

# Partners in Care

## Molina Healthcare



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

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

Molina Healthcare of Michigan

Please contact Molina Provider Services for written copies of all information on the website or if you need more information please call Provider Customer Service at **1-888-898-7969**.

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## CAHPS Survey

**M**ichigan Department of Community Health (MDCH) contracts with an NCQA certified vendor to conduct the Consumer Assessment of Health Plans (CAHPS) survey to determine member satisfaction with their providers and their health plans. The CAHPS survey is performed annually and all data collected remains confidential. Neither the providers nor the health plan are privy to the member specific data collected by the independent vendor. How members rate the care they receive from their provider and the health plan is an important indicator of the quality of care they receive. Therefore, it is important for providers and health plans to focus their attention on the ratings of care received.

Annually, MDCH provides the health plan with a Consumer Guide Report indicating the quality of care members feel they receive from their providers and the health plan. Key components of the survey include: Doctor's Communication and Service, Getting Care, Keeping Kids Healthy, Taking Care of Women, and Living with Illness. Members were sent surveys and responded to the question according to how they perceived the care obtained in the providers' offices or through the health plan. Health plans receive a score of 1 – 4. In 2006, Molina Healthcare members' satisfaction with care decreased from the previous year. Below are areas of concern with members' satisfaction:

- In the area related to Doctor's Communication, member satisfaction was unchanged. Molina Healthcare received a score of 2.

- In the area of Getting Care, the satisfaction rate decreased. Molina Healthcare's score decreased from 2 to 1.
- In the area of Keeping Kids Healthy, member's satisfaction was unchanged. Molina Healthcare received a score of 1.
- In the area of Taking Care of Women, satisfaction level remained unchanged. Molina Healthcare received a score of 2.
- In the area of Living with Illness, satisfaction level decreased. Molina Healthcare's score decreased from 2 to 1.

Molina Healthcare is committed to providing satisfaction to our members. Our goal is to ensure members receive the care they need, are satisfied with their care, and the provider and the health plan are providing quality care to our members. Therefore we have made improvements to our programs by:

- Added a C.O.P.D program in Spring 2006
- Making enhancements to the Well Child program
- Developing an obesity program
- Developing an African American men's health initiative to be implemented first quarter 2007
- Sponsored a provider seminar on diabetes during 3rd quarter 2006 in our high volume counties
- Coordinating a Pamper Party to encourage well women exams
- Participating in Well Child health fairs

If you have any questions about the survey or suggestions on how to improve the score, please contact Dr. James Forshee, Chief Medical Officer at (248) 925-1702.

# Special Populations Series: Did You Know?

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The Molina Institute helps providers understand different cultures, including habits, customs, and beliefs, and effects on delivery of health care. According to census data, the East Indian (or Asian Indian) population is the fastest growing Asian American community in the U.S.

- There are about 1400 different plants and plant extracts used in Ayurvedic medicine, the traditional Indian mixture of religion and secular medicine. These metabolize in the body slowly with few side effects.
- Belief in karma, that one's suffering in this life are related to past life experiences, lead Hindu patients to have a strong desire at the end of their life to resolve anger and unfinished business.
- Pregnancy is viewed as a 'hot state' in Asian Indian culture. Meat, eggs, nuts, spices and herbs are considered 'hot' and are avoided. Rituals of pregnancy include ceremonies to keep away evil spirits that may affect the unborn child.
- Pointing at or beckoning to someone with an index finger is considered rude in Asian Indian culture.
- Disease is seen as an imbalance of forces in the body. Illness can be treated by realigning oneself with the proper elements.

For the full article on Asian Indian culture, contact Sonia Gordon at [sonia.gordon@molinahealthcare.com](mailto:sonia.gordon@molinahealthcare.com).

## Drug Formulary and Pharmaceutical Procedures

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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](http://www.molinahealthcare.com)

# Tobacco Cessation Program

**A**t Molina Healthcare we understand the risks that are associated with tobacco use as well as the benefits of quitting. That's why we offer our members a tobacco cessation program. The program "I Can Quit" is a telephonic counseling support program contracted through the American Cancer Society. Quit line services are available 24 hours a day, every day of the year. Member enrollment is voluntary and is open to any person age 13 years and older. To enroll the member simply calls the Quit Hotline at 1-800-480-7848.

Tobacco users frequently cite a physician's advice to quit as an important motivator for attempting to stop using tobacco. The Michigan Association of Health Plans suggests health care providers take the following steps:

## SCREEN

1. Ask- systematically identify all tobacco users at every visit (age 13 and older)

## INTERVENE

1. Advise – strongly urge tobacco users to quit.
2. Assess- determine willingness to make a quit attempt.
3. Inform and refer member to the "I Can Quit" program.

## ASSIST

1. Aid the patient in quitting (Offer Nicotine Replacement Therapy (NRT))

The following is a summary of the Molina Healthcare pharmacy benefit for NRT:

<b>Nicotine Patch:</b>	<b>3 months covered</b>
Gum	Prior Authorization
Inhaler	Prior Authorization
Nasal Spray	Prior Authorization
Zyban/Wellbutrin	Prior Authorization
Lozenge	Not Covered
Chantix/Varenicline	Not Covered

Please follow these guidelines when prescribing NRT for Molina Healthcare members. Please fax your prior authorization (PA) request to the Pharmacy Department.

If you have any questions about the "I Can Quit" program please contact the Health Education Coordinator at (866) 449-6828 extension 155321.

# Complex Case Management

**M**olina 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 Utilization Management at 1-888-898-7969.**

# NPI: Are You Ready? Getting an NPI is free - not having one can be costly!

## GET IT.

The National Provider Identifier (NPI) compliance date is May 23, 2007. Each healthcare provider that is a covered entity under HIPAA must obtain an NPI. Providers who are not covered entities may obtain an NPI and will need to do so to bill Molina Healthcare for any services provided to our members. If you have not applied for your NPI go to the Centers for Medicare and Medicaid Services (CMS) website to apply at [www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/)

## SHARE IT.

Molina Healthcare is now collecting NPI(s) from healthcare providers. By regulation, a healthcare provider is required to disclose its NPI, when requested, to any entity that needs the NPI to identify the provider in HIPAA transactions, such as claims. You should have received a letter informing you on how to submit your NPI to Molina. If you have not already done so, please report your NPI to us through our Provider Self Services Portal at: <https://eportal.molinahealthcare.com/eportal/providers/login.aspx>

### How to report your NPI to Molina:

- Sign on to our secure Provider Self Services Portal using your existing User ID and password.
- If you are not registered for the Portal, please take this opportunity to sign up and take advantage of all the features the Molina Provider Self Service Portal has to offer.
- For assistance with registering you may contact your Molina Healthcare Provider Services Representative or call the technical assistance number at 1-866-449-6848

## USE IT.

Beginning May 23, 2007, each covered provider must use its NPI to identify itself on all HIPAA transactions where its healthcare provider identifier is required. In addition, beginning May 23, 2007 Molina will require providers to use their

NPI when submitting all claims, including paper and electronic formats.

## Important Molina NPI Implementation Dates:

### Use of the NPI on Paper Claims

#### Professional Claims:

- Beginning October 1, 2006 you may submit the revised (08/05) CMS 1500 claim form which contains the NPI. The current (12/90) version will be discontinued on March 31, 2007.

#### Institutional Claims:

- Beginning March 1, 2007 you may submit the new UB-04 claim form which contains the NPI. The current 1450 version will be discontinued on May 22, 2007.
- Molina Healthcare is requiring the use of taxonomy codes on institutional claims.

### Use of the NPI on electronic claim transactions:

#### Dual Use Period 3/1/07 – 5/22/07

Molina will accept claims with the NPI and legacy provider identifiers such as Medicaid IDs.

#### NPI Compliance begins 5/23/07

Beginning 5/23/07 all claims, electronic and paper, must contain the NPI in order for payments to be issued. Electronic claims containing a Medicaid and/or Legacy identifier will be rejected. Molina will accept paper claims with Medicaid and/or Legacy identifiers; however, the NPI must also be printed on the claim form.

## QUESTIONS?

Still have questions on how the NPI affects you? By linking to the Molina Healthcare Internet site at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) you can find more information on the NPI or call the Molina HIPAA Hot Line at 1-866-665-4622.

# Electronic Data Interchange (EDI)

**M**olina Healthcare provides a number of Electronic Data Interchange (EDI) solutions to meet practitioner needs including Claims Submission, Encounter Submission, Claims Inquiry, Eligibility Inquiry, Electronic Remittance Advice, Authorization Submission and Authorization Inquiries.

At Molina Healthcare we are committed to delivering tools that will allow practitioners to reduce the time spent on administrative duties and focus their efforts on practicing medicine. For example, by submitting your claims electronically:

- You save money by decreasing the cost of postage and printing!
- You eliminate mailing time and claims reach Molina faster!
- You reduce claims delays since errors can be corrected and resubmitted electronically!

- You increase the efficiency and productivity in your office!

For more information and a list of clearinghouses currently available for submitting electronic claims, please visit our EDI website at <http://www.molina-healthcare.com/edi>. Molina also provides a direct-entry tool for professional claims on the Molina Provider Self Services Portal.

The Molina Provider Self Services Portal is an online tool for our practitioners and service partners. This tool allows practitioners to check member eligibility and authorization status, directly enter professional claims, view claim details, view patient listing's and update the profile.

For more information log on to <https://eportal.molinahealthcare.com/eportal/providers/login.aspx> or contact your Provider Service Representative.

**Nurse Advice Line | 1-888-275-8750 (English) 1-866-648-3537 (Spanish)**



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 nursing care advice and make referrals to an appropriate care setting. Encourage your patients to call our Nurse Advice Line for assistance.

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

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**M**olina 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 committee; and,
- Be informed of the above rights.

**For further details on all your rights as a Molina Healthcare practitioner, please review your Provider Manual. You may also review the provider manual on our website at [www.molina-healthcare.com](http://www.molina-healthcare.com) or call your Provider Services Representative for more details.**