

Molina Healthcare Partners in Care



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Contributors

James Forshee, MD,
Chief Medical Officer
Molina Healthcare of Michigan

Marianne Thomas-Brown, RN
Director, Quality Improvement

Janet Marino, RN
Director, Utilization Management

Timothy C. Zevnik, MBA
Privacy Official and HIPAA Program Manager
Molina Healthcare, Inc.

Featured at
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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WHAT'S NEW – Introducing Molina's Newest Provider Resource

By Kim Parker, Vice President, Network Strategy and Provider Services,
Molina Healthcare, Inc.

Have you heard the news?

Molina Healthcare is launching a self service, web-based information portal, aka ePortal, for its health care professionals.

This new secure site offers easy access to real-time transactions and information you need at your fingertips. That's right, no more waiting.

The ePortal system was designed and developed with your business needs in mind. With introduction of the ePortal, provider awareness can be improved. The ePortal supplies instantaneous data, information, and knowledge about your members. At Molina Healthcare, we recognize the value of time. We know that less time spent on administrative tasks means more time spent caring for those you serve.

This project is being rolled out in several phases, with the first phase beginning this month. Information on how to register and begin using the

ePortal system is being mailed to you. Upon registration, you will be able to perform the following tasks online:

- Member Eligibility Inquiry
- Claims Status Inquiry
- Authorization Inquiry
- Submit Online Authorizations
- Provider Search
- Download Forms (useful and most frequently used forms)
- Change Mailing Address

These knowledge resources have been integrated so that decision-making content is delivered to you when and where it is needed, without the traditional boundaries of time.

By using ePortal, the opportunity for error-prone manual interventions and the financial costs associated with inaccurate information are significantly lower.

As always, Molina Healthcare is committed to exceeding the expectations of those we serve. Please look for more information about these exciting new changes in future editions of our Partners in Care newsletter.

Drug Formulary and Pharmaceutical Procedures

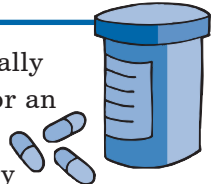
For each state, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by a Molina Healthcare Pharmacy and Therapeutics (P&T) Committee. This Committee usually meets on a quarterly basis, or more frequently if needed. It is composed of your peers – practicing physicians and pharmacists from areas Molina Healthcare providers 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. 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



The Clinical Encounter in the Age of Antibiotics “Miracles and Wonders”

From the Molina Institute for Cultural Competency Library

Patients have seen antibiotics as strong medicines which can quickly and easily wipe out the most dangerous diseases. Many important vaccines were developed during the “golden age” of antibiotics which added to the idea that medications could cure anything. The treatment of many conditions has become so easy that the request for antibiotics has become a conditioned behavior, a sort of ritual part of many patient encounters.

Our patients often see the antibiotic prescription as an expected, tangible product of their office visit. They have learned from previous experience that antibiotics are what they can get from the physician when they insist on a return for their “investment” in an office visit. And they want their pharmaceuticals in the form of a prescription or a shot. Writing an

antibiotic prescription has also become a convenient way for a busy physician to signal the end of an appointment. We have created a culture of clinical encounters where the patient expects, and usually receives, pharmaceuticals for the treatment of their problems. This expectation has become so embedded in the patients’ expectation of the encounter that any other form of treatment is often referred to as “alternative” care.

Now that the impact of over-use of antibiotics has become alarmingly clear, it is imperative that we find ways to change embedded routines and expectations. Changing the “cultural” behavior of the clinical encounter will be challenging, but here are a few suggestions that may help.

- Substitute something for the antibiotic prescription. The patient

expects a “product” – try providing a written prescription for over-the-counter medications with specific dosing instructions. A pre-printed check-off pad saves time and looks professional.

- Pre-printed information about established symptomatic treatments is an easy way to provide information that has been lost in the age of antibiotic “miracles.”
- Explain (again and again) the difference between viruses and bacteria. The fact that they are both described as “germs” in popular language, combined with the lack of general health education, causes confusion for most people.
- Reassure the patient and family that the body can overcome most minor illnesses on its own. Discuss specific signs or symptoms for the patient to watch for and know if it’s necessary to call for a return visit.

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 our practitioners have been credentialed according to the strict standards established by our state regulators and NCQA. Your responsibility, as a Molina Healthcare practitioner, includes full disclosure of all issues and timely submission of all 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;
- 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.molinahealthcare.com or call your Provider Services representative for more details.

Why We Need the National Provider Identifier (NPI)

By: Timothy C. Zevnik, MBA, CIPP/G, Privacy Official and HIPAA Program Manager, Molina Healthcare, Inc.

Does your practice need to keep track of many different provider identification numbers (PIN), including a UPIN, Medicare, and Medicaid Provider ID? Is your billing staff confused about which PIN they should use with which health plan? You're not alone.

Today, providers find themselves with different PINs assigned by different health plans, and even within the same health plans. The same PIN may be issued to multiple providers. Providers, payors, clearinghouses, patients and vendors -- all participants in healthcare transactions -- must contend with the unnecessary confusion, extra work, processing delays, and high costs created by this lack of standardization. The National Provider Identifier (NPI) will help ensure that each provider has one unique identifier to be used in electronic transactions with all health plans.

What is the NPI?

HIPAA called for "a standard unique health identifier for each individual, employer, health plan, and health care provider for use in the healthcare system." On January 23, 2004, the federal Department of Health and Human Services (HHS) published the NPI Final Rule, which established the NPI as the standard unique identifier for health care providers. The NPI is a 10-position, intelligence free numeric identifier. Intelligence free means that the NPI does not carry information about the provider, such as location or specialty. Health plans, providers and other covered entities must accept and use the NPI by the compliance date of May 23, 2007.

How do I get my NPI?

Providers may apply for an NPI by using the National Plan and Provider Enumeration System (NPPES), a central electronic enumerating

system developed by the Centers for Medicare and Medicaid Services (CMS). You may apply for your NPI using either a paper or an online application by going to <https://nppes.cms.hhs.gov>. Health care providers pay nothing to apply for and be assigned an NPI.

Please note that Molina Healthcare is currently in the process of implementing the NPI at our health plan. If you have received your NPI from CMS, please do not use it to bill Molina Healthcare until we notify you of our NPI transition plan.

Need HIPAA information? Visit Molina Healthcare's HIPAA Website at:

<http://www.molinahealthcare.com/HIPAA/index.html>

Urgent Care Availability

Molina Healthcare of Michigan (MHM) strives to provide efficient and effective care to our members. We encourage our members to utilize their PCP for routine and urgent care in lieu of seeking care in the Emergency Room.

Our goal is to reduce the use of the Emergency Room for non-emergent care. To accomplish this goal, we need your help. MHM asks that you allocate time in your schedule to accommodate members seeking urgent appointments.

- For urgent care, members should have access to their assigned PCPs on the same day as their request.
- If you cannot accommodate a member needing an office visit, we recommend that the member be referred to an Urgent Care Center.

Controlling the use of the Emergency Room for non-emergent care will not only reduce cost, it will provide members with efficient/effective care in the most appropriate manner. We thank you in advance for your cooperation and support of this goal.

Caring for Patients, Caring for Members

With the ongoing changes in health care, we sometimes forget that, whether physician or health plan, our goal is the same: to provide high quality health care to the people we serve. The cornerstone of this commitment is Molina's policy that defines our members' rights and responsibilities. It denotes the responsibilities of the health plan and the physician in rendering services, but it also informs our members of their responsibilities to you in providing such care.

Your understanding of this policy is important, as it is sent to all Molina members. Many aspects of the policy apply to what happens in the examining room, waiting room or at the bedside. These include:

- Members have the right to participate with their practitioner in making decisions about their health care.
- They have a right to a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage.

It also states:

- Members have a responsibility to supply information (to the extent possible) that the organization, its practitioners and providers need in order to provide care.
- They have a responsibility to follow treatment plans and instructions for care that they have agreed on with their practitioners.
- Members also have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Molina's policy for member rights and responsibilities provides a framework in which we all – physicians, health plan and member – work together to provide quality, cost-effective health care.

You can get a complete copy of the member rights and responsibilities policy on our website at www.molinahealthcare.com or by calling your Provider Services representative.

How Does Utilization Management work at Molina Healthcare?

Successful utilization management helps meet patients' medical needs by ensuring that the right care is given at the right time and in the right place. Effective utilization management is made possible by quick and simple communication between providers and Molina staff members.

Tips for working with Utilization Management

How can practitioners' offices work efficiently with Utilization Management staff at Molina Healthcare? Here are a few suggestions:

- Make sure the notes and records sent with an authorization request are complete and contain sufficient information to support decision-making.
- Send type written progress notes whenever possible. Try to use the complete dictated note or legible handwritten note for authorization requests. The most common problems for utilization review staff are incomplete information and illegible handwriting.
- Ask for authorizations in advance. An urgent request should be used only when there is medical urgency.
- Successful surgery depends on appropriate case selection; Molina expects to find documentation that the surgeon has reviewed prior care and its impact on the patient before offering elective surgery.
- If your office is not sure about what information is needed for approval of a complex test or major procedure, please call and ask. The Utilization Management staff at Molina can answer your questions or send you the appropriate guidelines. The Medical Director is also available for more complicated medical decision questions and explanations about medical necessity.

If you have questions or need to talk with Utilization Management staff, call us at **1-866-449-6828**.



Flu Season 2006

The flu season is upon us. Although the bird flu has gotten all the press, it is the more common influenza viruses which threaten millions of Americans.

Each year 5 to 20% of patients will get the flu. About 36,000 will die from this respiratory illness across America. It is time to re-educate our patients about the steps which can be taken to reduce the risk of catching the flu.

First and foremost, the flu shot is the single best way to prevent the flu in appropriate patients.

To prevent the spread of influenza reinforce these five steps:

- Avoid close contact with people who are sick.

- Stay home when you are sick. This means work, school, church, and even simple errands.
- Cover you nose and mouth with tissue when you cough or sneeze.
- Wash your hands often.
- Avoid touching your eyes, nose, and mouth.

Also remind your patients this is another reason to quit smoking. Studies show smokers are more likely to get the flu and have higher mortality rates.

And finally, it is not too late to begin planning for the 2006-2007 season by prebooking your influenza vaccine supply.

For more information on the flu season, go to <http://www.cdc.gov/flu>