MYCARE OHIO UPDATE

+MyCareOhio
Connecting Medicare + Medicaid

Molina Healthcare is conducting a survey to identify contracted providers who are compliant with The American Disabilities Act (ADA). Each provider office service location deemed ADA compliant will receive a special designation in the Molina MyCare Ohio Provider Directory. Showing our members that your office is ADA friendly is a testament to your continued commitment to providing quality health care.

NEW HEDIS® SCORECARD WEB PORTAL TOOL

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA) used by 90% of health plans to assess important aspects of care and service provided to members. Molina Healthcare uses HEDIS® each year to measure the quality of care delivered to our members. The HEDIS® Scorecard was created to make member management easier, allowing providers to track their progress in meeting HEDIS® goals for each individual member.

What does the HEDIS® Scorecard web portal tool do?

- Allows providers to view HEDIS® scores and compare performance against national benchmarks

- Ability to access list of members who need HEDIS® services completed

- Easily search/filter for patients with HEDIS® needed services

- Ease of use for providers in submitting HEDIS® documentation

For assistance with the Web Portal or questions, please contact us at: WebPortal@MolinaHealthcare.com.

Questions?
Call Provider Services
(855) 322-4079 – 8 a.m. to 5 p.m.
Monday through Friday

Connect with Us
ItMatters@MolinaHealthcare.com
www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List
To receive this bulletin via email, contact
ProviderServices@MolinaHealthcare.com
to send us your:

→ group name
→ TIN
→ service location address
→ contact name
→ contact phone number
→ email

What's New at Molina?

- Molina Marketplace direct enrollment began Jan.1, 2014.

- Molina Healthcare and YMCA partner for Winter Family and Fun. (full article at www.MolinaHealthcare.com)

Website Roundup
The following updates were posted to www.MolinaHealthcare.com.

- **Provider Information Update Form (PIF)**

- **Behavioral Health Prior Authorization (PA) Instructions**

- **Behavioral Health CPT Codes Requiring PA**

PHARMACY FACTS
New Cholesterol Guidelines Published Nov. 2013

The American Heart Association (AHA)/American College of Cardiology (ACC) published new guidelines for the treatment of cholesterol in Nov. 2013, which no longer recommend titrating the statin dose to achieve a specific LDL target.

Instead of dosing a statin to a specific LDL goal, the new guideline emphasizes the use of specific statin doses that have been proven to reduce cardiovascular risk.

Patients should receive high- or moderate-dose statin therapy based on in to which of four "statin benefit groups" they fit. Molina has both doses available on our formulary. The guidelines also introduce a new risk calculator for estimation of 10-year cardiovascular disease risk.

Non-statin cholesterol therapies are only recommended in patients whose triglycerides are >/= 500mg/dL, who cannot tolerate the recommended statin dose, or do not achieve the expected statin response and are high risk.

View the full guideline at: http://circ.ahajournals.org.

CMS-1500 CLAIM FORM

In response to guidelines recommended by the National Uniform Claim Committee (NUCC) and set forth by the Centers for Medicare and Medicaid Services (CMS), Molina Healthcare is implementing the revised CMS-1500 Health Insurance Claim Form (02-12) version effective Jan. 6, 2014.

Effective April 1, 2014 the revised CMS-1500 form (version 02/12) will replace version 08/05. The recently revised CMS-1500 claim form introduces new fields, which include identification of the International Classification of Diseases Ninth Revision, Clinical Modification (ICD-9-CM) or Tenth Revision (ICD-10-CM), and expands to allow 12 possible ICD-9-CM or ICD-10-CM diagnosis codes instead of the current four diagnosis codes. ICD-10-CM codes must be used for dates of service on or after Oct. 1, 2014.

As a result, Molina Healthcare is in the process of updating its systems and clean claim (as defined in CFR § 447.45) editing to integrate new and revised data elements. By doing so, Molina Healthcare will ensure its claims processing methodologies will continue to meet claims processing and provider reimbursement timelines mandated by state and federal laws.

- **Behavioral Health Outpatient Treatment Request Form**

- **Behavioral Health Higher Level of Care Request**

- **Service Request Form and Instructions**

- **Non-Participating Provider Contract Request Form**

- **Non-Contracted Provider Billing Guidelines**

Outpatient PA Request

Molina Healthcare expects all prior authorization requests for outpatient surgical and radiology procedures be submitted through **Clear Coverage**, a web-based application on the Molina Web Portal. Self-Training material for the application is located on the Molina Web Portal and in-person training is available from your External Provider Relations Representative. Provider Relations also offers a monthly online training session as indicated below. The next session is March 14.

Webex Online Trainings
Clear Coverage – March 2014

Friday, March 14, 9 to 10:30 a.m.
Meeting Number: 805 653 870

- Go to: www.webex.com

- Click "Attend Meeting"

- Enter Meeting Number

- Provide your number when you join the meeting to receive a call back.

- Follow the instructions that you hear on the phone.

CMS-1500 02/12 Implementation Timeline

Form	Action	Effective
CMS-1500 v 08/05 & v 02/12	Both accepted during transition period	01/06/2014 through 03/01/2014
CMS-1500 v 08/05	Will be rejected if submitted after transition period	04/01/2014
CMS-1500 v 02/12	Will be the only accepted version of the CMS-1500	04/01/2014

The table above captures the CMS approved timeframe and can change if communicated by CMS

Note: The effective dates for transition to the new form are based on date of claim **submission** rather than date of service.

Only providers who qualify for exemptions from electronic submission may submit the CMS-1500 Claim Form. For those providers who use service vendors, CMS encourages them to check with their service vendors to determine when they will switch to the new form.

HEALTHY MEMBERS & QUALITY SERVICES
Follow-up after Hospitalization for Mental Illness (FUH)
Molina Healthcare annually monitors the percentage of members 6 and older who were hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 and 30 days of discharge.

HEDIS® Measure	2011 Rate	2012 Rate	Goal*
Follow-up within 30 days	72.91%	**43.86%**	**77.47%**
Follow-up within 7 days	55.71%	**30.54%**	**57.68%**

How to Improve HEDIS® Scores

✓ Schedule the follow-up appointment before the patient leaves the hospital. Same-day outpatient visits count.

✓ Use Molina Care Managers to set appointments.

✓ Visits must be with a mental health provider.

✓ Code T1015 can be used by FQHCs for this measure if grouped with modifier U3.

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

Repeats & Reminders
- Claim Reconsideration Request Form Fax: (800) 499-3406

- New Benefit: Respite Care 2014 (Provider Bulletin 01/2014)

- Outpatient Behavioral Health Services Amended PA Requirements (Provider Bulletin 02/2014)

Medicare Memo
As a result of Center for Medicare and Medicaid Services (CMS) delay of the Two (2) Midnight Rule for inpatient status determination for Medicare, Molina Healthcare will also delay implementation for our Medicare members to remain consistent with CMS policy. In the interim, Molina Healthcare will continue to evaluate short stay admissions using our current observation policy.

Provider Spotlight
Congrats to **Orthopaedic and Sports Medicine** in Circleville, who received a Molina gift basket as the Monthly Web Portal Winner!

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.