



Recommendations 2010-11 Influenza Season

Here is a summary of the primary changes for the Advisory Committee on Immunization Practices (ACIP) 2010 recommendations:

- Routine influenza vaccination is recommended for all persons aged ≥ 6 months. This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19-49 years and is supported by evidence that annual influenza vaccination is a safe and effective preventive health action with potential benefit in all age groups.
- As in previous recommendations, all children aged 6 months–8 years who receive a seasonal influenza vaccine for the first time should receive 2 doses. Children who received only 1 dose of a seasonal influenza vaccine in the first influenza season that they received vaccine should receive 2 doses, rather than 1, in the following influenza season. In addition, for the 2010–11 influenza season, children aged 6 months–8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010–11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children aged 6 months–8 years for whom the previous 2009–10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010–11 seasonal influenza vaccine.
- The 2010–11 trivalent vaccines will contain A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus is derived from a 2009 pandemic influenza A (H1N1) virus.
- Previously approved inactivated influenza vaccines that were approved for expanded age indications in 2009 include Fluarix (GlaxoSmithKline), which is now approved for use in persons aged ≥ 3 years, and Afluria (CSL Biotherapies), which is now approved for use in persons aged ≥ 6 months. A new inactivated influenza vaccine, Agriflu (Novartis), has been approved for persons aged ≥ 18 years.

Vaccinations should be given as soon as the vaccine becomes available and continue throughout the influenza season. A complete copy of the recommendations and any updates can be found at <http://www.cdc.gov/vaccines/recs/acip/default.htm>. Please use the Vaccine for Children programs in your state to ensure that you have an adequate supply of vaccine for your Molina Healthcare pediatric members.

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Medicare Insert

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HIV Screening

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Featured at www.MolinaHealthcare.com:

- Clinical Practice and Preventive Guidelines
- Disease Management Programs for Asthma, Diabetes, Hypertension, CAD, CHF & Pregnancy
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Provider Manual
- Current Formulary & Updates
- Pharmaceutical Management Procedures
- UM Affirmative Statement (re: non-incentive for under-utilization)
- How to Obtain Copies of UM Criteria
- How to Contact UM Staff & Medical Reviewer
- New Technology

Molina Healthcare of California

Please contact Molina Provider Services for written copies of all information on the website or if you need more information please call Provider Services at 1-888-665-4621.

Molina Drug Formulary

Did you know that you can obtain the Molina Drug Formulary by accessing the Molina Healthcare website? The electronic Molina Drug Formulary is updated quarterly and is posted on the Molina website; it can be viewed by accessing <http://www.MolinaHealthcare.com/medicaid/providers/ca/drug/Pages/formulary.aspx>.

From this link you will be able to directly access the Formulary, as well as other Provider resources.

In addition, the Molina Drug Formulary may also be downloaded by accessing ePocrates.com. You can also download the Molina Healthcare Drug Formulary directly to your handheld device through ePocrates.com.

A Molina Drug Formulary Booklet may also be obtained by contacting your Molina Provider Services Representative at 1-888-665-4621, ext: 127680 or 127690 for Los Angeles County, 128093 for Riverside/San Bernardino Counties, 123600 for San Diego County and 128543 for Sacramento County.



SparkPeople.com: A New Way to Stay Healthy

Molina Healthcare members may be asking you what they can do to lose weight, eat more healthy, or start an exercise routine. There is a great online **FREE** resource that does just this: **SparkPeople.com**.

Providers, tell your patients about this valuable free online resource! Sparkpeople is an interactive website that gives users the tools they need to manage their diet, weight loss, and exercise routine. SparkPeople is meant to replace CalorieKing, an online weight management program which we recommended to members previously. SparkPeople is actually better than Calorie King because it has more services and is absolutely FREE!

This new online weight management program focuses on health, nutrition, and fitness. It caters to people who are trying to lose weight, increase their exercise level, and maintain a healthy lifestyle.

Here are just a few of the many services SparkPeople has to offer:

- Free online diet program. Includes nutrition and fitness trackers, where users can input their personal diet and exercise information.
- A free recipe library with endless healthy meal ideas.
- The website also gives recommendations for daily calorie, fat, and carbohydrate intake. These recommendations are based on each person's own height and weight and level of activity.
- A fitness plan is also recommended. The website offers simple and short 20 minute workout routines for every part of the body that users can follow. Or, users can create their own exercise routine based on the suggested exercises on the website.
- Users can also find a great deal of information on nutrition, fitness, and motivation. The site even has a section dedicated to success stories for inspiration.
- There is also a network of support from other users through message boards, social networking, blogs, etc. Users can also join special interest teams and talk to people with common interests.

SparkPeople also has two additional websites that cater to the specific needs of pregnant women and teens. **Babyfit.com** is a modified version of SparkPeople that addresses issues faced by expectant moms and new mothers. **SparkTeens.com** caters to teenagers age 13-17 and tackles the problems of childhood obesity. Both of these websites have interactive tools, content, and social networking features similar to SparkPeople, but modified to meet the specific needs of these populations.

With everything SparkPeople offers, it truly has the ability to help our members and your patients kick start their way to a healthier, happier lifestyle!

As our providers, we ask that you please tell our members about this great FREE weight management website. All members need to sign up is a computer with internet access. It is easy to sign up, just tell members to go to **SparkPeople.com**, **Babyfit.com** or **SparkTeens.com** to sign up today!

HEDIS® 2010

Molina Healthcare of California participates in annual HEDIS® studies as part of our State quality reporting and voluntary quality accreditation process with NCQA (National Committee for Quality Assurance). Molina Healthcare's goal for all HEDIS® rates is to **meet or exceed the NCQA national 75th percentile** performance benchmarks. The following represents our combined scores for three of our service areas – Riverside/San Bernardino, Sacramento and San Diego. Improved HEDIS® rates are critical to maintaining our national “Commendable” NCQA accreditation status.

Medi-Cal Annual Measurement Indicator	2010 MHC Combined Results	2009 MHC Combined Results	2010 NCQA Medicaid Accreditation Benchmark
Appropriate Treatment for Children with Pharyngitis	40.66%	40.64%	<10 th percentile
Appropriate Medication for Asthma (combined) *2010 Baseline – New methodology Ages 5 - 50	86.95%*	N/A*	<25 th percentile
Upper Respiratory Infection (URI) Treatment	89.29%↓	91.83%	90th percentile
Breast Cancer Screenings	51.73% ↑	44.98%	50th percentile
Cervical Cancer Screenings	66.20%↓	69.76%	50th percentile
Well Child Visits – Ages 3-6	78.55%↓	78.70%	75th percentile
Prenatal-timeliness of prenatal care	84.95% ↑	81.68%	75th percentile
Postpartum Care	54.40% ↑	53.64%	50th percentile
Controlling High Blood Pressure	61.81% ↑	59.38%	90th percentile
Comprehensive Diabetes Mgmt.			
Eye Exam	45.83%↓	60.71% rotated	25th percentile
HbA1c Testing	85.56% ↑	79.65% rotated	75th percentile
LCL-C Screening	76.62% ↓	77.04% rotated	90th percentile
Monitoring for Nephropathy	78.94%↓	80.35% rotated	75th percentile
HbA1c – poor control	51.85%↓	49.04% rotated	25th percentile

Some of the initiatives to assist in improving our HEDIS® rates are:

- Welcome calls to new members to encourage Initial Health Assessments
- Practitioner, Member and Disease Management Newsletters with information about health promotion
- Asthma, COPD, Heart Disease, and Diabetes Disease Management Programs
- Motherhood Matters Pregnancy Program to encourage prenatal and postpartum care
- Member incentives for select measures – Mammograms, Adolescent Well Visits, and Diabetic Retinal Exams
- Communication with PCPs about the results of Focused Studies for Asthma, Diabetes, Hypertension and Upper Respiratory Infection

Molina values the care you and your staff continue to provide to our members. We invite your comments or suggestions on how we can continue to improve those areas of opportunity.

2010 HEDIS® results for Medicaid and Healthy Families for individual service areas will be posted on our website in the near future – If you have questions please contact the Quality Improvement department at 1-800-526-8196 Ext. 126137.

CAHPS® 2010

Annually we measure **member satisfaction using the CAHPS® survey (Consumer Assessment of Healthcare Providers and Systems)**. The survey measures key satisfaction drivers through the continuum of care, including health plan performance and the members' experiences in the physician office.

2010 CAHPS Results	MHC 2008	MHC 2009	MHC 2010	NCQA 2010 Medicaid Average
Getting Needed Care	59.3%	65.1%	59.3%	75.5%
Getting Care Quickly	67.5%	73.20%	71.5%	80.1%
Customer Service	71.1%	79.62%	80.7%	79.7%
How Well Doctors Communicate	80.4%	82.1%	80.0%	87.2%
Shared Decision Making	57.4%	54.19%	51.7%	58.2%
Rating of Health Care	60.4%	63.6%	61.7%	68.2%
Rating of Personal Doctor	70.0%	69.5%	65.1%	76.2%
Rating of Specialist Seen Most Often	68.7%	75.8%	75.4%	76.0%
Rating of Health Plan	64.8%	69.1%	66.0%	72.7%
Advising Smokers to Quit	55.4%	53.1%	59.1%	NA

We have ongoing initiatives to address areas where response rates indicate our members are not satisfied. Examples of our improvement activities include:

- Conducted quarterly POMMS with PCP office staff and at least annual JOMMS with IPA partners to update them on new Molina programs and services.
- Conducted visits to PCP offices and provided Customer Service training especially on the management of unhappy members.
- Provided Eportal trainings with the office staff to expedite claims submission.
- Worked with the claims department to resolve provider claims issues.
- Continued to increase the communication and transfer of data between the utilization management, disease management, complex case management and case management programs to better coordinate care with the member, physicians and Molina.
- Revised the pharmacy prior authorization drug list and changed some prior auth drugs to step-therapy.
- Focused on our physician network to improve the match with member languages spoken, ethnicity and cultural needs.
- Increased the multi-language capabilities of our after-hours Nurse Advice Line and Customer Service staffs to improve member communication about health care and service issues and needs.
- Enhanced physician office education about access to our multi-language and sign language translation service and its use.
- Increased the scope of our Customer Service internal member communication training programs.
- Developed an internal CAHPS support team that recommended member initiatives for improved understanding of their health plan. Molina Members acted as advisors.
- Developed a brochure of "Top Ten" tips and hints to assist members in navigating their health care benefit. Mailed the brochure to all households.

Molina Healthcare of California values the care, education and advice you provide to our members. Our Quality Improvement Program and local activities represent a collaborative effort between you and Molina to improve overall healthcare. We look forward to collaborating with you. Together, we can make a difference in the lives of our members. Your ideas and suggestions to make Molina Healthcare the plan of choice are valued. If you would like more information, or have suggestions for our Quality Improvement Program or CAHPS Survey, please call 1-800-526-8196, Ext. 126137.

BMI Growth Charts

In order to address the need for clinical guidelines for the prevention and treatment of obesity among children and adolescents, the Expert Committee on the assessment of overweight in children and adolescents have recommended the accurate measurement, calculation and plotting of BMI percentile on the Body Mass Index-for-age percentile growth charts. This is timely given the new Healthcare Effectiveness Data and Information Set (HEDIS) performance outcomes measures focusing on obesity in children and adolescents. The new measures will assess how consistently physicians perform BMI assessments and document:

- BMI percentile
- Counseling for nutrition and
- Counseling for physical activity

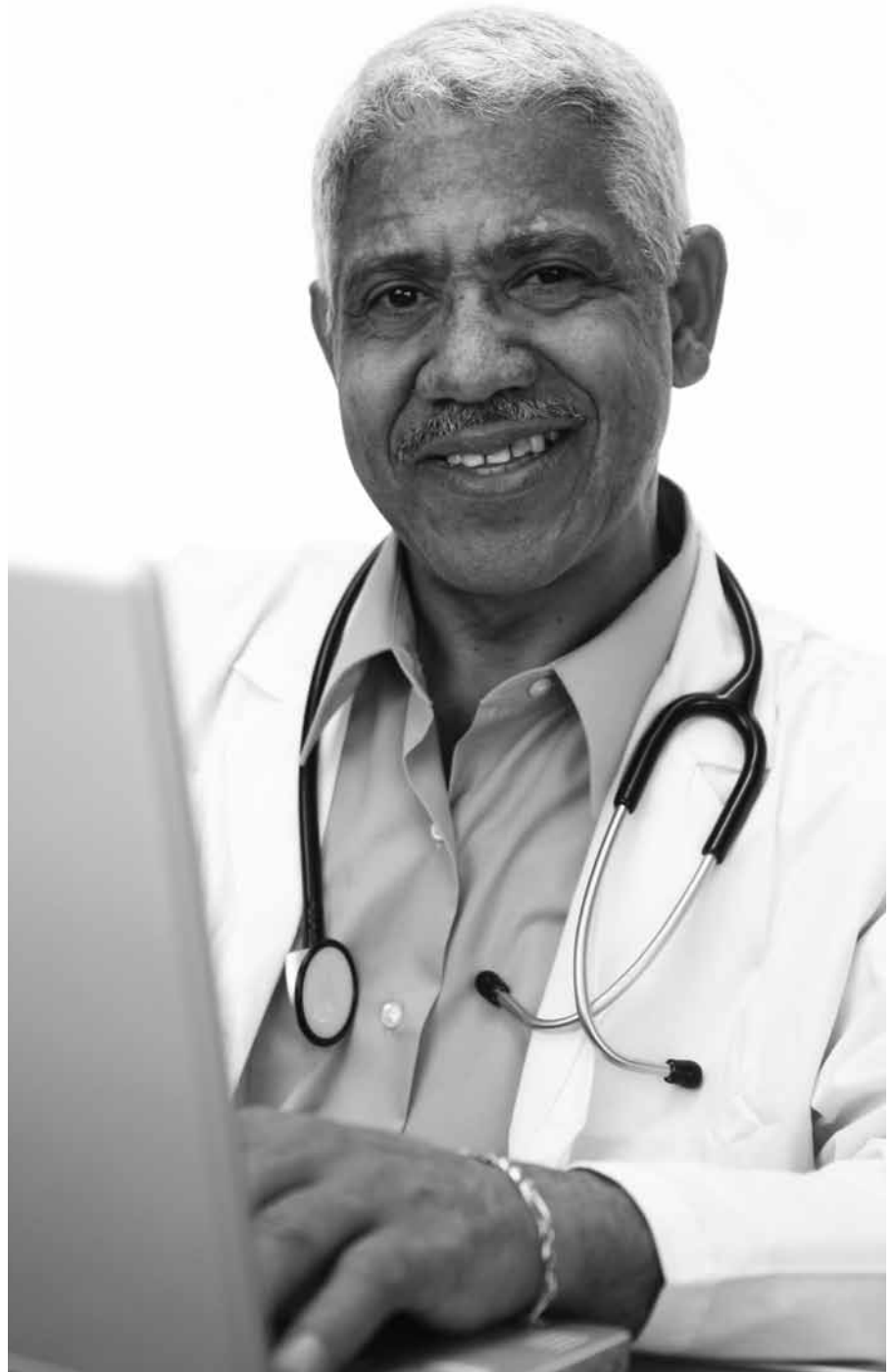
To simplify and assist in the identification and documentation of BMI percentile and nutrition and physical activity counseling, the following enhancements have been made to the CDC's Body Mass Index-for-age percentile growth charts: the classifications of BMI percentiles were highlighted for ease in identification of overweight and obesity and three new columns were added for quick documentation of BMI percentile and nutrition and physical activity counseling by the provider. Molina hopes this tool will be helpful in providing care for our child and adolescent members.

These BMI growth charts are available on the Molina Healthcare of California website:

<http://www.molinahealthcare.com/medicaid/providers/ca/forms/>

Select the **Frequently Used Forms** tab
Select the pdf file: **Enhanced Body Mass Index- For- Age Percentile Growth Charts and BMI Measurement**

To request copies of these BMI growth charts, please contact Molina's Provider Services Department at 1-888-665-4621.



Screening for Tobacco, Alcohol, and Drugs in Pregnancy

Substance use, abuse, and addiction can affect women and the fetus adversely during a pregnancy. The obstetrical provider is in an opportune position to screen and treat substance abuse and screening should occur in each and every pregnancy. Universal screening questions, followed by brief intervention and referral to treatment, enables physicians to have an impact on their patient's health and reduce the likelihood of preterm birth and neonatal complications in both the current and future pregnancies. Several helpful screening tools exist including the TACE screening questionnaire for alcohol abuse. Recent data suggests that 97% of obstetricians report screening pregnant women for alcohol use however only 25% used any of the standard screening tools. Recent data suggest that 1 in 10 babies may be born to women who use illegal drugs during their pregnancy. However only 89% of pregnant patients were screened for illicit drug or prescription drug abuse. Molina healthcare is committed to help both providers of obstetrical care and their patients to achieve a healthy outcome. We encourage practitioners to screen all pregnant patients for drug and alcohol abuse at the first visit of the pregnancy using a standard screening tool. For those patients who have a history of drug and/or alcohol abuse, or in those patients suspected of having issues with abuse, Molina Healthcare will pay for drug screening at any time during the pregnancy.





200 Oceangate, Ste 100
Long Beach, CA 90802

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Nurse Advice Line

English: 1-888-275-8750

Spanish: 1-866-648-3537



The Nurse Advice Line is here to help. Trained nurses are available to serve your patients 24 hours a day, seven days a week. If your patients have any concerns about their health, our specially trained triage nurses are available to listen to their symptoms, provide medical advice and make referrals to an appropriate care setting. Encourage your patients to call our Nurse Advice Line for assistance.



Partners in Care

Molina Medicare of California • Fall 2010



Molina Special Needs Plan Model of Care Provider Training

Molina Healthcare provides a CMS approved Model of Care for members of its Medicare Dual Eligible Special Needs Plan. Highlights of the Molina SNP Model of Care include:

- A health assessment and individualized care plan for each member both initially and annually
- Provision of care through an interdisciplinary care team
 - Interdisciplinary Care Team composed of network PCP, Molina Care Management staff, pharmacists, medical directors, behavioral health specialists, network specialists and network facility staff
 - Molina SNP members and/or their caregivers will have opportunities to participate with the interdisciplinary care team in the development and management of care plans.
- Molina will provide a network of PCPs, specialists and facilities with expertise in managing the health care needs of dual eligible members
- Molina will facilitate communication and coordination of care for members across care transitions and between the interdisciplinary care team, specialists and facilities
- Molina will report, analyze and act on data evaluating the performance of the Molina SNP Model of Care

Molina requests that all providers who provide care for members of the Molina Dual Eligible SNP complete a brief training on the SNP Model of Care. The training can be accessed at www.MolinaMedicare.com.



Coordination of Care during Planned and Unplanned Transitions for Medicare Members

Molina Medicare is dedicated to providing quality care for our Medicare members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Molina Medicare member is discharged from a hospital. By working together with providers, Molina Medicare makes a special effort to coordinate care during transitions. This coordination of specific aspects of the member's transition is performed to avoid potential adverse outcomes.

To ease the challenge of coordinating patient care, Molina Medicare has resources to assist you. Our Utilization Management nurses and Member Services staff are available to work with all parties to ensure appropriate care.

In order to appropriately coordinate care, Molina Medicare will need the following information in writing from the facility *within one business day* of the transition from one setting to another:

- Initial notification of admission within 24 hours of the admission
- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

This information can be faxed to Molina Medicare at 1-866-472-6303.

To assist with the discharge planning of Molina Medicare members, please note the following important phone numbers:

- **Medicare Member Services & Pharmacy**
1-800-665-0898.
- **Behavioral health** services and substance abuse treatment for Molina Medicare members can be arranged by contacting **CompCare** at **1-877-436-3604.**

- **Transportation** services for Molina Medicare Options Plus Members may be arranged by calling **MTM at 1-866-867-3208.**
- The **Nurse Advice Line** is available to members 24 hours a day, 7 days a week at **1-888-275-8750.**

Important information you need to know about Molina Medicare Options Plus:

- All beneficiaries have rights that are defined in our provider manual. They are also available in the member EOC posted on our website at **www.molinamedicare.com.**
- Molina Medicare Options Plus members have Medicare and Medicaid benefits designed to meet their special needs, therefore the state agency or its designated health plans have the responsibility for coordinating care, benefits and co-payments. Please be aware of your patients' status & Medicaid benefits and bill the correct entity.
- Health plans and providers can never charge these members more than they would have paid under Original Medicare and Medicaid. Members can also call the Medicaid agency for details and have specific rights with regard to their Medicaid benefits.
- Providers are responsible for verifying eligibility and obtaining approval for services that require prior authorization as outlined in the Provider contract. Our Medicare Member Services department can assist you in this regard.

Please contact the UM Department at **1-800-526-8196 x 126410** or **Medicare Member Services 1-800-665-0898** if you have questions regarding planned or unplanned transitions.

HIV Screening: A new benefit for Medicare Members who may be at risk

It is the obligation of all Medicare Advantage organizations (MAOs) to furnish annual voluntary Human Immunodeficiency Virus (HIV) screening to enrollees with high risk profiles. Effective January 1, 2010, the Centers for Medicare (CMS) and Medicaid Services added to the benefits furnished by original Medicare coverage of “additional preventive services,” provided certain requirements are met.

MAOs must cover both standard and FDA-approved HIV rapid screening tests for the following:

1. Annual voluntary screening of Medicare members at increased risk for HIV infection per USPSTF guidelines, including:
 - Men who have had sex with men after 1975;
 - Men and women having unprotected sex with multiple partners;
 - Past or present injection drug users;
 - Men and women who exchange sex for money or drugs; or have sex partners who do;
 - Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users;
 - Persons being treated for sexually transmitted diseases;
 - Persons with a history of blood transfusion between 1978 and 1985;
 - Persons who request a HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.
2. Voluntary HIV screening of pregnant Medicare members when the diagnosis of pregnancy is known, during the third trimester, and at labor.

If you have questions, please contact Provider Services.



Annual Election Period (AEP)

The Annual Election Period (AEP), which runs from November 15 to December 31, enables beneficiaries to change or add prescription drug plans (PDPs), change Medicare Advantage plans, return to original Medicare, or enroll in a Medicare Advantage plan for the first time.

Open Enrollment Period (OEP) replaced with Annual Disenrollment Period (ADP)

Starting in 2011, the OEP will no longer exist. In its place, CMS will implement an election period called the Medicare Advantage 45-Day Annual Disenrollment Period (ADP). The ADP will run from January 1 through February 14th. During the ADP, beneficiaries who are enrolled in a Medicare Advantage (MA) plan (either MA-only or MAPD) have one election available and may disenroll from that plan back to Original Medicare. Beneficiaries may also use the ADP to pick up a stand-alone Part D plan, regardless of whether or not they have had Part D coverage previously.

Medicare Fee Schedule Increase

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” This law established a 2.2 percent update to the Medicare Physician Fee Schedule (MPFS) payment rates retroactive from June 1 through November 30, 2010.

Molina Medicare followed suit loading the new rates during July 2010. All claims processed after July 16, 2010 were processed using the new rate.

Claims processed and paid at the old rates will be reprocessed as soon as possible. Under current law, Medicare payments to physicians and other providers paid under the MPFS are based upon the lesser of the submitted charge on the claim or the claim MPFS amount. Claims with June or July dates of service that were submitted with charges greater than or equal to the new 2.2 percent update rates will be automatically reprocessed.

Please Note: To avoid duplication, physicians/providers should not resubmit claims that have already been submitted to Molina Medicare.

Molina Healthcare works proactively with state and federal agencies when changes occur. Should you have any questions or need further assistance, please contact the Provider Services Department Monday through Sunday from 8:00 a.m. – 5:00 p.m. toll free at 1-888-665-4621.

