



## Lead Alert!

Molina Healthcare supports the Michigan Department of Community Health (MDCH) Childhood Lead Poisoning Prevention Program. In an effort to increase the number of children tested for lead before the age of 2.

Molina Healthcare now pays for lead testing performed in the physician's office. This service will be paid fee-for-service at Medicaid fee screens to all providers. Providers are no longer required to use a JVHL laboratory for lead testing.

### This includes:

- Lead Blood Draw Test (Venipuncture)
- Lead Capillary Blood Draw (Finger Stick)

*Please use procedure code 83655\* when billing for both tests*

Providers are encouraged to report lead test results through the MDCH Childhood Lead Poisoning Prevention Program. Providers who do not perform lead testing in the office may still utilize JVHL laboratories. JVHL will report the lead test result to MDCH.

For LeadCare and LeadCare II user information and forms, please contact Courtney Pendleton from the MDCH Childhood Lead Poisoning Prevention Program at 1-517-335-8912.

Please contact Molina Healthcare Provider Services' Department with questions about this program or other programs. Provider Services can be reached at 1-866-449-6828, ext. 155822.

*\*Please use current and accurate procedure codes when billing for services.*



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### Features 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 Program
- 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 Michigan

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

## Diabetic Retinopathy

More than 20.8 million people in the United States are affected by diabetic retinopathy, the leading cause of vision loss among adults between the ages of 20 and 74. The prevalence is higher among women than men for visual impairment.

The American Diabetes Association and the American Academy of Ophthalmology recommend annual eye examinations for all persons with diabetes. “The CDC estimates that 6.2 million diabetic Americans remain undiagnosed and diabetic retinopathy has few visual or ophthalmic symptoms until vision deteriorates.” Consequently, the opportunity for early detection is often missed. The Academy has outlined six goals for the management of diabetic retinopathy:

### Goals:

1. Identify patients at risk for diabetic retinopathy.
2. Encourage involvement of the patient and primary care physician in the management of the patient’s systemic disorder, with specific attention to control of blood sugar, serum lipids and blood pressure.
3. Encourage and provide lifelong evaluation of retinopathy progression.
4. Treat patients at risk for visual loss.
5. Minimize the side effects of treatment that might adversely affect the patient’s vision and/or vision-related quality of life.
6. Provide visual rehabilitation for patients with visual loss from the disease or refer for visual rehabilitation 2

Maintaining appropriate target ranges of blood pressure, glucose and lipid levels can significantly impact diabetes management and the progression of retinopathy. Keeping blood pressure no higher than 130/80 alone reduces the risk of microvascular complications by approximately 33 percent, according to the CDC. 2 In addition, hyperlipidemia has been directly correlated with the development of intra-retinal lipid exudates. Careful control of lipid levels can

prevent hard retinal exudates. 2

Diabetic education is the responsibility of not only the primary provider, but the entire health care team. Endocrinologists, ophthalmologists and health educators should work closely with patients to empower the patients to be proactive in their diabetic management. Patient education and lifestyle changes are essential in prevention of diabetic complications including diabetic retinopathy.

As part of the quality improvement process, the following measures are included to assist in improving outcomes for patients with diabetes. Healthcare Effectiveness Data and Information Set (HEDIS) measure: A negative retinal exam (no evidence of retinopathy) by an eye care professional in the year (2009) or prior to the measurement year (2008). Michigan Quality Improvement Consortium (MQIC): Dilated eye exam with the date recorded.





## Care for Older Adults HEDIS measure

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/stateadownload>
- **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 appropriately coordinate the member's discharge, CMS requires Molina to work together with the providers to manage the member's transitions and coordinate care and benefits between various providers and payers involved in a patient's care. When multiple providers and settings are involved in a patient's care, complete and timely communication is key to ensuring that care is coordinated and follow-up is adequate.

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 1-800-767-7188.**

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

- **Medicare Member Services & Pharmacy 1-800-665-1029**
- The **Nurse Advice Line** is available to members 24 hours a day, 7 days a week at **1-888-275-8750**
- Behavioral health services and substance abuse treatment for Molina Medicare members can be arranged by contacting us in the UM Department **1-800-745-4044 (Select Option 1, Option 3, Option 6).**

### **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 **1-800-745-4044 (Select Option 1, Option 3, Option 6) or Medicare Member Services 1-800-665-1029** if you have questions regarding planned or unplanned transitions.

## 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 novel H1N1 becomes available, please keep in touch with your local public health officials or visit <http://www.cdc.gov/h1n1flu/> 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.



## Well Child Visits

Just a reminder during this “back to school” time of the year, when you are performing the well child visit, we encourage you to provide the service, at the point of contact with the member. You do not need to wait for the anniversary date to perform a well child visit.

For children 3 – 17 years of age, they are only allowed one well child visit for reimbursement per calendar year. Please bill with the following codes:

- Well Child Visit
  - CPT 99381-99385
  - and 99391-99395
- Immunizations
- Immunization Administration

**Immunizations are to be given in accordance with HEDIS guidelines**