status when viewing your home page
- Automatic **APPROVALS** for many services
- Services that are not automatically approved are immediately uploaded into Molina Healthcare's authorization system to be viewed by clinical staff and processed within the appropriate time frame
- Ability to upload medical records, view member eligibility, and print proof of authorization

Sign Up Today!

- Complete the online Clear Coverage training, which takes approximately 30 minutes to complete, *or*
- Schedule an on-site Clear Coverage training by contacting your Provider Service Representative

February 2014 – Online Training Session

Friday, Feb. 14, 2014 from 9:00 a.m. to 10:30 a.m.

- Go to: www.webex.com
- Click "Attend Meeting"
- Enter Meeting Number: 805 653 870
- Provide your number when you join the meeting to receive a call back. Alternatively, you can call (855) 665-4629 toll-free to be connected.
- Follow the instructions that you hear on the phone.

Amended Prior Authorization Requirements Effective Jan. 1, 2014

Molina Healthcare implemented amended prior authorization (PA) requirements effective Jan. 1, 2014. Please note that many Outpatient Behavioral Health services – if not associated with a Community Mental Health Center or an Ohio Department of Mental Health and Addiction Services facility – now require PA.

The following services do **not** require PA:

- Initial mental health assessment (CPT Codes 90791/90792) by a participating provider
- Medication management (E & M Codes) by a participating provider (MD only)
- Psychotherapy services by a participating psychiatrist
- Crisis stabilization services (CPT Code 90840)

The Benefits and Covered Services and Benefits Index sections of the Provider Manual, as well as the following documents, are posted on the website:

- Service Request Form and Instructions
- Behavioral Health CPT Codes Requiring Prior Authorization

Requests for PA of Behavioral Health services may be requested by Web Portal, telephone, fax, or mail based on the urgency of the requested service. Molina Healthcare will process any "non-urgent" request as quickly as possible, but no later than 14 days after receipt of a request. "Urgent" requests will be processed as soon as possible within 72 hours of receipt.

Telephone: (855) 322-4079
Fax: (866) 553-9262
Web Portal: www.MolinaHealthcare.com

Phase-Out of High-Dose Prescription Acetaminophen Combination Products

As of Jan. 14, 2014, the U.S. Food and Drug Administration (FDA) no longer allows any prescription acetaminophen products that contain more than 325mg of acetaminophen per capsule, tablet, or other dosage unit to be manufactured. This culminates a three year phase-out of these high-dose acetaminophen mediations in an effort to improve patient safety and reduce the risk of inadvertent acetaminophen overdose. Examples of these products include Esgic-Plus, Lorcet, Lortab, Vicodin ES/HP, and their corresponding generic equivalents.

Some of the products have **already been discontinued** and supplies in pharmacies have dwindled. The FDA has recommended health care professionals discontinue prescribing these high-dose acetaminophen medications. If your patient needs to be switched from a product containing a high-dose of acetaminophen to a currently manufactured product, please consider use of Molina Healthcare's formulary medications: Generic hydrocodone/APAP 5/325, 7.5/325, and 10/325; and Oxycodone/APAP 5/325, 7.5/325, and 10/325. Reformulated Hydrocodone/APAP medications that now contain 300mg of acetaminophen will require PA.

2014 HEDIS® Data Collection

The Healthcare Effectivness Data and Information Set (HEDIS®) from the National Committee for Quality Assurance (NCQA) is a well-known and respected tool used by more than 90 percent of American health plans to report performance on quality of care and service. Molina Healthcare of Ohio, with your assistance, **will begin collecting and compiling this data in February 2014**.

Molina Healthcare has contracted with Verisk to assist with the HEDIS® medical record data abstraction. As defined by the Health Insurance Portabilityand Accountability Act (HIPAA), Verisk will serve as a "business associate" of "covered entities" and, therefore, is legally bound to protect, preserve and maintain the confidentiality of any protected health information (PHI) obtained pursuant to its contractual obligations to Molina Healthcare. Verisk will contact your office to schedule data collection or to request that copies of chart compenents be sent via mail or fax for off-site reviews.

We appreciate your cooperation in extending professional courtesy to Verisk and the Molina Healthcare Quality improvement staff as they begin this year's medical abstraction process in January. Please contact Alex Lee, HEDIS® Project Coordinator at (800) 357-0146 ext. 216482 if you have any questions.

Provider Web Portal Updates

Check out the improvements and new features available on Molina Healthcare's online, self-service Provider Web Portal! To log on or register, please visit www.MolinaHealthcare.com.

1) Health Insurance Marketplace
   a. Providers will be able to manage their Molina Marketplace members via the provider portal, including viewing members' eligibility and benefits information and submit prior authorizations and claims.
   b. Existing providers will not need to re-register. Marketplace line of business will be immediately available.
2) High-Risk Flu Report
   a. Via the provider portal, providers will have the ability to view and print a provider-specific report of members who are at high risk of complications for flu.
3) Member Personal Health Records and Care Plan
   a. In the "Eligibility and Benefits" section of the provider portal, providers can view their members' Personal Health Records such as lab results, allergies, and medications.
   b. Providers will also be able to view their members' Care Plan, if applicable.
   c. This new feature is also available in MyMolina.com (Member Portal).

Respite Care Benefit

The Ohio Department of Medicaid is offering a Respite Care benefit beginning in 2014 to a limited group of members that are either under the age of 21 who are determined eligible for social security income for children with disabilities, or supplemental security disability income for adults disabled since childhood and their families who meet the criteria. **Prior Authorization is required for all Respite Care Services.** The criteria for these services are as follows:

- Member must reside with his or her informal, unpaid primary caregiver in a home or an apartment that is not owned, leased, or controlled by a provider of any health-related treatment or support services.
- Member must not be residing in foster care.
- Member must be under the age of 21 and determined eligible for social security income for children with disabilities or supplemental security disability income for adults disabled since childhood.
- Member must be enrolled in the MCP's care management program.
- Member must be determined by the MCP to meet an institutional level of care as set forth in rules 5160-3-07 and 5160-3-08 of the Administrative Code.
- Member must require skilled nursing or skilled rehabilitation services at least once per week.
- Member must have received at least 14 hours per week of home health aide services for at least six consecutive months immediately preceding the date respite services are requested.
- MCP must have determined that the child's primary caregiver has a need for temporary relief from the care of the child as a result of the child's long-term services and support needs/disabilities, or in order to prevent the provision of institution or out-of-home placement.

CMS Communication: ICD-10 Provider Survey

The Center for Medicare and Medicaid Servuces (CMS) is asking that providers take time to respond to their ICD-10 Physician Practice Readiness Assessment for Medicaid-serving physician practice providers. The purpose of this readiness assessment is to gauge the current state of ICD-10 readiness among physician practice providers and to offer additional guidance to CMS and state Medicaid agencies on how they may assist providers during this transition.

Physician practices may complete the assessment until **Feb. 10, 2014**. The questions in the assessment should take no more than 10 minutes and all responses will remain anonymous. You may access the assessment at: https://www.surveymonkey.com/s/ICD-10_Provider_Readiness_CMS.

Please note, several ICD-10 implementation resources are available on the Ohio Department of Medicaid's ICD-10 webpage at http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx.

Members' Satisfaction with Health Promotion and Education

The annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures members' satisfaction with their health care and health plan. One measured area of satisfaction relates to the amount of assistance provided to the patient by the provider when promoting and educating on proper care for their health. On a composite 3-point scale, the provider survey question and results are as follows:

- ✓ *In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?*

CAHPS® Measure – *Health Promotion and Education*	2011 Result	2012 Result	2013 Result	Goal
Adult – Combined	1.88	1.91	**2.47**	**N/A***
Child	2.04	1.99	**2.47**	**N/A***

By continuing to provide quality assistance to your patients, you can help improve patient satisfaction and experience rates. Thank you for taking care of your patients' health care needs and ensuring that their health care experiences are positive.

*No benchmarks for this CAHPS® measure.
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Commitment to Healthy Members and Quality Services

Cholesterol Management for Patients with Cardiovascular Conditions (CMC)

Molina Healthcare annually monitors the percentage of members 18 to 75 years of age who were discharged for AMI, CABG, or PCI or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year or year prior who had an LDL-C screening and LDL-C control (<100 mg/dL) during the measurement year.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
LDL-C Screening Performed	77.55%	**72.41%**	**85.12%**
LDL-C Control (<100 mg/dL)	42.36%	**41.06%**	**49.18%**

Persistence of Beta Blocker Treatment After a Heart Attack (PBH)

Molina Healthcare annually monitors the percentage of patients 18 years and older who were hospitalized and discharged with a diagnosis of AMI from July 1 to June 30 and received persistent beta-blocker treatment for six months after discharge.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Persistence of Beta-Block Treatment After a Heart Attack	93.06%	**90.34%**	**88.24%**

How to Improve HEDIS® Scores

- ✓ Implement standing orders for an LDL for all patients with a cardiovascular diagnosis.
- ✓ Order lab tests at the beginning of the year, and prior to patient appointment (send lab slip).
- ✓ For LDLs, if patient is not fasting, order a direct LDL. Some lab order forms have conditional orders – if fasting, LDL-C; if not fasting, direct LDL.
- ✓ Repeat lab tests for patients who are not at goal and adjust medication if necessary.
- ✓ Molina Healthcare has a Heart Healthy Living℠ program to which you can refer patients.
- ✓ Preventive Health Guidelines, Clinical Preventive Guidelines, and HEDIS® Coding Help Sheets Adults are available at www.MolinaHealthcare.com.
- ✓ Use flow sheets to promote better adherence to guidelines for treatment after a heart attack.
- ✓ Provide smoking cessation and other interventions to eliminate or control risk factors.

*National NCQA 75th percentile for Medicaid HMO plans.
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 to obtain a copy of the member's ID card and a form of picture ID. 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 at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.

Questions?

If you have any questions, please call Molina Healthcare's Provider Services at (855) 322-4079. Representatives are available to assist you from 8 a.m. to 5 p.m. Monday through Friday.