



Incentives for Providers

Are you aware of Molina Healthcare’s incentives for providers?

A Healthy Baby is a Molina Baby

Molina Healthcare would like to partner with you so that we identify our mutual members who may be pregnant and receive their prenatal care under your direction. The “A Healthy Baby is a Molina Baby” early prenatal identification notification program will offer a \$150 incentive to your office when you complete and fax to us a Prenatal Early Identification form, submit a CMS-1500 form that includes ICD-9 code V72.42 and CPT-4 code 59899.

Molina Healthcare enhances the “A Healthy Baby is a Molina Baby” program by offering a \$500 incentive to your office whenever you administer a complete course of 17-P, beginning at about week 16 through delivery, for those members at risk of preterm delivery that you deem appropriate. If you request 17P directly from us, we will order and have it sent to your office from Wedgewood Pharmacy and there is no charge to you or the member for the medication. When you administer 17-P in your office you may bill HCPC J3490 and ICD-9 code V23.9 for each administration. We will pay you the incentive when we are notified of the completion of the pregnancy.

Immunization Registration

Molina Healthcare will reimburse your clinic \$5.00 by registering your patient’s immunization in the NMSIIS and using CPT-4 code 99080. Simply bill this code at the time that you bill your administration code with immunizations that you’ve provided.

If you have questions about these incentives or you would like more information, please contact your Provider Services Representative in Albuquerque at (505) 342-4660 or toll free (800) 377-9594.

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Features at www.MolinaHealthcare.com:

- Clinical Practice and Preventive Guidelines
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Provider Manual
- Formulary
- How to Obtain Copies of UM Criteria
- Disease Management Programs for Asthma, Diabetes, Hypertension, CAD, CHF and Pregnancy
- UM Affirmative Statement (re: non-incentive for under-utilization)
- Cultural Competency Training and CME Opportunities

Molina Healthcare of New Mexico
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 1-888-825-9266.

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 ≥ 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 ≥ 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.

Health Promotion and Health Education Programs

Molina Healthcare of New Mexico offers a variety of health education and health promotion programs available to our Members. These are designed to promote good health and well being for children, teens, and adults. For a complete list of programs available please call the Health Improvement Hotline at (800) 377-9594 extension 182618. Below are examples of some of our programs:

- Preventive Care Guidelines are provided in our Member Newsletter, which is distributed twice a year
- Adolescents and children receive cards encouraging them to get well-child check-ups and to get caught up on any missing immunizations.
- A car seat program is provided for expectant mothers. As an encouragement for Members to obtain prenatal care as early as possible, Molina Healthcare provides a

convertible car seat upon completion of a qualifying maternity education class and a car seat safety class.

- A "You Don't Have to Let Your Baby Cry" Baby-Go-To-Sleep CD is included in packets sent to postpartum Members.
- Immunization schedules are also included in postpartum packets. An additional immunization reminder is mailed out to parents through monthly reminder cards. Other targeted interventions, such as participation in shot clinics, are also provided for Members lacking immunizations.
- Annual Breast Cancer and Cervical Cancer Screening (including Chlamydia Screening) reminder letters are also sent to Members. Calls are also made to members who may have missed these screenings.

Quality Improvement - Progress in Action

The Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Quality Improvement (QI) Program is a comprehensive framework for continuous assessment and focused improvement of all aspects of healthcare delivery and service. We annually assess the effectiveness of the QI Program so as to provide the structure and key processes that enable us to plan and implement our care and service goals on an ongoing basis. The QI Program is a dynamic evolving program that is responsive to the changing needs of our Members and the advances and changes in clinical practice. The current QI Program activities focus on critical areas for improving the service to and health status of our membership based on ongoing measurement and analysis of our programs.

The purpose of the QI Program is to provide a formal process to monitor and evaluate the quality, utilization, appropriateness, safety, efficiency and effectiveness of care and service delivered to Members using a multi-dimensional approach. This approach enables the organization to focus on opportunities for improving operational processes as well as health outcomes and Member, practitioner and provider satisfaction. The Quality Improvement Program promotes and fosters accountability of employees, network and affiliated health personnel for the quality and safety of care and services provided to Molina Healthcare Members.

Rewards for Healthy Choices Program

Molina Healthcare of New Mexico strives to improve on preventive healthcare for our members. We offer an incentive to those Members who are identified as due or overdue for various measures based on HEDIS criteria. We encourage our Members to schedule appointments with their PCP for certain preventive health screenings and exams. The table below offers a summary of the incentive plan. Members may be asking medical office staff to confirm completion of these screens or tests so that they may receive their incentive. The Member may also ask if your staff can fax back to Molina Healthcare the completed documents (directions are included on each form). Our QI Coordinator will process the completed paperwork and send the Member a \$20 Wal-Mart gift card.

HEDIS Measure	Reward Description	Documentation Requested
Cervical Cancer Screening (CCS)	For completing annual Pap Exam in current year	Copy of the lab slip that has Member name, date of Pap, Result of Pap, Specimen adequacy
Breast Cancer Screening (BCS)	For completing annual Mammogram in current year	Copy of Mammogram result with Member name and date of Mammogram
Annual Dental Visit (ADV)	For completing an annual dental exam in current year for Members between 2-21 years of age.	Copy of documentation of at least on2 (1) dental visit during the measurement year,
Well Care 0 -15 months (WC15) Well Care 3 – 6 years (WC34) Adolescent Well Care (AWC) (Well care check ups are based on the EPSDT Anticipatory Guidance schedule)	<u>Reward #1</u> Complete all well baby check ups at 1, 2, 4, 6, 9, 12 and 15 months	Copy of Medical Record of all visits in the first 15 months of life. Medical Record must have name of Member and date of service.
	<u>Reward #2</u> Complete all well care check ups at 18 mo, 2 yrs, and 3 yrs old	Copy of Medical Record of Well Care Check up visits at 18 mo, 2yrs, & 3 yrs old. Medical Record must have name of Member and date of service.
	<u>Reward #3</u> Complete annual check up for 4– 20 year olds (one per year)	Copy of Medical Record of all WCC visits for Members from 4 -20 years old made during the measurement year. Medical Record must have name of Member and date of birth.
Childhood Immunizations	Up-to-date immunization record with latest immunization given in current year	Copy of Immunization Record with Member name and date of birth. All immunizations given should also be recorded in NM SIIS.

In the near future we will be offering additional incentives for Prenatal Care and Postpartum Care. If you have any questions about the Rewards For Healthy Choices incentive program, please call (800) 377-9594 extension 182618.

Measuring Satisfaction with Providers and with Molina Healthcare via CAHPS®

2009 CAHPS Results

MHNM annually measures satisfaction using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H survey. This survey looks at key satisfaction drivers throughout the continuum of care, including health plan performance and Members' experiences in their physicians' offices. The 2008 CAHPS® survey results show that MHNM's Members are very satisfied with their overall care and health plan.

Composites/Measures/Ratings	Rate	NCQA Accreditation Scoring Percentile
Getting Needed Care	80.5%	75 th
Getting Care Quickly	79.7%	50 th
How Well Doctors Communicate	90.2%	90 th
Customer Service	75.6%	25 th
Rating of Healthcare	66.2%	75 th
Rating of Personal Doctor	74.9%	90 th
Rating of Specialist	73.1%	25 th
Rating of Health Plan	78.0%	90 th

Rating of Health Plan experienced a significant increase this year (from 72.5%). MHNM will continue to focus on interventions that will affect both "Getting Needed Care" and "Rating of Specialist". Our Quality Improvement Program and initiatives represent a collaborative effort between the practitioner and MHNM to improve the overall health and quality of care provided to all Members.

Data and expert opinion sources help guide the direction of the QI program and include:

- Data generated from our claims and encounters to analyze inpatient/outpatient diagnoses, HEDIS data, ethnicity prevalence, and other indicators.
- Clinical Practice Guidelines (CPG's) based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. The recommendations do not favor any particular treatment based solely on cost considerations.

Our Clinical Quality Improvement Committee (QIC), whose members are contracted network practitioners and Molina medical directors, annually reviews and adopts the CPG's and PHG's. The Clinical Practice Guidelines are available on the Molina Healthcare of California Provider Website as are the Preventive Care Guidelines. Printed copies of the CPG's and PHG's are available upon request. To obtain a paper copy of our CPG's or our PHG's call Molina's Health Improvement Hotline at **1-800-377-9594**, extension **182618** or **1-505-342-4660**, extension **182618**.

We have on-going programs associated with **major, high-risk, acute and chronic illnesses** that address member needs, health deficits and healthcare disparities including:

- Asthma and diabetes education
 - We worked on helping Members with asthma improve the quality of their lives by teaching them how to control their asthma and help them stay out of a hospital. The program served about 5000 Members as of 12/31/08. We did a study that showed that many Members in Southeast New Mexico were only using rescue inhalers. We wrote a letter to all PCP's in the state asking them to look at the medications Members are actually using for their asthma. We asked PCP's to stock asthma supplies in their offices so Members who were having an asthma attack could get care at the office and not have to go to the Emergency Room.
 - We worked on helping Members with diabetes improve the quality of their lives by teaching them how to control their diabetes and help them stay out of a hospital or get complications from diabetes. The program had approximately 1500 Members as of 12/31/08. We see that that many Members with Diabetes don't get the tests and care they need. We plan on trying to improve diabetes care by educating Members and practitioners about the care Members should get even more than we do now.

- Information and programs on how to be healthy when having a baby
 - Our *motherhood matters*sm program reached out to a large number of Members who were pregnant and helped them have a good experience with having a baby as well as getting the best possible care while they were pregnant. We noticed a lot of new Moms did not have a follow up after the baby was born. We plan on trying to further encourage new Moms to keep this important appointment after the baby is born.
- Information on losing weight or quitting smoking
 - We work with CalorieKing a free service for our Members to talk with a Registered Dietitian by phone or on line if they want to try and lose weight.
 - We provide the Quit For Life smoking cessation program for Salud Members who want to quit smoking. We encourage all Members to quit smoking. We help by providing Nicotine Replacement Therapy medications. Practitioners can submit a Prior Authorization to Molina for these medications.

Other studies and programs include decreasing unnecessary ED visits and antibiotic use with upper respiratory infections. A major 2007-2008 initiative is the design and implementation of a complex case management program to manage and improve the health of members with special needs and the Medicare members.

To learn more about our Quality Improvement plan, or to receive a copy of our Quality Improvement Plan call Molina's Health Improvement Hotline at **1-800-377-9594**, extension **182618** or **1-505-342-4660**, extension **182618**.

Paper copies of information posted on our website are available upon request.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

**If you click on the link or icon above, you will leave the Molina website. These links are here for your ease, if you want to get more information on the topic. These sites are not approved by Molina. Molina cannot change anything on these sites.*

HEDIS® and CAHPS® 2009

Molina Healthcare of New Mexico recently completed its 2009 HEDIS® and CAHPS® data collection for the reporting of health plan performance measures.

MHNM regularly participates in audited annual HEDIS® (Healthcare Effectiveness Data and Information Set) studies for quality reporting to the New Mexico Human Services Department and for the voluntary NCQA (National Committee for Quality Assurance) accreditation process. The 2009 HEDIS® performance measure scores are based on care members received through the end of 2008.

This year, MHNM reported scores comparable to 2008, with notable improvements in comprehensive diabetes care (particularly HbA1c testing), well-care visits for children aged 3 to 6, appropriate treatment for children with upper respiratory infections, and timeliness and frequency of prenatal care.

Rates that dropped significantly this year include controlling high blood pressure (an 11-point decrease from last year) and imaging studies for low back pain. MHNM

is notifying members with hypertension and their providers about the importance of scheduling appointments to ensure that the members' blood pressures are, indeed, well-controlled (less than 140/90).

In addition, MHNM has received the results of its CAHPS® (Consumer Assessment of Healthcare Providers and Systems) member satisfaction surveys. Members reported a significantly higher rating of health plan this year, though the satisfaction rating with overall healthcare also dropped significantly. Opportunities for improvement include making sure members feel that they receive the information they need from customer service. MHNM is putting initiatives into place to respond to this crucial feedback.

For more information about MHNM and our HEDIS® and CAHPS® programs, please call Chris Green, Manager of Quality Analysis, at 1-800-377-9594, x.180217, or e-mail Chris at Christopher.Green@molinahealthcare.com. You may also go to our website at www.MolinaHealthcare.com.

2009 Provider Satisfaction Survey Report Molina Healthcare of New Mexico, Inc.

Your Opinions Matter...

Thanks to all of those who took time out of their busy schedules to respond to the 2009 Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Provider Satisfaction Survey! The survey was conducted from May through July 2009. A total of 107 surveys were completed this year (62 mail & 45 phone).

Molina Healthcare utilizes the report results to develop opportunities for improving and maintaining provider satisfaction. Your opinion is important to Molina Healthcare. Please contact our Provider Services Department toll free at 1-800-377-9594 and let us know how we can improve our service.

The chart below presents 2009 Summary Rate Scores for Molina Healthcare's composites and overall satisfaction attributes. In the survey, respondents were asked to rate Molina Healthcare and all other plans in which they participate. A comparison between these scores is displayed in the chart below. In addition, results from previous studies and the 2008 TMG Book of Business Benchmark are provided for comparison.

Composites/ Attributes	Summary Rate Definition	2009 Summary Rate Scores		Molina Trend Data Summary Rate Scores		TMG 2007 BoB Summary Rate
		Molina	All Other Plans	2007	2008	
Customer/Provider Services	Excellent Or Very Good	44.6%	43.1%	29.8%	36.1%	NA
Network		42.2%	43.0%	34.2%	33.2%	32.6%
Coordination of Care		43.6%	NA	NA	NA	NA
Utilization Management		37.0%	22.1%	22.4%	26.8%	NA
Quality Improvement		39.5%	24.7%	28.9%	27.3%	NA
Claims/Finance Issues		44.4%	26.1%	NA	26.0%	NA
Pharmacy		30.0%	16.2%	19.2%	17.5%	NA
Credentialing		44.6%	22.3%	26.8%	26.7%	NA
Overall Sat Composite		85.7%	NA	77.4%	83.3%	69.8%
Recommend to other practices	Definitely Probably Yes	88.4%	NA	78.0%	84.5%	73.1%
Recommend to other patients		87.4%	NA	79.0%	83.7%	73.1%
Overall Satisfaction	Very Somewhat	81.4%	89.8%	75.2%	81.7%	62.4%

Thank you for your continued support! We very much appreciate the service you provide our members.

1. The Summary Rate Score is the percentage of respondents giving a positive response; it is provided for each composite and attribute in the column labeled summary rate definition.

2. The 2009 TMG Medicaid Book of Business is a benchmark containing data from all eligible Provider Satisfaction Surveys for which the Myers Group collected data for in 2008. The benchmark includes data from 29 plans encompassing 7,048 respondents.



June 2009

Dear Colleague:

Several recent publications on testing and treatment recommendations have prompted the New Mexico Medical Society CPI Workgroup on Chlamydia and Gonorrhea Screening and Treatment to provide a brief summary of the changes to encourage your compliance and reduce the increasing amount of sexually transmitted diseases in New Mexico.

You can help to reduce the impact of chlamydia (CT) and gonorrhea (GC) infections in our communities by detecting and treating infections in asymptomatic individuals – without the need for pelvic examinations in women or urethral swabs in men.

A recent study (**April 17, 2009**) released by the Centers for Disease Control and Prevention (CDC) based on the Healthcare Effectiveness Data and Information Set (HEDIS) (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5814a2.htm>) reported that only 46.9% of young sexually active women receiving their medical care from New Mexico managed care organizations were screened for chlamydia infection in 2007. This was a 40.1% increase from 2000 to 2007.

Last year over 9,400 chlamydia infections were reported to the NM Department of Health (NMDOH), the overwhelming number among men and women under 26 years of age.

Nucleic acid amplification tests (NAATs) now make it possible to screen men and women for both CT and GC using a convenient urine specimen. These tests are available through all of the clinical laboratories in New Mexico and are covered by all major healthcare insurers, including the Salud! Medicaid managed care plans.

We urge you to routinely screen for CT and GC in these patient populations:

- Sexually active women 25 years and younger;
- Men and women with more than one sexual partner, or a history of a recent sexually transmitted disease, regardless of age; and
- All pregnant women.

Sincerely,

Bruce Trigg, MD
Workgroup Chairman



Disease Management

All identified diabetic and asthma Members receive age-specific educational materials. Molina's disease management programs work closely with these Members to identify their medical needs and concerns and work to improve their health. Reminder mailings are sent to providers and Members regarding important screenings pertinent to the Member's condition that might have been missed.



Care for Older Adults HEDIS Measures

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.

- **Advance care planning** – Discussion regarding treatment preferences, such as advance directives should start early before patient is seriously ill.
- **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 August 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 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 1-888-802-5711.

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

- **Medicare Member Services & Pharmacy**
1-866-440-0127.
- **Behavioral health** services and substance abuse treatment for Molina Medicare members can be arranged by contacting our Utilization Management department at **1-888-825-9266.**

- **Transportation** services for Molina Medicare Options Plus Members may be arranged by calling **MTM at 1-866-867-3208.**
- The **Nurse Advice Line** is available to members 24 hours a day, 7 days a week at **1-888-275-8750.**

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 **1-888-825-9266 (Select Option 3, Option 2) or Medicare Member Services 1-866-440-0127** if you have questions regarding planned or unplanned transitions.