

# Molina Healthcare Partners in Care



## In This Issue

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Page

Partners in Care UM 101	2
Understand Generic Drugs	3
Drug Formulary	3
HIPAA Security Rule	4

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

Clinical practice and preventive guidelines  
Disease Management programs for asthma,  
diabetes and pregnancy

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, Inc.

Provider Services 1-888-898-7969 option "3"

Member Services 1-888-898-7969 option "1"

Utilization Management 1-877-665-4621

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## Caring for Patients, Caring for Members

Richard Helmer, MD, Vice President of Medical Affairs and Corporate Chief Medical Officer, Molina Healthcare, Inc.

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 conditions, regardless of cost or benefit coverage.

It also states that:

- 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 instruction 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 - physician, health plan and member - work to together to provide quality, cost-effective health care.

You can get a complete copy of the member rights and responsibilities policy at our website [www.molinahealthcare.com](http://www.molinahealthcare.com) or by calling 1-877-665-4621.

# Partners in Care

## Utilization Management 101

By John W. Robinson, M.D., M.Sc., Medical Director, Molina Healthcare of Washington

The goal of Utilization Management is to ensure that health care services delivered to insured patients are a covered benefit, are appropriate in quality and quantity, and are provided through Molina Healthcare's network of providers. This is accomplished via the use of prior authorization of certain services and devices, concurrent review of patients during their therapeutic course, and retrospective reviews of the services delivered. In addition, UM encompasses the application of careful discharge planning to assure that patients have appropriate post discharge care, as well as case management of those few patients with complex cases who need short term extra help in managing their illness till stable.

Utilization management at Molina includes the following components:

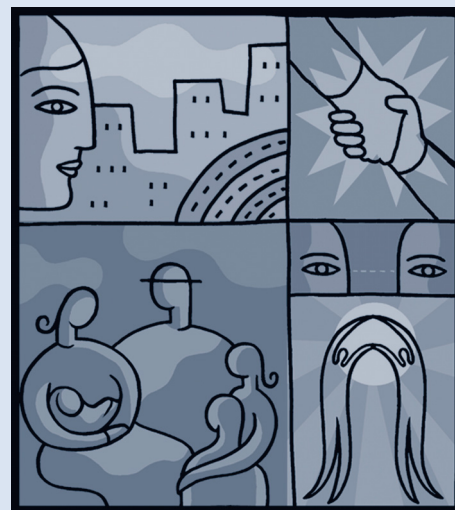
- ▶ Collection of data about the patient's symptoms, physical exam findings, diagnosis, and test results.
- ▶ Review of the medical information submitted to support the authorization request
- ▶ Verification of coverage of benefits.
- ▶ Comparison of medical information against nationally recognized medical necessity criteria (i.e. InterQual) and State Medicaid guidelines (if any). If the available guidelines do not address the member's specific situation, then other sources are used such as Hayes Inc On-Line,

Up-To-Date, medical literature searches, and outside physician expert reviewers. Evidence based medicine criteria are preferred when available.

- ▶ Referral of case to the Molina Medical Director if criteria are not met with documentation of the above. Only a medical director can deny a request for authorization for these requested health care services.
- ▶ Communication to all providers and the member of review outcome.
- ▶ Communication to all parties of the right to appeal the decision.

Our goal is to make appropriate, utilization management decisions that are consistent with the objective clinical evidence. We want to work with you to make this happen. To that end, Molina health plans follow these UM guidelines established by NCQA:

- ▶ To obtain a copy of the utilization management criteria used in the decision making process, call our UM department at **1-800-526-8196, Option 5**.
- ▶ As the requesting physician, you will receive a written notification of a denial. The notification will always include the name and telephone number of the Molina physician that made the decisions. He or she will welcome the opportunity to discuss the case with you.
- ▶ It important to remember that: (1) UM decision making is based



only on appropriateness of care and service and existence of coverage (2) Molina does not specifically reward practitioners or other individuals for issuing denials of coverage or service care (3) financial incentives for UM decision makers do not encourage decisions that result in under-utilization.

### Want faster approval of your Authorization Requests?

- 1) Don't wait till the last day to request authorizations for routine procedures. An urgent request should be used only when there is medical urgency.
- 2) Send type written progress notes. Poor handwriting may delay the process.
- 3) Send in sufficient clinical information to provide the basis for decision making. Otherwise we may have to ask for additional information, and this leads to delays or even denials.

Call the Molina Healthcare UM Department at **1-800-526-8196, Option 5**, if you have questions. The Medical Director is also available for more complex medical decision questions and explanations of medical necessity denials.

# Helping patients understand and accept generic drugs

By Margie Akin, Ph.D., Cultural and Linguistic Specialist, Molina Healthcare of California

Your patients often believe that generic drugs, because they are less expensive, are "second-class" medicine. This is particularly true of patients who receive care from government-assisted programs. Understanding the patients' concern may help prevent a situation where the patient takes the prescription, but doesn't take the medicine. Why do so many people mistrust "generic drugs?"

- ▶ Past experience with other "generic" products, especially generic store brand foods, has led them to make a false comparison between those often genuinely inferior products and generic medicine.
- ▶ The expectation that government-funded healthcare will provide the cheapest treatments even if they don't work as well.
- ▶ A lack of understanding of the FDA-approval system

exacerbated by TV advertising and free samples distributed by pharmaceutical companies.

- ▶ The experience of friends or family for whom particular drugs did not work well, an experience that may be based in fact for some genetic pools.

What can you do to help patients accept generic drugs? It is always important to remember that many of our patients are constantly afraid that any questioning or complaining will cause them to lose benefits. If they aren't happy with the medicine they may not use it, especially if it is for a chronic rather than an acute condition. Beyond keeping that fact in mind, here are a few tips that may help:

- ▶ Assume that the patient does not understand the term "generic" unless you have discussed it. Explain that generic drugs have been around longer, and have been used by more people.



- ▶ Don't surprise the patient. If the prescription bottle is going to say "generic for..." be sure that you have discussed this with the patient. They don't want to hear about it from the pharmacist.
- ▶ Be careful with your wording when you write the prescription:

**Weak** "Let's try this and see how it works" . . . may make your patient feel like you are experimenting with their care

**Better** "This is my first choice of treatment for you. Be sure to let me know how it is working."

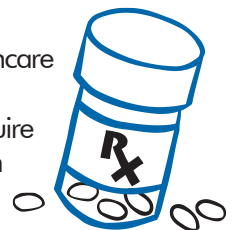
A final word about formularies. Most patients do not really know what a formulary is, or that exceptions to it can be made when appropriate. If you must refer to the formulary, be sure to explain it as a list of drugs that can be used without prior approval rather than a means to limit their benefit.

# Drug Formulary and Pharmaceutical Procedures

By Benjamin Schatzman, PharmD, Director of Pharmacy Services, Molina Healthcare, Inc.

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.

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 the exceptional need arises that one of these must be prescribed, 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](http://www.molinahealthcare.com).

For those providers that have handheld devices (PDAs), the Formulary /PDL for select Molina plans is also available in an interactive format, downloadable at [www.epocrates.com](http://www.epocrates.com).



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# The HIPAA Security Rule – Safeguarding Your Patients' Information

By Timothy Zevnik, HIPAA Project Manager, Molina Healthcare, Inc.

Safeguarding patient and member health and personal information is not only required under the Health Insurance Portability and Accountability Act (HIPAA) - it also the right thing to do. With the ever-increasing threat of identity theft, medical practices should take steps to protect not only patient medical records, but also patient personal information, such as names, addresses and social security numbers.

The compliance date for the HIPAA Security Rule is April 20, 2005. The final Security Rule specifies a series of administrative, technical, and physical security safeguards that covered entities must implement to assure the confidentiality, integrity and availability of electronic protected health information.

By implementing the requirements of the HIPAA Security Rule, provider organizations will be well-positioned to protect against reasonably anticipated threats to confidentiality of patient information. In addition, providers will have also protected the integrity and availability of information that is critical for the successful operation of their medical practice.

You can find more information about the HIPAA Security Rule and other aspects of HIPAA by visiting Molina Healthcare's HIPAA Resource Center at

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

