



Recommendations 2010-11 Influenza Season

Here is a summary of the primary changes for the Advisory Committee on Immunization Practices (ACIP) 2010 recommendations:

- Routine influenza vaccination is recommended for all persons aged ≥ 6 months. This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19-49 years and is supported by evidence that annual influenza vaccination is a safe and effective preventive health action with potential benefit in all age groups.
- As in previous recommendations, all children aged 6 months–8 years who receive a seasonal influenza vaccine for the first time should receive 2 doses. Children who received only 1 dose of a seasonal influenza vaccine in the first influenza season that they received vaccine should receive 2 doses, rather than 1, in the following influenza season. In addition, for the 2010–11 influenza season, children aged 6 months–8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010–11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children aged 6 months–8 years for whom the previous 2009–10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010–11 seasonal influenza vaccine.
- The 2010–11 trivalent vaccines will contain A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus is derived from a 2009 pandemic influenza A (H1N1) virus.
- Previously approved inactivated influenza vaccines that were approved for expanded age indications in 2009 include Fluarix (GlaxoSmithKline), which is now approved for use in persons aged ≥ 3 years, and Afluria (CSL Biotherapies), which is now approved for use in persons aged ≥ 6 months. A new inactivated influenza vaccine, Agriflu (Novartis), has been approved for persons aged ≥ 18 years.

Vaccinations should be given as soon as the vaccine becomes available and continue throughout the influenza season. A complete copy of the recommendations and any updates can be found at <http://www.cdc.gov/vaccines/recs/acip/default.htm>. 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.

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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
- Current Formulary and Updates
- How to Obtain Copies of UM Criteria
- Disease Management Programs for Asthma, Diabetes, Hypertension, CAD, CHF & COPD and Pregnancy
- UM Affirmative Statement (re: non-incentive for under-utilization)
- Cultural Competency Training and CME Opportunities
- New Technology

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.

Medicare Announcement

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” This law establishes a 2.2 percent update to the Medicare Physician Fee Schedule (MPFS) payment rates retroactive to June 1 continuing through November 30, 2010.

Molina Medicare followed suit and loaded the new rates during July 2010. All claims processed after July 16, 2010 were paid at the new rate.

Claims paid at the old rates will be reprocessed as soon as possible. Under current law, Medicare payments to physicians and other providers paid under the MPFS are based upon the lesser of the submitted charge on the

claim or the MPFS amount. Claims containing June and July dates of service that were submitted with charges greater than or equal to the new 2.2 percent update rates will be automatically reprocessed.

Please note: To avoid duplication, physicians/providers should not resubmit claims that have already been submitted to Molina Medicare.

Molina Healthcare works proactively with state and federal agencies when changes occur. We appreciate you seeing our members. Please contact your Provider Service Representative toll free at (800) 377-9594.

Care Coordination and Case Management: Caring for Members Physical, Mental and Social Needs

Did you Know?

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Members can receive the services of a qualified care coordination or case management professional that can help answer questions about their health care. We can also provide support in the member’s community via Community Health Workers (CHW) for those who are eligible for this added service.

Care Coordination and Complex Medical Case Management, along with CHW intervention, is a benefit offered to Molina Healthcare Members with chronic or complex problems or special needs. Care Coordinators and Case Managers are nurses, social workers and other trained staff educated specifically to identify, prioritize, and provide assistance and guidance for the health and wellness of our members. They are there to help our Members get the care they need, and will assist with social issues, mental health issues and a variety of health care issues, such as diabetes, asthma, high risk pregnancy,

cardiovascular disease, and medication management. They know of agencies that may help Members receive non covered services. They are professionals that are dedicated in getting Members needed support, and ensure they are treated respectfully. The goal is to help our Members and promote these values:

- Support with making choices;
- Provide services that are sensitive to cultural needs;
- Not impose personal values on you;
- Support in becoming more independent;
 - Promote support systems and relationships;
- Provide Care Coordination that helps with their needs and supports building personal strengths; and
- Provider assistance when needed.

If you have a special health care needs patient that would benefit from these services, please contact us for Salud and SCI (888) 825-9266.

Molina Healthcare of New Mexico, Inc. announces new President!

Molina Healthcare, Inc. has announced that Lynn Allen has been promoted to president of its health plan subsidiary, Molina Healthcare of New Mexico. In his new role, Allen will be responsible for the operational oversight of the New Mexico health plan, as well as the implementation and execution of various strategic initiatives. He previously was the chief operating officer for the plan and was responsible for the operational oversight of New Mexico, including, provider contracting, provider relations, systems configuration and member services.

“Lynn’s proven track record in health care management will help continue the legacy of success in our New Mexico health plan,” said J. Mario Molina, M.D., president and chief executive officer of Molina Healthcare, Inc. “He has been an asset to the company and we look forward to him leading our New Mexico plan in continuing to deliver quality healthcare services to our members.”

Allen has over 20 years of managed care experience in all aspects of Medicaid, Medicare and commercial health plan sales, operations, provider contracting and long term care. Prior to joining Molina, he was director of contracting for

Evercare Health Plan and director of network development and contracting for Maricopa Integrated Health System, both in Phoenix, Arizona. In addition, he previously worked with the Lovelace Health Systems in New Mexico. Allen attended the University of New Mexico, where he received his bachelor’s degree in economics.

About Molina Healthcare

Molina Healthcare, Inc. (NYSE:MOH) provides quality and cost-effective Medicaid-related solutions to meet the health care needs of low-income families and individuals and to assist state agencies in their administration of the Medicaid program. Our licensed health plans in California, Florida, Michigan, Missouri, New Mexico, Ohio, Texas, Utah, and Washington currently serve approximately 1.5 million members, and our subsidiary, Molina Medicaid Solutions, provides business processing and information technology administrative services to Medicaid agencies in Idaho, Louisiana, Maine, New Jersey, and West Virginia, and drug rebate administration services in Florida. More information about Molina Healthcare is available at www.MolinaHealthcare.com.

Screening for Tobacco, Alcohol, and Drugs in Pregnancy

Substance use, abuse, and addiction can have affect women and the fetus adversely during a pregnancy. The obstetrical provider is in an opportune position to screen and treat substance abuse and screening should occur in each and every pregnancy. Universal screening questions, followed by brief intervention and referral to treatment, enables physicians to have an impact on their patient’s health and reduce the likelihood of preterm birth and neonatal complications in both the current and future pregnancies. Several helpful screening tools exist including the TACE screening questionnaire for alcohol abuse. Recent data suggests that 97% of obstetricians report screening pregnant women for alcohol use however only 25% used any of the standard screening tools. Recent data suggest that 1 in 10 babies may be born to women who use illegal drugs during their pregnancy. However only 89% of pregnant patients were screened for illicit drug or prescription drug abuse. Molina healthcare is committed

to help both providers of obstetrical care and their patients to achieve a healthy outcome. We encourage practitioners to screen all pregnant patients for drug and alcohol abuse at the first of the pregnancy using a standard screening tool. For those patients who have a history of drug and/or alcohol abuse, or in those patients suspected of having issues with abuse, Molina Healthcare will pay for drug screening at any time during the pregnancy.



SparkPeople.com: A New Way to Stay Healthy

Molina Healthcare members may be asking you what they can do to lose weight, eat more healthy, or start an exercise routine. There is a great online **FREE** resource that does just this: **SparkPeople.com**.

Providers, tell your patients know about this valuable free online resource! Sparkpeople is an interactive website that gives users the tools they need to manage their diet, weight loss, and exercise routine. SparkPeople is meant to replace CalorieKing, an online weight management program which we recommended to members previously. SparkPeople is actually better than Calorie King because it has more services and is absolutely FREE!

This new online weight management program focuses on health, nutrition, and fitness. It caters to people who are trying to lose weight, increase their exercise level, and maintain a healthy lifestyle.

Here are just a few of the many services SparkPeople has to offer:

- Free online diet program. Including nutrition and fitness trackers, where users can input their personal diet and exercise information.
- A free recipe library with endless healthy meal ideas.
- The website also gives recommendations for daily calorie, fat, and carbohydrate intake. These recommendations are based on each person's own height and weight and level of activity.
- A fitness plan is also recommended. The website offers simple and short 20 minute workout routines for every part of the body that users can follow. Or, users can create their own exercise routine based on the suggested exercises on the website.
- Users can also find a great deal of information on nutrition, fitness, and motivation. The site even has a section dedicated to success stories for inspiration.

- There is also a network of support from other users through message boards, social networking, blogs, etc. Users can also join special interest teams and talk to people with common interests.

SparkPeople also has two additional websites that cater to the specific needs of pregnant women and teens. **Babyfit.com** is a modified version of SparkPeople that addresses issues faced by expectant moms and new mothers. **SparkTeens.com** caters to teenagers age 13-17 and tackles the problems of childhood obesity. Both of these websites have interactive tools, content, and social networking features similar to SparkPeople, but modified to meet the specific needs of these populations.

With everything SparkPeople offers, it truly has the ability to help our members and your patients kick start their way to a healthier, happier lifestyle!

As our providers, we ask that you please tell our members about this great FREE weight management website. All members need to sign up is a computer with internet access. It is easy to sign up, just tell members to go to **SparkPeople.com**, **Babyfit.com** or **SparkTeens.com** to sign up today!



Monitoring Our Quality Improvement Performance

Each year Molina Healthcare tries to improve all of the services we provide. This is done by setting goals. Our primary goal is to help you take better care of your patients, our Members, and their families. Another goal is to ensure the best service possible to your busy practice setting. These goals are included in the Quality Improvement (QI) plan. In the QI Plan we look at how effective our goals were by monitoring the below:

- We review all complaints and appeals and then we study and implement what we have to do to improve your satisfaction;
- We monitor hospitals and provider networks to ensure patient care is as safe as possible;
- Best practice care given by our providers. We also look to see if patients received recommended tests and screenings to reduce risk factors from complications of disease or illness; and
- Send out surveys asking about your satisfaction with us. We know you would not continue as a contracted Molina Healthcare provider if you were not satisfied. We are always trying to improve your satisfaction, it is considered a critical indicator of our quality program.

How are we doing?

We met most of our QI work plan goals for 2009. In 2010 we maintained our Excellent Status by the National Committee for Quality Assurance (NCQA). NCQA looks at many factors to measure excellence.

Best Practice Care

We carefully monitor that our Membership is getting the best possible care and recommended tests and screenings by participating in an annual review by NCQA. This is called Healthcare Effectiveness and Data Information Set (HEDIS). HEDIS metrics are based on input about best practice from nationally recognized bodies such as the American Medical Association, the American Academy of Family Practice and the American Academy of Pediatrics, just to name a few. Here are examples of what our HEDIS scores were in 2010 for care given in 2009:

- Childhood immunizations: 74.34% of our children under 2 years of age obtained their nationally recommended immunizations in a timely manner. We are exploring ways to make this higher by sending out reminders about getting immunizations to our Members, your patients’;
- Well child exams for children in the first 15 months of life: 59.38% of our children got 6 or more visits with their PCP. We met our goal but we want to improve. We send out reminders about getting all 6 well-child exams to our Membership;
- Diabetes care: 85.10% of Members had their Hemoglobin A1C checked regularly. We met our goal but we want to improve. We send out reminders to diabetic Members about checking their Hemoglobin A1C; and
- Asthma care: 86.20% of our Members with Asthma had appropriate medication ordered for them. We are looking at ways to make this higher. We send out letters to providers and Members about the importance of using Asthma medication the right way based on recommendations from the National Asthma Education and Prevention Program (NAEPP).

Customer Satisfaction

To measure how satisfied patients are with Molina and with our provider network we participate in an annual survey recognized by NCQA called the Consumer Assessment of Health Plans Survey (CAHPS). Here are examples of what our CAHPS scores were in 2010 for care and service received in 2009.

Ratings	2009 Molina Rate	2009 Medicaid Average
Rating of Health Plan	78.9%	72.9%
Rating of Health Care	71.8%	68.2%
Got needed information from customer service	77.2%	72.0%
Staff treated you with courtesy and respect	89.8%	87.3%
Rating of Personal Doctor	80.4%	76.2%
Rating of Specialist	80.3%	76.0%

We take all of these issues and try to improve the care provided to our Members. We listen to your comments and made changes to the way we applied benefits and adjudicate claims. We hope you will then be even more satisfied with us for being a company that cares about your practice and your patient’s welfare. To learn more or to request a copy of our QI plan, or about best practice performance measures or establishing a Patient Centered Medical Home call your Molina Healthcare Provider Services Representative, or you can visit us online at www.molinahealthcare.com.

2010 Provider Satisfaction Survey Report

Your Opinions Matter...

Thanks to all of those who took time out of their busy schedules to respond to the 2010 Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Provider Satisfaction Survey! The survey was conducted from May through July 2010. A total of 197 surveys were completed this year (102 mail & 95 telephone).

Molina Healthcare utilizes the report results to develop opportunities for improving and maintaining provider satisfaction. Your opinion is important. Please contact your dedicated Provider Service Representative toll free (800) 377-9594 with suggestions on improving our service.

The chart below presents 2010 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 this chart. In addition, results from previous studies and the 2009 The Myers Group (TMG) Book of Business (B.O.B.) Benchmark is also provided for comparison.

Composites/ Attributes	Summary Rate Definition	2010 Summary Rate Scores		Molina Trend Data Summary Rate Scores			TMG 2008 BoB Summary Rate
		Molina	All Other Plans	2008	2009	2010	
Customer/Provider Services ¹	Excellent Or Very Good	36.3%	31.5%	33.6%	42.7%	36.3%	NA
Network		33.9%	30.5%	33.2%	42.2%	33.9%	35.8%
Coordination of Care		32.0%	NA	NA	43.6	32.0%	NA
Utilization Management		24.1%	20.3%	26.8%	37.0%	24.1%	NA
Quality Improvement		28.3%	24.1%	27.3%	39.5%	28.3%	NA
Claims/Finance Issues		31.5%	25.6%	26.0%	44.0%	31.5%	NA
Pharmacy		17.5%	16.1%	17.5%	30.0%	17.5%	NA
Credentialing		31.8%	27.9%	26.7%	44.6%	33.8%	NA
Overall Sat Composite		77.1%	NA	83.3%	85.7%	77.1%	80.9%
Recommend to other patients	Definitely Probably Yes	81.0%	NA	88.4%	84.5%	81.0%	83.8%
Recommend to other physicians		80.6%	NA	87.4%	83.7%	80.6%	83.8%
Overall Satisfaction	Very Somewhat	69.6%	77.6%	81.4%	81.7%		75.2%

The 2009 TMG Medicaid B.o.B. is a benchmark containing data from all eligible Provider Satisfaction Surveys for which TMG collected data in 2009. The benchmark is comprised of PCPs, Specialists and Behavioral Health Clinicians and includes data from 34 plans encompassing 9,901 respondents.

OFFICE MANAGER'S CORNER

Dear Office Manager/Administrator:

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) values all that you do for our valued contracted practitioners/providers. We would like to take this opportunity to thank you for your service, and have provided some helpful updates, reminders and tips that will assist you in your daily activities. Your feedback is important to us, so please let us know what type of information you would like to have published in this monthly publication. Please contact us at [e-mail address].

Thank you,
Provider Services
Molina Healthcare of New Mexico, Inc.
Telephone: (800) 377-9594
Fax: (505) 798-7313



Did You Know?

Molina Healthcare offers incentives for preventive care to our Members and Practitioners/Providers?

For our Members

– Rewards for Health Choices - \$20 Gift Card for completing the following:

- Cervical Cancer Screening;
- Prenatal Visits;
- Postpartum Check Up;
- Breast Cancer Screening;
- Annual Dental Visit;
- Well Care; and
- Immunizations.

In addition to these gift card incentives, the following Health Choice Rewards are available to our Members:

- ***motherhood matters***
 - **FREE** Infant and Toddler Car Seat – plus car seat education;

- **FREE** Helmet Safety Program – provides children with safety information for bikes, scooters, skateboards and roller blades.
- Preventive Health Guidelines;
- Tobacco Cessation Information – ***Quit for Life smoking program***;
- ***breathe with ease*** Asthma Program;
- ***Health Living with Diabetes***;
- ***SparkPeople*** – Free online health, nutrition fitness weight management program.
- ***Much, much more!***

Detailed information regarding these incentives is conveniently located on our website: http://www.molinahealthcare.com/medicaid/members/nm/health/Pages/health_home.aspx

OFFICE MANAGER'S CORNER *Continued...*

For our Providers

- Record vaccinations into the New Mexico Statewide Immunization Information System (NMSIIS) and receive \$5.00. Simply submit a claim with CPT-4 code 99080 when billing the administration of a vaccination.
- Receive \$150.00 for the identification of pregnant Molina Healthcare Members. Simply complete the Prenatal Early Notification Form (located in the 2010 Provider Manual: http://www.molinahealthcare.com/medicaid/providers/nm/manual/Pages/provider_manual.aspx), submit to Molina Healthcare, and submit a claim with ICD-9 V72.42 and CPT-4 59899.
- Receive \$500.00 for the administration of a complete course **17-alpha-hydroxyprogesterone (17-P)** for high risk pregnancies. There is NO cost to the provider to order and administer. Simply contact our Utilization Management Department.

Electronic Claims Transmission Requirements

In accordance with the New Mexico Human Services Department (HSD) regulations, contracted practitioners/providers are required to file claims electronically for their Medicaid Salud and State Coverage Insurance (SCI) Membership.

Electronic claims transmission can save your office staff time and money, and makes the claims process significantly more efficient. Claims are processed faster, which results in faster payment to your office. Electronic claims submission also saves you postage, paper and provides you with the following services:

- Quicker confirmation of claims receipt and integrity of data;
- Higher percentage of claims accuracy, resulting in faster payment; and
- Formatting of claims data into HIPAA required ANSI-X172 claims format.

If you are unable to bill electronically you MUST notify us immediately. Contact your Provider Service Representative toll free at (800) 377-9594.

Coding Tips

Preventive Care: Molina Healthcare recognizes that Primary Care Practitioners (PCPs) sometimes have a difficult time getting our Members in for Well Care visits. Therefore, we encourage these preventive care visits to occur when the Member presents for a medical condition. To ensure PCPs are reimbursed appropriately for both services, Molina Healthcare must receive appropriate billing. When billing the appropriate E&M code for the medical condition and the appropriate preventive medicine services code, the following must also be present:

- Modifier 25; and
- Accurate and appropriate diagnosis codes in correct position to E&M and preventive medicine code.

Please Note: Documentation must accurately reflect ALL procedures and diagnoses that are being billed.

Preventive health guidelines, charts and coding can be located in Section M of the 2010 Provider Manual. Medical record requirements are located in Section G of the 2010 Provider Manual.



Reminders:

Please remind your patients to recertify for Medicaid Salud benefits!

The Income Support Division (ISD) with the State of New Mexico asks all Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Members once a year to “recertify.” What does that mean? It means that our Salud Members (and other state-funded programs) must let ISD know that they still need healthcare benefits once every twelve (12) months. ISD has worked very hard over the past few years to streamline this process and be more user-friendly. Molina Healthcare also sends three postcards and calls our Members to remind them as well. If your patients or you have questions about what this means, please call Molina Healthcare in Albuquerque at (505) 342-4681 or toll free at (888) 825-9266.

Whenever possible, please remind your patients and our Members to recertify in order to maintain continuity of care and not undergo disruption in services. Also, when your patients recertify on time, this also helps in having claims processed in a prompt manner. Timely recertification means no gaps in eligibility.

Health and Enrollment Fair Participation

Molina Healthcare Outreach Representatives participate in many events throughout the year such as health fairs, enrollment events for Medicaid (and other programs) and with community-based organizations. If your office is participating in one and you need assistance in explaining Medicaid / Salud benefits, please let your Provider Service Representative know. They will work with our outreach department to get a Molina Healthcare representative there.

Molina Medicare service area

Molina Healthcare operates our Medicaid/Salud program on a statewide basis. However, our Medicare Advantage Prescription Drug Plan (MAPD) called “Options” offers a health plan in seven counties: Bernalillo, Doña Ana, Luna, McKinley Otero, Sandoval, San Juan, Santa Fe, Sierra, Torrance and Valencia (see map below). If your patients are looking for a MAPD plan, they may call toll free (800) 403-8295 for more information.

2010 Provider Manual

The Molina Healthcare of New Mexico, Inc. Provider Manual has been updated to reflect all changes, updates, and policy clarifications since our last publication in 2009. Molina Healthcare strives to assure this manual will be a useful tool for you and your staff to reference regarding Molina Healthcare Policies and Procedures. The 2010 Provider Manual is available on our Provider Webpage at www.molinahealthcare.com.

Please Note: The Provider Manual is updated and published once a year. *Please note that Molina Healthcare Clinical Practice Guidelines have been updated and are located in Section N.* Molina Healthcare will notify all contracted practitioners/providers of any updates or changes that occur after the printing of the manual either in the Provider Newsletter, or by letter.

Please contact your Provider Services Representative in **Albuquerque at (505) 342-4660 or toll free at (800) 377-9594.**



Molina Special Needs Plan Model of Care Provider Training



Molina Healthcare provides a CMS approved Model of Care for members of its Medicare Dual Eligible Special Needs Plan. Highlights of the Molina SNP Model of Care include:

- A health assessment and individualized care plan for each member both initially and annually
- Provision of care through an interdisciplinary care team
 - Interdisciplinary Care Team composed of network PCP, Molina Care Management staff, pharmacists, medical directors, behavioral health specialists, network specialists and network facility staff
 - Molina SNP members and/or their caregivers will have opportunities to participate with the interdisciplinary care team in the development and management of care plans.
- Molina will provide a network of PCPs, specialist and facilities with expertise in managing the health care needs of dual eligible members
- Molina will facilitate communication and coordination of care for members across care transitions and between the interdisciplinary care team, specialists and facilities
- Molina will report, analyze and act on data evaluating the performance of the Molina SNP Model of Care

Molina requests that all providers who provide care for members of the Molina Dual Eligible SNP complete a brief training on the SNP Model of Care. The training can be accessed at www.MolinaMedicare.com .

HIV Screening: A new benefit for Medicare Members who may be at risk

It is the obligation of all Medicare Advantage organizations (MAOs) to furnish annual voluntary Human Immunodeficiency Virus (HIV) screening to enrollees with high risk profiles. Effective January 1, 2010, the Centers for Medicare (CMS) and Medicaid Services added to the benefits furnished by original Medicare coverage of “additional preventive services,” provided certain requirements are met.

MAOs must cover both standard and FDA-approved HIV rapid screening tests for the following:

1. Annual voluntary screening of Medicare members at increased risk for HIV infection per USPSTF guidelines, including:
 - Men who have had sex with men after 1975;
 - Men and women having unprotected sex with multiple partners;
 - Past or present injection drug users;
 - Men and women who exchange sex for money or drugs; or have sex partners who do;
 - Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users;
 - Persons being treated for sexually transmitted diseases;
 - Persons with a history of blood transfusion between 1978 and 1985;
 - Persons who request a HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.
2. Voluntary HIV screening of pregnant Medicare members when the diagnosis of pregnancy is known, during the third trimester, and at labor.

If you have questions, please contact Provider Services.



Annual Election Period (AEP)



The Annual Election Period (AEP), which runs from November 15 to December 31, enables beneficiaries to change or add prescription drug plans (PDPs), change Medicare Advantage plans, return to original Medicare, or enroll in a Medicare Advantage plan for the first time.

Open Enrollment Period (OEP) replaced with Annual Disenrollment Period (ADP)

Starting in 2011, the OEP will no longer exist. In its place, CMS will implement an election period called the Medicare Advantage 45-Day Annual Disenrollment Period (ADP). The ADP will run from January 1 through February 14th. During the ADP, beneficiaries who are enrolled in a Medicare Advantage (MA) plan (either MA-only or MAPD) have one election available and may disenroll from that plan back to Original Medicare. Beneficiaries may also use the ADP to pick up a stand-alone Part D plan, regardless of whether or not they have had Part D coverage previously.

Medicare Fee Schedule Increase

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” This law established a 2.2 percent update to the Medicare Physician Fee Schedule

(MPFS) payment rates retroactive from June 1 through November 30, 2010.

Molina Medicare followed suit loading the new rates during July 2010. All claims processed after July 16, 2010 were processed using the new rate.

Claims processed and paid at the old rates will be reprocessed as soon as possible. Under current law, Medicare payments to physicians and other providers paid under the MPFS are based upon the lesser of the submitted charge on the claim or the claim MPFS amount. Claims with June or July dates of service that were submitted with charges greater than or equal to the new 2.2 percent update rates will be automatically reprocessed.

Please Note: To avoid duplication, physicians/providers should not resubmit claims that have already been submitted to Molina Medicare.

Molina Healthcare works proactively with state and federal agencies when changes occur. Should you have any questions or need further assistance, please contact the Provider Services Department Monday through Sunday from 8:00 a.m. – 5:00 p.m. toll free at **(800) 377-9594**.

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.