

# 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
- 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 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.

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## Coming Soon!

We will soon be delivering and mailing 2007 Provider Manuals and Directories to your offices.

- **2007 Provider Manual:** The manual has been updated with a new section this year -- "On-Line Services." This section will outline all of our on-line services, plus instructions on how to use these services. Our on-line services are designed to assist you with easier and quicker services! The manual will be available in hard copy and CD, as well as on our web site at [www.molinahealthcare.com](http://www.molinahealthcare.com). Please let your Provider Service Representative know which version you prefer, and how many copies you would like for your office.
- **2007 Provider Directory:** Have you changed your address, telephone number, name, open/closed panel status, etc. recently? Please contact Provider Services with any changes/updates to ensure the information we have on file is printed correctly in the upcoming directory. Please mail or fax any changes/updates to:

Mail: Molina Healthcare of New Mexico  
Attention: Provider Services Department  
P.O. Box 3887  
Albuquerque, NM 87190

Fax: (505) 798-7313

**Provider Services – Do you know your Provider Service Representative?** It is important to us to provide the service that you and your office staff need to provide health care service to our members. All practitioners/providers have a dedicated representative to assist with education on our policies and questions and issues that you may encounter. Please contact the Provider Services Department in Albuquerque at (505) 828-9594 or Toll Free at (800) 377-9594 to speak to your Provider Service Representative.

## Appropriate Coding: Consultation vs. Referral

The Office of Inspector General Work Plan 2004 indicated an increased focus on auditing the appropriateness of physician consultation services. Purposely billing consultations when not applicable is a violation of the federal civil money penalties statute.

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Often times, physician offices are unaware of the difference between a referral and a consultation. A consultation occurs:

...when a physician requests the opinion or advice of another physician on the evaluation and/or management of a specific patient. During a consultative visit, a physician:

- Must offer an opinion or advice to the requesting physician;
- Must make a decision for treatment option(s); and
- May perform and/or order distinctive diagnostic or therapeutic procedures.

To be reimbursed, the consultant must document that advice or opinion, as well as any services that were performed or ordered. The consultant must also send a written report detailing that opinion and any diagnostic or therapeutic services that were performed to the requesting physician.

Centers for Medicare and Medicaid distinctions between a consultation vs. a referral:

<b>Consultation</b>	<b>Referral</b>
• Suspected problem or known problem	• Known problem
• Undetermined course of treatment	• Prescribed and known course of treatment
• Only opinion or advice sought	• Transfer of partial or total patient care for the specific problem
• Written request for opinion or advice received from attending physician, including the specific reason the consultation is required	• Patient appointment made for the purpose of providing treatment, diagnostic, and/or therapeutic services
• Written opinion returned to attending physician (if telephone call made, there must be documentation of the call by both physicians in the patient record)	• No further communication required (or limited contact) with referring physician
• Primary (attending) physician will decide who will manage patient care	• Physician is managing the known problem from the beginning
• Patient advised to follow up with attending physician	• Patient advised to return for appointment; testing, treatment or continuation of treatment
• Final diagnosis is probably unknown	• Final diagnosis is typically known at time of referral
• Consulting physician must submit a written report to the original physician	• No written letter or report required
• Recommended documentation: Please examine patient and provide me with your opinion on his/her condition	• Recommended documentation: Patient is referred to your office for evaluation and treatment of his/her condition

Providers should become familiar with consultation guidelines. Inappropriate billing of consultations could trigger private payer and/or government audits, resulting in retrospective denial of claims- or worse, allegations of fraud against the provider.

# Disease Management Programs Improve Member Health

Molina Healthcare offers focused disease management programs that can significantly influence the health of our members and provide helpful services for those with chronic conditions such as asthma and diabetes.

**breathe with ease<sup>sm</sup>**, Molina's asthma management program, provides asthma education to members ages 2-56. Patients receive valuable self-care tips, workbooks, and telephone case management for members at highest risk for hospitalization.

**Healthy Living with Diabetes<sup>sm</sup>** provides diabetes education to Molina members ages 18-75. Members receive workbooks, medication management and exercise tips, newsletters and more. Nurses or health educators contact members for case management including those who may benefit from frequent follow-up.

**motherhood matters<sup>sm</sup>** provides prenatal education for pregnant members. Members can take

advantage of better support and care through interventions that provide valuable education, guidance and links to community resources. Nurses and health educators provide telephone case management and high-risk identification through assessments.

Practitioners receive a detailed report of their patients who are enrolled in our disease management programs. This report contains patient self assessment results and stratification level along with any other data such as pharmacy usage. Practitioners are encouraged to review this report and provide feedback. At each point of contact, members are encouraged to discuss their care with their practitioner and follow their treatment plan.

Logon to the Molina website at [www.molina-healthcare.com](http://www.molina-healthcare.com) for more information about our disease management programs or call the Health Improvement Hotline at (800) 377-9594 extension 182618. Practitioner referrals are welcome.



# 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)

# Complex Case Management

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**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 Customer Services at 800-580-2811.**



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## MEMBER RIGHTS AND RESPONSIBILITIES

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A full list of Member Rights and Responsibilities can be found on the Molina web site at [www.Molina-healthcare.com](http://www.Molina-healthcare.com). Call our Customer Service Department in Albuquerque at (505) 342-4681 or Toll Free at (800) 520-2811 to get a copy.

# 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.**