



## Flu Vaccine 2005 — Recommendations

Last year, it was difficult for medical offices to both obtain and deliver adequate influenza vaccine to recommended populations and prevent illness during the flu season. Fortunately most states didn't experience significant epidemics of influenza as the season was quite mild.

Although there is still some question about the adequacy of the vaccine supply for 2005, the Centers for Disease Control indicates there should be sufficient vaccine for high risk children and adults. Last year the American Academy of Family Practice and the American Academy of Pediatrics added a recommendation that all children age 6 months to 23 months, plus their caretakers, receive the vaccine.

Molina encourages your office to provide these particular groups influenza vaccine for the coming season.

Priority groups recommended by the CDC to receive inactivated influenza vaccine in 2005 are:

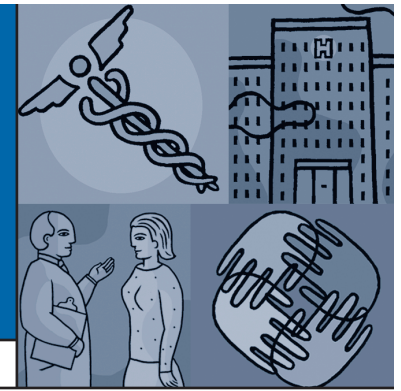
- All persons > 65 years
- Persons aged 2-64 years with chronic disease

- All women who are pregnant during the flu season
- All children aged 6 to 23 months
- Healthcare workers involved in direct patient care
- Caregivers and household contacts of children < 6 months of age
- Residents of nursing homes and/or in long-term care
- Children aged 6 months to 18 years on chronic aspirin therapy

As more information about the supply of vaccine becomes available this fall, please keep in touch with your local public health officials and monitor the recommendations of the Advisory Committee on Immunization Practices at [www.cdc.gov/nip/acip](http://www.cdc.gov/nip/acip). Please use the Vaccine for Children programs in your state to ensure that you have an adequate supply of vaccine for your Molina pediatric members.



# Molina Healthcare Partners in Care



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A Publication for Molina Healthcare Providers • Fall 2005

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Featured at [www.molinahealthcare.com](http://www.molinahealthcare.com):  
Clinical practice and preventive guidelines  
Disease Management programs for asthma,  
diabetes and pregnancy  
Quality Improvement program  
Member rights and responsibilities  
Privacy notices  
Claims/denial decision information  
Provider manual  
Formulary  
UM Affirmative Statement (re: non-incentive for  
under-utilization)  
How to obtain copies of UM criteria

Molina Healthcare of New Mexico

Please contact Molina Provider Services for  
written copies of all information on the website  
or if you need more information.

Provider Services 1-888-825-9266

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March 2005 – March 2008



## It's Important to Coordinate Care with the PCP

**C**oordination of Care is very important to good patient care. The NM Human Services Division (HSD) which administers the NM Medicaid Program, specifies that practitioners must coordinate care across the healthcare continuum. Medical Assistance Division (MAD) regulations specify the must coordinate care across the healthcare continuum. Additionally, the National Committee for Quality Assurance (NCQA) addresses Coordination of Care very specifically in its accreditation process. In collaboration with the providers and practitioners within its contracted network, Molina Healthcare of New Mexico performs medical record audits to ensure that Coordination of Care occurs.

Besides being a regulatory requirement, Coordination of Care makes clinical sense in safely managing a patient's care in an ever more complex medical delivery system. Any provider or facility that performs a diagnostic test, a procedure, a consultation, or provides care in an inpatient, or outpatient setting must ensure that Coordination of Care occurs.

- Hospitals must ensure that an emergency care record, and/or inpatient discharge summaries are forwarded to the PCP.
- Ambulatory surgical centers, whether based in a hospital or a freestanding facility, must assist providers who use their facility to ensure that the PCP is "copied" on the procedure or diagnostic test performed.
- Skilled Nursing Facilities (SNF's) must ensure that the PCP is notified of a

patient's admission and discharge.

- Laboratories must ensure that all lab values ordered by a PCP are forwarded as appropriate to the PCP in a timely manner for review.
- OB/Gyn specialists must ensure that consult reports, diagnostics and preventive health tests are forwarded to the member's PCP.
- All specialists must ensure that consultations and ongoing care are forwarded to the PCP.
- Physical and Occupational therapy and Speech Language Pathologists must ensure that the PCP is notified of a patient's treatment plan and discharge.

Coordination of Care is dependent on the appropriate provider noting in the files or in the record of care transcription to "copy" the PCP. Facilities can assist the provider by accurately identifying the PCP in the initial intake process and documenting the PCP's name on the intake face sheet.

Ultimately the patient benefits from this process through:

- Follow up on a recommended preventive health screening.
- Avoidance of duplicate tests.
- Avoidance of polypharmacy.

Everyone benefits from Coordination of Care, from the patient who may not be able to accurately communicate information to the PCP and the facilities and providers performing needed services to the PCP who is trying to manage the overall patient care.

# Experienced in Healthcare:

## New Medical Officer Learned Early to Appreciate Quality

### Meet Our New Chief Medical Officer

Scraping by was all Bill Bracciodieta knew as a child. His parents barely made enough money to buy food and clothing - much less pay the going rate for a doctor visit when he was sick.

That's when Bill learned an important lesson.

"My doctor took whatever my parents could pay even if it was only a dollar," he said. "He always made me feel good because his services were just as good as if we could have paid him much more."

Bill's desire to help people and his talent for baseball and football led to a full scholarship to Columbia University and a career in medicine. Today that young boy is known as Dr.

William P. Bracciodieta, Executive Vice President, Chief Medical Officer at Molina Healthcare, Inc. Like his childhood doctor, he too is serving the needy population.

"Now I'm in a position to help an entire population rather than just one patient at a time," he said. "In other words, I want to make sure everyone in our health plan gets the quality treatment they deserve."

Dr. Bracciodieta is responsible for the medical management of all of the Company's health plan subsidiaries, including oversight of all utilization management, quality improvement, credentialing, pharmacy, and risk management activities.

J. Mario Molina, M.D., President and Chief Executive Officer of Molina Healthcare, Inc. said Dr. Bracciodieta "is the ideal person for this key position."

Dr. Bracciodieta joined Molina in June, bringing with him more than 30 years of experience in healthcare services. He most recently served as the Senior Vice President and Chief Medical Officer for Health Net, Inc., where he was responsible for all aspects of medical management in California and Oregon.

Dr. Bracciodieta no longer wears a white lab coat or hangs a stethoscope from his neck to see patients.

"Now I work with the physicians at Molina Healthcare to ensure that our members receive the high quality and efficient health care they deserve," he said. "I would like to ensure that every time our doctors see our members as patients that they make them feel welcome and treat them with the same respect I received when my doctor treated me."

## Pneumococcal Vaccination Advisory

The Clinical Prevention Initiative (CPI) of the New Mexico Medical Society (NMMS) and the New Mexico Department of Health (NM-DOH) are urging all medical practices and health professionals to offer immunization against pneumococcal disease to at-risk children and adults. Pneumococcal infection accounts for more deaths than any other vaccine-preventable bacterial disease, in large part due to pneumococcal sepsis.

To facilitate pneumococcal vaccination in your practice, the CPI has published information regarding where to obtain the vaccine at discount pricing, who should receive the vaccine, giving it with the influenza vaccine and side effects, contraindication and precautions. To view this information, please visit

<http://www.nmms.org/docs/2005pneumoniaupdate.pdf>

You may also obtain a copy of this advisory by calling xxx

## Immunization Update

For the latest information on:

- NM Statewide Immunization Information System (NMSIIS)
- Flu Season 2005-2006
- Immunization recommendations
- Helpful immunization tools

Log on to the NM

ImmunizationProgram at

<http://www.health.state.nm.us/immunize/provider.html>

or the NM Immunization Coalition at

<http://hsc.unm.edu/programs/nmimmunization/>

# Caring for the Latino Patient

Sonia Alvarado Gordon, MS, NP BC-ADM, CDE

The Molina Institute for Cultural Competency (MICC) defines cultural competence as a set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations.

It reflects the ability to acquire and use knowledge of the health-related beliefs, attitudes, practices, and communication patterns of clients and their families to improve services, strengthen programs, increase community participation, and close the gaps in health status among diverse population groups.

Cultural and linguistic competency is a cornerstone of success for Molina Healthcare, and MICC will highlight care of our diverse populations in this as well as future editions of Partners In Care. This article provides some patient encounter tips to help you improve your communication with Latino patients. The following tips are adapted from the writings of Ramon Jimenez, MD of Salinas, CA, and integrated with the experience of other providers in caring for Latino populations.

## The Greeting

At a typical patient encounter, you are likely to find several family members with the patient in the examining room, especially if the patient is a woman. Don't walk into the room looking at the patient's chart, even if you are trying to figure out how to pronounce their name. Practice name pronunciation and review the patient information before you enter the room.

Latino patients hold physicians in great respect-the doctors in their home country tend to practice paternalistic medicine. Patients will try hard to be pleasant, to the point of answering questions with the answers they think you want, instead of the information you really want.

Although Spanish fluency is not required, an attempt at "Buenos días" (Good morning) or "Buenas Tardes" (good afternoon) is simple, effective, and much appreciated by the patient. Make sure to greet and acknowledge everyone in the room, even the children. They will immediately accept you as warm and compassionate.

## Welcoming Statement

Latinos prefer to be addressed by their country of origin: they are "Cubans," "Salvadorans," "Mexicans," etc... It is culturally courteous to address your patients by their country of origin. Therefore a good introductory statement is to ask them their country of origin. Also, Latinos and Hispanics are happy when called "Americanos" since their country of origin is, in fact, in the "Americas."

## Awareness is Key

Be sensitive to the fact that getting to a medical appointment can be very difficult for a Latino family. The more that can be accomplished at that visit, the better. They are not as likely to make multiple appointments for testing and education. They also tend to prefer treatments by injection (such as antibiotics). However, be aware of cultural fears such as the fear of insulin shots for diabetics. Most will respond well to reassurance and education.

## Did You Know...

Molina Healthcare's Nurse Advice Line offers our members answers to common health care questions and concerns - 24-hours a day, seven days a week.

Registered nurses are available to talk about wide-ranging topics including questions about ongoing health conditions, sudden illnesses, accidents and injuries.

- These highly-trained nurses, many of whom are bilingual (Spanish), are licensed to practice nursing in all the states where Molina has members. They use nationally recognized Nurse Advice Guidelines and health information from

MedLine Plus when answering members' questions.

- Nurses do not diagnose medical conditions or make clinical recommendations. Rather, their role is to assist callers in making appropriate health care choices by offering unbiased information about treatment options or helping patients access care.
- Nurses offer support and help members decide whether to take a sick child to the physician's office, an urgent care center, or the emergency room.
- Nurses can frequently help alleviate anxiety and calmly aid members in avoiding unnecessary care, expense, and confusion.

- Members are always encouraged to work closely with their physician.

The Nurse Advice Line helps educate patients to follow their doctors' plan of treatment.

You may receive a follow-up fax or phone call from the Nurse Advice Line when your patient receives information or was advised to go to the emergency room or urgent care center.

You can also refer Molina patients to the Nurse Advice Line by asking them to call 1-888-275-8750. Bi-lingual nurses are available for Spanish-speaking members at 1-866-648-3537.

# OFFICE MANAGER'S CORNER

Molina Healthcare of New Mexico (MHNM) would like to thank all our valued practitioners/providers for their patience and support during our system transition. As you all know, MHNM transitioned to the Molina Healthcare, Inc. (MHI) system for processing eligibility, authorizations and claims on March 1, 2005. The integrated system, QMACs, is used successfully by all Molina health plans. Although we have experienced some "glitches" that come with all system transitions, you have all been very helpful in assisting us identifying problems. Please continue to contact us with any questions and/or problems that you may encounter during this transition period.

## UPDATES

### CLAIM SUBMISSION:

**Effective October 1, 2005 - Please submit all Molina Healthcare of New Mexico Salud claims to the following address:**

- Molina Healthcare of New Mexico  
PO Box 22801  
Long Beach, CA 90801

### If you would prefer to overnight claims:

- Molina Healthcare of New Mexico  
One Golden Shore  
Long Beach, CA 90802

**Please continue to submit all claims for eligible Cimarron members to:**

- Cimarron Health Plan  
PO Box 3887  
Albuquerque, NM 87190

**Please continue to submit all claims for eligible Self-Funded members to:**

- HCH Administration  
PO Box 285  
Peoria, IL 61650-0285

**Note:** The mailing address will remain the same for all other correspondence (i.e. claim reconsiderations and appeals, notification of address, telephone, contract status, tax identification, name, affiliation, and open/closed panel status, etc.).

Molina Healthcare of New Mexico  
PO Box 3887  
Albuquerque, NM 87190

### SCI (State Coverage Insurance)

Effective July 1, 2005, Molina Healthcare of New Mexico (MHNM) began offering the State Coverage Insurance program (SCI). SCI is a Medicaid program that offers insurance to low-income working adults, ages 19 through 64. MHNM will continue to administer behavioral health services for this program. To assure our valued providers receive the tools necessary to provide services for MHNM SCI members, we have developed a separate Provider Manual, prior authorization matrix, and web page on the internet [www.molinahealthcare.com](http://www.molinahealthcare.com)

Please contact your Provider Services Representative with any questions you may have regarding this product.

### PRIOR AUTHORIZATION UPDATE - MHNM Salud:

**Note:** These changes are for MHNM Salud ONLY. The SCI product has a separate prior authorization matrix.

**Effective September 1, 2005 – The prior authorization matrix was updated to reflect the following changes:**

- In-plan podiatry office procedures no longer require prior authorization;
- Behavioral Health services (please refer to Value Options);
- Ambulance services has been taken off the matrix (please contact Integrated Transportation Management (ITM));
- Sterilization procedures no longer require prior authorization however, consent forms must be submitted with claims;
- OB ultrasounds require prior authorization.

The updated prior authorization matrix was mailed to all contracted practitioners/providers on July 22, 2004, and is available on the Internet at [www.molinahealthcare.com](http://www.molinahealthcare.com)

## REMINDERS

### BEHAVIORAL HEALTH:

**MHNM SALUD:** Effective July 1, 2005 - Contact Value Options of New Mexico toll free at (888) 251-7511.

**MHNM SCI:** Effective July 1, 2005 – Contact Molina Healthcare of New Mexico in Albuquerque at (505) 348-1578 or toll free at (866) 403-3018.

### PROVIDER MANUAL

If you have not yet received your 2005 Provider Manual and would like additional copies, please contact Provider Services in Albuquerque at (505) 282-9594 or toll free at (800) 377-9594. MHNM is excited to offer the manual this

year on CD. Let us know if you prefer your manual on CD or hard copy when you call. Please remember to sign the "Receipt of 2005 Provider Manual" form that will be mailed with your copy.

The 2005 Provider Manual can also be accessed on the Internet at [www.molinahealthcare.com](http://www.molinahealthcare.com)

### MEMBER & PROVIDER SURVEYS

As part of an ongoing commitment to improve every aspect of the services Molina Healthcare of New Mexico (MHNM) provides to our members and providers, member and provider surveys are performed yearly. The survey results allow

MHNM to identify opportunities for improvement in services provided to both members and providers.

The results from both the Member and Provider Satisfaction Survey are complete, and are currently being analyzed. A summary of the results of both surveys will be published in the December newsletter.

### THANK YOU!

Thank you for providing quality of healthcare to our family of members, and for your continued support of Molina Healthcare of New Mexico. Please contact us with any suggestions on how we can better serve you.

# Tobacco Counseling Resources for Molina Healthcare of New Mexico Providers

The Clinical Prevention Initiative (CPI), a collaborative effort of the New Mexico Medical Society and the New Mexico Department of Health, offers resources to help health and dental providers with tobacco cessation information.

The publications "Tobacco Use Prevention and Cessation Program: A Continuing Medical and Dental Education Program for Health Practitioners in New Mexico" and "Tobacco Use Prevention and Cessation Program: An Exam Room Guide," are accredited for 8 continuing medical

education credits and 6 continuing dental education credits. The manuals are available free of charge to New Mexico providers, courtesy of the New Mexico Department of Health Tobacco Use and Prevention Program.

The CPI also offers FREE on-site tobacco-use prevention and cessation consultations. Physician speakers provide an introduction to tobacco intervention and use of CPI materials, and can also help practices develop office systems and counseling and pharmacotherapy approaches tailored to their individual needs.

Please contact Annie Jung [ajung@nmms.org](mailto:ajung@nmms.org) or (505) 828-0237 to order the publications or schedule a free consultation. New Mexico providers can access CPI tobacco cessation materials at [www.nmms.org](http://www.nmms.org). Molina Healthcare provides tobacco cessation information packets to for our Members. For information members may call the Health Improvement Hotline in Albuquerque (505) 342-4660 extension 32618 or (800) 377-9594 extension 32618.

## Tablet Splitting

Molina Healthcare of New Mexico initiated tablet splitting earlier this year for some medications on the formulary. This results in significant economy when medication is "flat priced", meaning that the cost is the same per tablet of a particular product (most notably, paroxetine and Zoloft).

Molina anticipates that there may be some concern regarding the

safety/efficacy of tablet splitting. The Medical Letter, Volume 46 (Issue 1195) dated November 8, 2004, has a relevant article that describes studies done on tablet splitting.

The study found that "...tablet splitting may not yield similarly sized halves. Nevertheless, if patients are willing and able, and the drug has a wide margin of safety and a flat dose response curve, the differences may not matter, particularly if the drug is relatively long-acting."

# Be Prepared for RSV Season

Ken Smith, MD, Medical Director, Molina Healthcare of California

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

The onset of RSV season is upon us. So that you are fully prepared, Molina wants to remind you of the danger of RSV to certain higher risk premature infants, how to determine who's at risk, and how best to protect them. As a reminder, the American Academy of Pediatrics (AAP) issues recommendations to identify those members who should be receiving palivizumab (Synagis).

1. Ex-premature infants, 28 weeks and 6 days or less at birth, and chronological age less than 12 months.
2. Ex-premature infants, 29 through 32 weeks and 0 days gestation at birth, and chronological age less than 6 months.
3. Infants 32 weeks and 1 day to 35 weeks and 0 day gestation at birth, and less than 6 months chronological age, with at least two additional risk factors (e.g., child care attendance, school-age siblings, attendance in daycare, congenital abnormalities of

the airways, exposure to air pollution, or severe neuromuscular disease) should be considered on an individual basis.

The AAP has also issued recommendations for prophylaxis in children with Chronic Lung Disease and Chronic Heart Disease. You can contact your local Molina plan for additional information on the AAP recommendations and approval criteria for Synagis requests.

Other important considerations:

Administration:

In most seasons, Synagis is given monthly during the peak RSV months or October/November through March/April for a total of five doses. Specific decisions concerning season duration and timing may be individualized based on local RSV hospitalization data and other factors. Please contact your local Molina plan to determine the Molina-approved schedule is for your area.

New dosage form mid-season: Synagis is currently available in a lyophilized powder formulation. A new liquid solution formulation of Synagis will be introduced during the course of the 2005/2006 respiratory syncytial virus (RSV) season, ultimately replacing the lyophilized formulation in late 2005.

The manufacturer anticipates that shipments of Synagis (Liquid Solution) to wholesalers and specialty pharmacy providers (SPPs) will begin in late 2005. However, both formulations will be in distribution channels until inventories of lyophilized powder are depleted. Wholesalers and SPPs are requested to deplete lyophilized powder from their inventories prior to shipping liquid solution.

The liquid formulation will come in the same size vials as the powder did (50mg and 100mg). The vials are single-use. The liquid formulation must be stored between 2°C and 8°C (36°F to 46°F), and cannot be frozen.

# 2005 HEDIS and CAHPS Quality Performance Results

Molina Healthcare of New Mexico utilizes the NCQA (National Committee for Quality Assurance) Health Employer and Data Information Set (HEDIS®) and the Consumer Assessment of Health Plans Survey (CAHPS®) data as measurement tools to provide an accurate and comparable assessment of its quality and service performance. The 2005 HEDIS® results are based upon the clinical care members received during 2004, and the 2005 CAHPS® results are based on members' satisfaction with Molina Healthcare, their practitioners and other services received during 2004. Our HEDIS® clinical scores continued to improve.

Specific measures showing statistically significant improvement (p=0.05) compared to 2004 results included:

- Childhood Immunizations - DT/DTP/DTaP, MMR, Hep B, and Combinations 1 and 2
- Adolescent Immunizations - MMR, Hep B, Varicella, and Combinations 1 and 2

Molina Healthcare of New Mexico also exceeded the NCQA Medicaid National Benchmark 75th percentile, which compiles results for Medicaid plans nationwide, for 16 measures.

They are:

- comprehensive diabetes care; HbA1c testing, eye exam, LDL screening less than 100
- follow-up visit after MH Hospitalization (7 and 30 days)
- child access to primary care ages 7-11 and 12-19
- adult access to preventive care ages 45-64
- annual dental visit ages 4-6, 7-10, 11-14, 15-18 and combined rate
- cholesterol management, LDL screening, LDL < 130, LDL < 100.

Although results in many clinical categories improved, outcomes also point to opportunities for improving the care our members receive. Measures offering opportunities for improvement, with comparisons to the 2004 results, are Cervical Cancer Screening, Chlamydia Screening, Postpartum Care, Appropriate Medication for Asthma, and three Diabetes measures - HbA1c Control, Eye Exams, and Diabetes Nephropathy.

For the rest of 2005 and into 2006, Molina Healthcare of New Mexico chose comprehensive diabetes care, cervical cancer screening, appropriate medications for asthma, and well child visits as key targets for improved health care. A few selected outreach activities for both members and their practitioners will

include the following:

- Diabetes and asthma focused mailings to members and their practitioners
- Age specific preventive health reminders in the members' annual birthday card
- Annual Well Woman postcard to targeted members for cervical and breast cancer screening
- New member Welcome Calls to answer benefit questions and facilitate the initial practitioner visit within 90 days of joining Molina Healthcare, Inc.
- Shots for Tots Program
- Quarterly member newsletters with preventive health-focused articles and reminders
- Targeted interventions for childhood and adolescent immunizations

Our 2005 CAHPS® results, based on members' assessment of the care and service they received during 2004, also continued to improve. Each year, members are randomly selected by a research organization to respond to a survey and answer questions regarding satisfaction with their health plan and with the care provided to them by their physicians. The table below identifies areas showing statistically significant improvement compared to 2004 outcomes and also includes the local activities that may have contributed to the positive changes.

Question	2004% Rate	2005% Rate	What We Did
Same personal doctor or nurse	44.4%	63.3%	New member welcome calls assist members to change PCP if desired. Expanded network
Getting help from doctors office when calling for advice	71.5%	81.4%	Provider services provide training physicians and their office staff, plus increased visits to practitioner offices
Getting timely for illness, injury or condition	71.0%	81.1%	
Seeing a specialist	69.9%	74.3%	Continue to monitor issues and improve the referral process

2005 CAHPS® results also indicated improvement is needed in a few areas. We will increase our focus during the rest of 2005 and into 2006 on the following areas:

- Problem finding and understanding information of how your health plan works
- Problem getting help when calling health plan customer service
- Receiving care coordination services
- Delay in care while waiting for health plan approval

- Doctor discussed smoking cessation medications and strategies

Molina Healthcare of New Mexico values the care, education and advice you provide to our members. Our Quality Improvement Program and local activities represent a collaborative effort between you and Molina to improve overall healthcare. We look forward to partnering with you – together, we can make a difference in the lives of our members.

If you want more information, or have

suggestions for our Quality Improvement Program, or questions about HEDIS® 2005, please call 1-800-377-9594, Ext. 182618. You may also visit our website at [www.molinahealthcare.com](http://www.molinahealthcare.com) for updated asthma, diabetes, hypertension, ADHD, otitis media, therapies for ISHCN and coronary heart disease clinical practice guidelines. For information about our disease management programs, or to refer a patient, please call disease management at 1-800-377-9594 Ext. 182618.

# Quality Improvement

The Molina Healthcare of New Mexico Quality Improvement Program (QIP) is a comprehensive framework for continuous assessment and focused improvement of all aspects of health care delivery and service. The Program operates by:

- Continuously monitoring performance according to, or in comparison with objective, measurable performance standards—national, regional or local/plan
- Analyzing information and data to identify trends
- Prioritizing opportunities for improvement
- Designing interventions for improvement
- Implementing those interventions

- Re-measuring the processes
- Evaluating the effectiveness of the interventions and identifying additional opportunities for improvement.

The purpose of the Quality Improvement 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 and network and affiliated health personnel for the quality and safety of care and

services provided to Molina Healthcare of New Mexico members.

The major areas of emphasis of the Quality Improvement Program are:

- Collaborative Activities
- Credentialing and Recredentialing
- Delegation
- Disease Management
- Health Promotion and Education
- Patient Safety
- Pharmaceutical Management
- Privacy and Confidentiality
- Regulatory Compliance
- Risk Management

If you would like additional information about our quality improvement activities or would like to request a paper copy of our documents, please call (505) 342-4660, Ext. 182618.

## Website Highlights -- Check It Out!

Molina Healthcare's website [www.molinahealthcare.com](http://www.molinahealthcare.com) contains many provider resources, including the most current information available to help you efficiently care for Molina members. Look on our site for the following features:

- Information about our quality improvement and patient safety programs
- 2005 clinical practice and preventive health guidelines
- Information about our disease management programs
- Provider manuals and downloadable forms
- Drug Formulary/Preferred Drug List (PDL)
- UM and pharmacy prior authorization criteria
- Copies of prior member and provider newsletters

You can also find more information about the HIPAA Security Rule and other aspects of HIPAA by visiting Molina Healthcare's HIPAA Resource Center at <http://www.molinahealthcare.com/HIPAA/>.

Printed copies of these items and other information appearing on the website may also be obtained by calling your Provider Services Department.

## 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.

*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 other tools and 1:1 telephonic case management is available for members at highest risk for hospitalization. Physicians receive results of their patient's self-assessments and updates describing their education and other Program interventions.

*Healthy Living with Diabetes<sup>sm</sup>* provides diabetes education to Molina members ages 18-75. Interventions are targeted to the specific needs of each member and include workbooks, food tips, hints about medication and exercise, worksheets, newsletters and more. 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. Information about interventions and copies of self-assessments are shared with physician offices.

At each point of contact, members are encouraged to discuss their care with their provider and follow their plan of treatment. In states where Molina Healthcare disease management programs have been in place for two or more years, outcomes demonstrate a decrease in both emergency department visits and inpatient stays for asthma. The diabetes programs improved associated HEDIS scores by over 20 percent in some states.

You can find more information about our programs on the Molina website at [www.molinahealthcare.com](http://www.molinahealthcare.com). Look for an article about our pregnancy program in the next edition of Partners in Care.