

Complex Case Management

Molina 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 toll free (800) 377-9594, ext. 181120.



Patient Safety



Patient Safety activities encompass appropriate safety projects and error avoidance for Molina Healthcare members in collaboration with their primary care providers.

Safe Clinical Practice

The Molina Healthcare Patient Safety activities address the following:

- Continued information about safe office practices.
- Member education; providing support for members to take an active role to reduce the risk of errors in their own care.
- Member education about safe medication practices
- Cultural competency training.
- Improve continuity and coordination of care between providers to avoid miscommunication.
- Improve continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication.
- Distribute research on proven safe clinical practices.

Molina also monitors nationally recognized quality index ratings for facilities from:

Patient Safety Quality Index:

- Leap Frog Quality Index Ratings www.leapfroggroup.org
- JCAHO National Patient Safety Goal Ratings www.qualitycheck.org

Providers can also access the following links for additional information on patient safety.

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- JCAHO National Patient Safety Goal Ratings (www.jointcommission.org)

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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)

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.

Practitioner Credentialing Rights: What You Need to Know

Molina 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 providers have been credentialed according to the strict standards established by the state regulators and accrediting bodies. Your responsibility, as a Molina Healthcare provider, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Molina Healthcare also has a responsibility to its providers to assure the credentialing information it reviews is complete and accurate. As a Molina Healthcare provider, 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 by calling the Credentialing Department toll free at (800) 377-9594 or (505) 712-4174 (Medicare Provider only);

- Receive notification of the credentialing decision within 60 days of the committee decision;
- Receive notification of your rights as a provider 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 provider, 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.



Standards for Medical Record Documentation

Providing quality care to our members is important; therefore, Molina Healthcare, has established standards for medical record documentation to help assure the highest quality of care. Medical record standards promote quality care through communication, coordination and continuity of care, and efficient and effective treatment.

Molina Healthcare's medical record documentation standards include:

- Medical record content

- Medical record organization
- Ease of retrieving medical records
- Confidential patient information
- Standards and performance goals for participating providers

For more information, please call the Health Improvement Hotline toll free at (800) 377-9594, ext. 182618.

Molina Healthcare's Utilization Management

One of the goals of Molina Healthcare Utilization Management (UM) department is to render appropriate UM decisions that are consistent with objective clinical evidence. To achieve that goal, Molina Healthcare maintains the following guidelines:

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Molina Healthcare's clinical criteria includes McKesson InterQual® criteria, Hayes Directory, Medicare National and Local Coverage Determinations, applicable Medicaid Guidelines, Molina Medical Coverage Guidance Documents (developed by designated Corporate Medical Affairs staff in conjunction with Molina Healthcare physicians serving on the Medical Coverage Guidance Committee) and when appropriate, third party (outside) board-certified physician reviewers.

Molina Healthcare ensures that all criteria used for UM decision-making are available to practitioners upon request. To obtain a copy of the UM criteria used in the decision-making process, call our UM department toll free at (800) 377-9594, ext. 181120.

- As the requesting practitioner, you will receive written notification of all UM denial decisions. The notification will include the name and telephone number of the Molina Healthcare physician that made the decision. Please feel free to call him or her to discuss the case. If you need assistance contacting a medical reviewer about a case please call the UM Department toll free at (800) 377-9594, ext. 181120.

It is important to remember that:

1. UM decision making is based only on appropriateness of care and service and existence of coverage.
2. Molina Healthcare does not specifically reward practitioners or other individuals for issuing denials of coverage or care.

3. UM decision makers do not receive incentives to encourage decisions that result in underutilization.
4. Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage.

Want faster approval of your Authorization Requests?



Don't wait until the last day to request authorizations for routine procedures. An urgent request should be used only when there is medical urgency. Send typewritten progress notes. Poor handwriting may delay the process. 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.

Molina Healthcare's UM Department staff is available during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call (800) 377-9594, ext. 181120. You may also fax a question to (888) 802-5711. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials.

Molina Healthcare's regular business hours are Monday – Friday (excluding holidays) 8:00am-5:00pm. Voice messages and faxes received after regular business hours will be returned the following business day.

Disease Management Programs Improve Member Health

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

Molina Healthcare offers the following Disease Management Programs to our members:

- **breathe with easesm** - asthma program for children and adults ages 2 years and over.
- **Healthy Living with Diabetessm** - diabetes program is for adults age 18 years and over.
- **Heart Healthy Living** - cardiovascular program is for members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.
- **Healthy Living with COPD** - COPD program is for members who are 21 years and older who have emphysema and chronic bronchitis.
- **Motherhood Matterssm** - Pregnancy Program



All disease management program interventions are targeted to the specific needs of each member. Members are automatically enrolled based on medical and pharmacy claims. Program materials include condition specific pamphlets and brochures, workbooks, patient logs, action plans, newsletters and other tools that educate the patient on how to manage their condition. In addition, nurses or health educators reach out to patients and provide case management to those who will benefit the most from more frequent, in-depth follow-up. Physicians receive results of their patient's self assessments and updates describing interventions and education offered to members. In addition, practitioners receive notifications and patient profiles on all members enrolled in any of the disease management program.

At each point of contact, members are encouraged to discuss their care with their provider and follow their plan of treatment. Other services available to members include having access to the 24 hour nurse advice line. Members can call and speak to a nurse for advice on any health problems. This program is voluntary, and members can stop participating at any time. If you have a Molina patient you think will benefit from receiving educational materials or talking with a Case Manager, please refer them to our Disease Management Programs by calling the Health Improvement Hotline toll free at (800) 377-9594, ext. 182618.

You can find more information about our programs on the Molina website at www.MolinaHealthcare.com.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to the provider and his/her patients. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.

These guidelines are meant to recommend a standard level of care and do not preclude the delivery of additional preventive services depending on the individual needs of the patient.

To request printed copies of Preventive Health Guidelines, please contact the Health Improvement Hotline toll free at (800) 377-9594, ext. 182618. You can also view all guidelines at www.MolinaHealthcare.com.

Quality Improvement Program

The Molina Healthcare Quality Improvement Program (QIP) provides the structure and key processes that enable the health plan to carry out its commitment to ongoing improvement in members' health care and service. The Quality Improvement Committee (QIC) assists the organization to achieve these goals. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies.

The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for provided care and service
- Evaluation of the effectiveness of programs, interventions and process improvements and determine further actions
- Designing effective and value-added interventions
- Continuously monitoring performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, accrediting bodies and internal Molina Healthcare threshold
- Analyzing information and data to identify trends and opportunities, and the appropriateness of care and services
- Oversight and improvement of delegated functions; Claims, UM and Credentialing
- Confirming the quality and adequacy of the provider and Health Delivery Organization network through appropriate contracting and Credentialing processes.

The QIP 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.

The effectiveness of QIP activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results.
- Tracking the progress of quality activities and goals through appropriate quality committee minutes and reviewing/updating the QI work plan quarterly.
- Revising interventions based on analysis, when indicated.
- Evaluating member satisfaction with their experience of care through the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey.
- Conducting provider satisfaction surveys with specific questions about the UM process, such as determining the level of satisfaction with getting a service approved, obtaining a referral and case management.

Molina Healthcare would like to help you to promote the important care activities you have undertaken in your practices. If you would like to have your projects and programs highlighted on the Molina Healthcare website, please contact the Quality Improvement Department at the number below.

If you would like more information about our Quality Improvement Program or initiatives, or would like to request a paper copy of our documents, please call the Health Improvement Hotline toll free at (800) 377-9594, ext. 182618.

You can also visit our website at www.MolinaHealthcare.com to obtain more information.

Drug Formulary and Pharmaceutical Procedures

At Molina Healthcare, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by the 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 provider and pharmacists from areas Molina Healthcare serves. 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. Molina Healthcare has two PDLs, one is for over-the-counter (non-prescription drugs) and the other for prescription 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 and pharmaceutical management procedures 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.

Advance Directives

All persons 18 years of age and older need to be aware of the opportunity to create an Advance Directive. Advance Directives include a living will document and a durable power of attorney document.

A living will is a written instruction that explains your patient's wishes regarding health care in the case of a terminal illness or any medical procedures that prolongs life. A durable power of attorney names a person to make decision for your patient if they become unable to do so.

The following links provide you and your patients with free forms to help create advance directives:

- <http://www.caringinfo.org>
- <http://www.nlm.nih.gov/medlineplus/advancedirectives.html>
- http://www.nia.nih.gov/HealthInformation/Publications/ClinicianHB/05_sensitive.htm

For the living will document, your patient will need two witnesses. For a durable power of attorney document, your patient will need valid notarization.

It is helpful to have materials available for patients to take and review at their convenience. Give the patient the materials to review, complete, and return at the next visit. Be sure to put a copy of the completed form in the medical record. The medical record should also document if a patient chooses not to execute an Advance Directive. Let your patients know that advance care planning is a part of good health care.

Clinical Practice Guidelines

Clinical Practice Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations. The recommendations for care are suggested as guides for making clinical decisions. Clinicians and their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

Molina Healthcare has adopted the following Clinical Practice Guidelines:

- Asthma
- Diabetes
- Hypertension
- Coronary Artery Disease
- Congestive Heart Failure
- COPD

To request a copy of any guideline, please contact the Health Improvement Hotline toll free at (800) 377-9594, ext. 182618. You can also view all guidelines at www.MolinaHealthcare.com.

Member Rights and Responsibilities

Molina Healthcare wants to inform its providers about some of the rights and responsibilities of Molina members.

Molina Healthcare members have the right to:

- Receive the facts about Molina Healthcare, our services, and Providers who contract with us to provide services
- Have privacy and be treated with respect and dignity
- Help make decisions about their health care. They may refuse treatment.
- Request and receive a copy of their medical records or request an amendment or correction
- Openly discuss their treatment options in a way they understand. It does not matter what the cost or benefit coverage.
- Voice any complaints or appeals about Molina Healthcare or the care they were given
- Use their member rights without fear of intimidation
- Receive the members' rights and responsibilities at least yearly
- Suggest changes to this policy

Molina members have the responsibility to:

- Give, if possible, all facts that Molina Healthcare and Providers need to know in order to provide care
- Know their health problems and take part in making agreed upon treatment goals as much as possible
- Follow the plan and instructions for care they agree to with their provider
- Keep appointments and be on time. If members are going to be late or cannot keep an appointment, they are instructed to call their Provider.

You can find the complete Molina Healthcare Member Rights and Responsibilities statement for your State at our website (www.MolinaHealthcare.com). Written copies and more information can be obtained by contacting the Member Services Department toll free at (888) 825-9266. Medicare Providers please call (866) 440-0127.

