

UPDATES

The Molina Healthcare Clinical Quality Management Committee annually reviews and adopts evidence-based clinical practice guidelines from recognized sources to help practitioners and members make decisions about appropriate health care for specific clinical circumstances.

Clinical Practice Guidelines Readopted for 2008:

Group A Streptococcal Pharyngitis, Beta Blocker after Acute MI, Hypertension, Chlamydia, COPD, Diabetes, Gestational Diabetes, Otitis Media.

These Clinical Practice Guidelines and others are posted on the Molina website at www.molinahealthcare.com/mhc/provider/resources/cpg/index.htm or contact Molina's Provider Services Department at (888) 665-4621 for a copy.

MHC has posted the medical record content, documentation, and review requirements on the MHC website, which can be accessed at www.molinahealthcare.com, followed by selecting: Provider – California – Resources – Provider Manuals – Medical Record Documentation.





Molina Healthcare’s Utilization Management

One of the goals of Molina Healthcare Utilization Management (UM) department is to render appropriate UM decisions that are consistent with objective clinical evidence. To achieve that goal, Molina Healthcare maintains the following guidelines:

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Molina Healthcare’s clinical criteria includes McKesson InterQual® criteria, Hayes Directory, Medicare National and Local Coverage Determinations, applicable Medicaid Guidelines, Molina Medical Coverage Guidance Documents (developed by designated Corporate Medical Affairs staff in conjunction with Molina Healthcare physicians serving on the Medical Coverage Guidance Committee) and when appropriate, third party (outside) board-certified physician reviewers.
- Molina Healthcare ensures that all criteria used for UM decision-making are available to practitioners upon request. **To obtain a copy of the UM criteria used in the decision-making process, call our UM department 1-800- 526-8196 Ext. 126400.** Molina Healthcare UM staff are always available to receive your calls and provide outbound communication regarding UM issues. After our normal business hours, you may contact our Nurse Advice Line 1-888-275-8750 (English), 1-866-648-3537 (Spanish) for assistance.
- As the requesting practitioner, you will receive written notification of all UM denial decisions. The notification will include the name and telephone number of the Molina Healthcare physician that made the decision. Please feel free to call him or her to discuss the case. If you need assistance contacting a medical reviewer about a case please call the UM Department at 1-800-526-8196 Ext. 126400.

It is important to remember that:

1. UM decision making is based only on appropriateness of care and service and existence of coverage.
2. Molina Healthcare does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
3. UM decision makers do not receive incentives to encourage decisions that result in underutilization.

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Featured at www.molinahealthcare.com:

- Clinical Practice and Preventive Guidelines
- Disease Management Programs for Asthma, Diabetes and Pregnancy
- Quality Improvement Program and Evaluation
- Annual HEDIS Scores
- 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
- Facility site review and medical record documentation standards

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.

PROGRESS IN ACTION

California's Quality Improvement Program

Molina Healthcare of California Partner Plan, Inc. annually assesses its Quality Improvement Program (QIP) to provide the structure and key processes that enable us to plan and implement our care and service goals, and to assist you in improving your patients' health. The QIP is an evolving program that is responsive to the changing needs of our members, the advances and changes in clinical practice and the standards established by the regulatory and accrediting bodies.

The Clinical Practice Guidelines are available on the Molina Healthcare of California Provider Website www.molinahealthcare.com/mhc/provider/resources/cpg and printed copies are available upon request. For a copy, please call **1-800-526-8196, ext. 126450**.

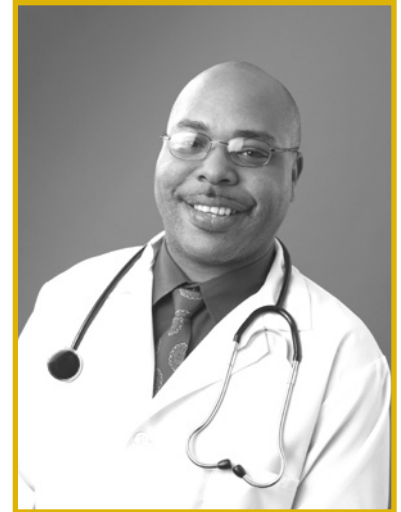
The Patient Safety Program identifies appropriate safety projects and error avoidance for Molina members in collaboration with their primary care providers. Molina Healthcare continues to support safe personal health practices for our Members through our infant car seat safety program, pharmaceutical management and disease management programs and education delivered through member newsletter articles. Molina also monitors national recognized quality index ratings for facilities from:

1. Leapfrog Group
2. Calhospital.org
3. JCAHO national patient safety goal ratings

Molina is proud to report that the Diabetes Physician Recognition Program (DPRP), developed by the National Committee for Quality Assurance (NCQA) and the American Diabetes Association (ADA) has awarded recognition to some of our contracted practitioners. Two more physicians were added since 2006.

These practitioners have demonstrated that they provide high quality care to patients with diabetes:

- Sadhana Kamath, MD (Lancaster)
- Takahiro Otsuka, MD (Pomona)
- Jeerreddi Prasad, MD (Pomona)
- Santosh Sinha, MD, (Los Angeles)
- Daryoosh Valamanesh, MD (Pomona)



Information about this recognition program is available on the NCQA website: www.ncqa.org.

Continuity and coordination of care is part of improving and maintaining our member's health and we evaluate this through ongoing analysis of data from:

- Assessment of chronically ill or patients with complex diseases.
- Care transition processes and inter-provider communications and documentation.
- Utilization review, case management and complex case management
- Quality of care issues, including adverse events.
- Member and practitioner complaint and appeal review.

Confirming that our members have access and availability of care and service is based on:

- Geographic access to primary care physicians, key specialists, hospitals and other health care services. This includes comparing the gender, language and ethnicity of our members to that of our contracted practitioners.
- Appointment access and availability of after-hours care and if members are satisfied with the service.

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PROGRESS IN ACTION

California's Quality Improvement Program *(Continued)*

- Data from Molina's Member Services telephone access, including the bilingual 24/7 Nurse Advice Line.

We manage the health care practitioner and provider credentialing/recredentialing through:

- Review of credentialing/recredentialing policies and procedures.
- Peer review of credentialing/recredentialing decisions.
- Peer review of investigated quality of care issues and proposed corrective action plans.
- Overseeing delegated credentialing and utilization management activities to verify that delegated organizations meet Molina's high standards.

We annually measure member satisfaction using the CAHPS® survey (Consumer Assessment of Healthcare Providers and Systems). The survey looks at key satisfaction drivers through the continuum of care, including health plan performance and the members' experiences in the physician office. The 2007 Adult Medicaid survey showed increasing member satisfaction in some key measurement areas.

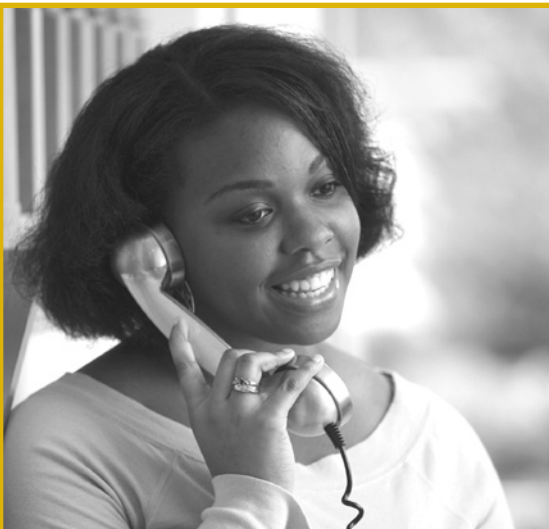
- Getting care quickly
- How well doctors communicate

- Shared decision making
- Rating of personal doctor

We have ongoing initiatives to address areas where response rates indicate our members are not satisfied. These include continuing to:

- Expand the physician network to better serve the language spoken, ethnicity and cultural needs of our members
- Expand the Urgent Care Center network for access to after-hours care
- Improve the health status of our members through our disease management programs and the program for pregnant women
- Increasing the bilingual capabilities of our after-hours nurse line and customer service staff to improve communication about health care and service issues and needs.
- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results.

Please access <http://www.molinahealthcare.com/mhc/provider/resources/qi.htm> for more information



Attention Providers: Refer Your Patients to the Nurse Advice Line

1-888-275-8750 (English)

1-866-648-3537 (Spanish)

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.**

Disease Management Programs Improve Member Health

Molina Healthcare offers focused disease management programs that can significantly influence the health of our members and provide a variety of helpful services for those with chronic conditions such as asthma and diabetes.

Molina Healthcare offers the following Disease Management Programs to our members:

- **breathe with easeSM (Asthma):** 2-56 years of age
- **Healthy Living with DiabetesSM:** 18-75 years of age
- **Heart Healthy LivingSM:** 18 years of age & over
- **Healthy Living with COPDSM:** 35 years of age & over
- **Motherhood MattersSM:** (Pregnancy)

All disease management program interventions are targeted to the specific needs of each member. Program materials include condition specific pamphlets and brochures, workbooks, patient logs, action plans, newsletters and other tools that educate the patient on how to manage their condition. In addition, nurses or health educators reach out to patients and provide case

management to those who will benefit the most from more frequent, in-depth follow-up. Physicians receive results of their patients' self-assessments and updates describing interventions and education offered to all members. In addition, practitioners receive notifications and patient profiles on all members enrolled in any of the disease management program.

At each point of contact, members are encouraged to discuss their care with his or her provider and follow their plan of treatment. Other services available to members include having access to the 24 hour Nurse Advice Line. Members can call and speak with a nurse for advice on any health problems. **If you have a Molina Healthcare patient you think will benefit from receiving educational materials or talking with a Care Manager, please refer them to our Disease Management Programs by calling Member Services Department.**

You can find more information about our programs on the Molina Healthcare website at www.molinahealthcare.com.

HEDIS[®] 2007 (NCQA Healthcare Effectiveness Data and Information Set)

Molina Healthcare of California participates in annual HEDIS[®] studies for California MediCal and Healthy Families quality reporting and voluntary NCQA (National Committee for Quality Assurance) accreditation process. The 2007 HEDIS scores are based on the care members received through the end of 2006.

Measures needing improvement in 2008 are:

- Cervical cancer screenings
- HbA1c testing and LDL-C screening for diabetics
- Children with pharyngitis
- Controlling high blood pressure
- Adult access to preventive care

Examples of interventions designed to encourage our practitioners to provide and members to seek preventive care services include:

- Incentive programs for members and practitioners for wellness care
- Welcome calls to all new members with assistance in scheduling initial health assessments
- Health Education targeted wellness mailings

- Practitioner and member newsletters
- Multi-language translations for specific programs
- Disease Management Program incentives for Asthma - the **Breathe With Ease** pediatric and adult asthma disease management, Diabetes - **Living Well with Diabetes** adult diabetes disease management and **Motherhood MattersSM** program for pregnancy care, including completion of timely prenatal and postpartum visits.

Go to <http://www.molinahealthcare.com/common/ca-hedis.htm> for complete report.



Drug Formulary and Pharmaceutical Procedures

For each state, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by a Molina Healthcare Pharmacy and Therapeutics (P&T) Committee. This Committee usually meets on a quarterly basis, or more frequently if needed. It is composed of your peers – practicing physicians and pharmacists from areas where Molina Healthcare practitioners are located. The Committee's goal is to provide a safe, effective and comprehensive Formulary/PDL. The P&T Committee evaluates all therapeutic categories and selects the most cost-effective agent(s) in each class. In addition, the Committee reviews prior authorization procedures to ensure that medications are used safely, and in accordance with the manufacturer's guidelines and FDA-approved indications. They also evaluate and address new developments in pharmaceuticals and new applications of established technologies, including drugs.

Medications prescribed for Molina Healthcare members must be listed in the Drug Formulary/PDL. Select medications may require prior authorization, as well as

any medication not found on the listing. When there is a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by submitting, via fax, a Medication Prior Authorization Form or by calling the Pharmacy Prior Authorization Department for the plan. Printed copies of the Drug Formulary/PDL may be obtained by calling the Provider Services Department.

Additionally, the listing and prior authorization criteria are posted on the Molina Healthcare website at www.MolinaHealthcare.com.



Practitioner Credentialing Rights: What You Don't Know Can Hurt You

Molina Healthcare has a duty to protect its members by assuring the care they receive is of the highest quality. One protection is assurance that our practitioners have been credentialed according to the strict standards established by the state regulators and NCQA. Your responsibility, as a Molina Healthcare practitioner, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Molina Healthcare also has a responsibility to its practitioners to assure the credentialing information it reviews is complete and accurate. As a Molina Healthcare practitioner, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process;
- Nondiscrimination during the credentialing process;
- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you;

- Review information submitted to support your credentialing application, with the exception of references, recommendations or other peer-review protected information;
- Correct erroneous information;
- Be informed of the status of your application upon request;
- Receive notification of the credentialing decision within 60 days of the committee decision;
- Receive notification of your rights as a practitioner to appeal an adverse decision made by the peer review committee; and,
- Be informed of the above rights.

For further details on all your rights as a Molina Healthcare practitioner, please review your Provider/Practitioner Manual. You may also review the provider/practitioner manual on our website at www.molinahealthcare.com or call your Provider Services Representative for more details.

Update!!! Member Rights and Responsibilities for All Molina Providers!!!

A. Member Rights:

- Members have the right to be treated with respect and recognition of their dignity by everyone who works with MHC.
- Members have the right to receive information about MHC, our providers, our doctors, our services and member's right's and responsibilities.
- Members have the right to choose their primary care physician (PCP) from MHC's network.
- Members have the right to be informed about their health. If members are ill, members have the right to be told about treatment options regardless of cost or benefit coverage. Members have the right to have all questions about their health answered.
- Members have the right to help make decisions about their health care. Members have the right to refuse medical treatment.
- Members have the right to privacy. MHC keeps their medical records private in accordance with State and Federal laws.
- Members have the right to see their medical record. Members also have the right to ask for corrections to their medical record and receive a copy of it in compliance with State and Federal requirements.
- Members have the right to complain about MHC or their care by calling, faxing, e-mailing or writing to MHC's Member Services Department.
- Members have the right to appeal MHC's decisions. Members have the right to have someone speak for them during the grievance.
- Members have the right to disenroll from MHC.
- Members have the right to ask for a second opinion about their health condition.
- Members have the right to ask for an external independent review of experimental or investigational therapies.
- Members have the right to decide in advance how they want to be cared for in case they have a life-threatening illness or injury.
- Members have the right to receive interpreter services at no cost to help them talk with their doctor or MHC if they prefer to speak a language other than English.
- Members have the right to not be asked to bring a friend or family member with them to act as their interpreter.
- Members have the right to receive information about MHC, their providers, or their health in their preferred language. Members also have the right to request and

receive materials in other formats such as larger size print and Braille. Members have the right to request information in printed form translated into their preferred language.

- Members have the right to receive a copy of MHC's drug formulary on request.
- Members have the right to access minor consent services.
- Members have the freedom to exercise these rights without negatively affecting how they are treated by MHC, its providers or the Department of Health Care Services.
- Members have a right to make recommendations regarding the organization's member rights and responsibilities policies.
- Members have the right to be free from controls or isolation used to pressure, punish or seek revenge.
- Members have the right to file a grievance or complaint if they believe their linguistic needs were not met by the plan.
- **Medi-Cal Members also** have the right to request a State Fair Hearing by calling 1-800-952-5253. Members also have the right to receive information on the reason for which an expedited State Fair Hearing is possible.
- **Medi-Cal Members also** have the right to receive family planning services, treatment for any sexually transmitted disease, emergency care services, from Federally Qualified Health Centers and/or Indian Health Services without receiving prior approval and authorization from MHC.

B. Member Responsibilities:

- Members have the responsibility to be familiar with and ask questions about their health benefits. If Members have a question about their benefits, they may call MHC's Member Services Department at 1-888-665-4621.
- Members have the responsibility to provide information to their doctor or MHC that is needed to care for them.
- Members have the responsibility to be active in decisions about their health care.
- Members have the responsibility to follow the care plans and instructions for care that they have agreed on with their doctor(s).
- Members have the responsibility to build and keep a strong patient-doctor relationship. Members have the responsibility to cooperate with their doctor and staff. This includes being on time for their visits or calling their doctor if they need to cancel or reschedule an appointment.

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Update!!! Member Rights and Responsibilities for All Molina Providers!!!

(Continued)

- Members have the responsibility to present their MHC and State card when receiving medical care and report any fraud or wrongdoing to MHC or the proper authorities.
- Members have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- **Healthy Families Members also** have a responsibility to keep current in their premium payment to the Healthy

Families Administrator. Be aware of services requiring co-payment. Maintain a record of the co-payments made during the calendar year.

- **Healthy Families Members also** have a responsibility to inform the Member Services Department of any change of address or any changes to entitlement that could affect continuing eligibility.

Complex Case Management



Molina Healthcare offers you and your patients the opportunity to participate in our Complex Case Management Program. Patients appropriate for this voluntary program are those that have the most complex service needs and may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties and/or have additional social, psychosocial,

psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

The purpose of the Molina Healthcare Complex Case Management Program is to:

- Conduct a needs assessment of the patient, patient's family, and/or caregiver
- Provide intervention and care coordination services within the benefit

structure across the continuum of care

- Empower our patients to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure that they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and on-going care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family.

If you would like to learn more about this program, speak with a Complex Case Manager and/or refer a patient for an evaluation for this program, please call 1-800-526-8196, Ext. 127604.

What type of care is available to members who are away from Molina's service area?

Molina provides coverage for emergency or urgent care when members are away from our service area. Members are encouraged to contact Molina within 24 hours or when medically reasonable after receiving emergency care.

Coverage for routine care is not covered when members are away from Molina's service area.

