



## Did You Know...?

### During an Average Week in the United States

- 10,056 babies are born preterm



Since the 1990's the preterm birth rate in the United States has risen by 21 percent. In 2005, there were 522,913 preterm births in the United States, representing 12.7% of live births .

Prematurity/low birth weight is the leading cause of death in the first month of life. In addition to mortality, prematurity is a major determinant of illness and disability among infants, including developmental delays, chronic respiratory problems, and vision and hearing impairment.

*Continued on next page...*

#### In This Issue

Did You Know?	pg 1
Did You Know Continued	pg 2
Influenza Update	pg 3
Nurse Advice Line	pg 4

#### Medicare Insert

Care for Older Adults	pg 1
Payment Updates	pg 1
Coordination of Care	pg 2

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#### Featured at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com):

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

**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.

## Did you know...? – *Continued*



Generally, factors that increase the risk of having a spontaneous preterm birth fall into the following categories: demographic and genetic characteristics, behavioral and environmental factors, and medical and obstetric history. The most consistently identified risk factors include a history of preterm birth, current multifetal pregnancy, and some uterine and/or cervical abnormalities. Other possible risk factors include: infection (especially genito-urinary), diabetes mellitus, hypertension, late or no prenatal care, smoking, alcohol and illicit drug use.

In 2003, two encouraging studies found that treatment with the hormone progesterone reduced the incidence of premature birth by one third in women who had already had a preterm birth. This group is at especially high risk of another early delivery. According to the American College of Obstetricians and Gynecologists (ACOG), progesterone treatment (17 alpha-hydroxyprogesterone caproate – also called 17P) should be used only for women who meet all these criteria:

- Had a previous preterm delivery of a single baby (not twins, triplets or more)
- Began labor on their own (labor was not induced),
- Are pregnant again with just one baby.

Molina Healthcare of California would like to partner with you so that we together quickly identify our mutual members who may be appropriate candidates for 17 P and assist them in understanding and receiving this care under your direction. Our Nurse Case Managers are available to assist your office staff in ordering the medication from a high quality compounding pharmacy that will, within days, ship the medication to your office and bill Molina directly. They can also assist in arranging home healthcare administration of 17 P as appropriate.

To obtain a copy of Molina's Coverage Guidelines or copies of research articles related to 17 P treatment, to make a referral or learn more about this program, please call motherhood matters<sup>sm</sup>/Perinatal Case Management at 1-877-665-4628.

## Influenza Update

Here is a summary of the primary changes for the Advisory Committee on Immunization Practices (ACIP) 2009 recommendations:

- Annual vaccination of all children aged 6 months-18 years should begin as soon as the 2009-10 influenza vaccine is available.
- The 2009-10 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane 60/2008-like antigens.
- Most seasonal influenza A (H1N1) virus strains are now resistant to oseltamivir. Consult interim recommendations for antiviral treatment and chemoprophylaxis of influenza issued in December 2008 (<http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279>) until further recommendations are published by the ACIP.

Annual vaccinations should be given to all children 6 months - 18 years and adults who want to reduce the risk of becoming ill with seasonal influenza. Vaccinations should be given as soon as the vaccine becomes available and continue throughout the influenza season. Molina Healthcare encourages your office to administer the influenza vaccine to these group as well as the following groups at high risk for influenza complications, as recommended by the ACIP.

- Children are aged 6 months-4 years (59 months)
- Children & adolescents receiving long-term aspirin therapy
- Residents of nursing homes and long-term care facilities
- Persons aged  $\geq 50$  years
- Women who will be pregnant during the influenza season
- Children & adults who have a chronic condition
- Children & adults who have immunosuppression

- Health-care personnel
- Household contacts and caregivers of children aged <5 years and adults aged  $\geq 50$  years
- Household contacts and caregivers of persons at high risk for complications from influenza

A complete copy of the recommendations and any updates can be found at <http://www.cdc.gov/vaccines/recs/acip/default.htm>. As more information on the 2009 H1N1 becomes available, please keep in touch with your local public health officials and monitor the recommendations from the ACIP. 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.





## Attention Providers: Refer Your Patients to the Nurse Advice Line

**English: 1-888-275-8750**

**Spanish: 1-866-648-3537**

The Nurse Advice Line is staffed by bilingual Registered Nurses 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 nursing care advice, and make referrals to an appropriate care setting. Encourage your patients to call our Nurse Advice Line for assistance with their healthcare concerns.



## Care for Older Adults HEDIS Measures

Many adults over the age of 65 have co-morbidities which often affect his or her quality of life. As this population ages, it's not uncommon to see decreased physical function and cognitive ability, and increase in pain. Regular annual assessment of these additional health aspects can help to ensure this population's needs are appropriately met. These discussions, reviews and assessments should be documented in the patient's medical record.

- **Advance care planning** – Discussion regarding treatment preferences, such as advance directives should start early before patient is seriously ill. State specific advance directive documents can be found at <http://www.caringinfo.org/stateaddownload>
- **Medication review** – All medications that the patient is taking should be reviewed, including prescription and over the counter medications or herbal therapies.
- **Functional status assessment** – This can include assessments, such as functional independence or loss of independent performance.
- **Pain screening** – A screening may comprise of notation of the presence or absence of pain.

Including these components into your standard well care practice for older adults can help to identify ailments that can often go unrecognized and increase his or her quality of life.



## Payment Updates

Molina Medicare contracted providers that are paid under the Inpatient Prospective Payment System and the Outpatient Prospective Payment system will see a change in their remittance advices effective 8/1/2009. Line items that are not separately payable will appear on the RA as a zero pay line. These services are not separately payable or not covered under IPPS and/or OPSS. A remit message stating the claim was paid according to the specific PPS will appear on the RA.

## 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](http://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.