

Partners in Care

Molina Healthcare



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Featured at www.molinahealthcare.com:

- Clinical practice and preventive guidelines
- Disease Management programs for asthma, diabetes, pregnancy, COPD and cardiovascular diseases
- 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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ER Visits: The "Get It Now" Syndrome

Our society has become obsessed with receiving immediate results and gratification. We live in a "Get it Now" culture. Hospital services are no exception. Some emergency room departments even advertise "You will be seen by the doctor in 15 minutes or less, or you will receive free movie tickets."

The message from physicians has not changed: "When you need medical advice and care you should 'get it!'" The emergency room does serve a role in providing care for many serious health issues (e.g., significant bleeding, chest pain, loss of consciousness, or significant difficulty of breathing). However, the use of emergency departments for things such as sore throats, colds, earaches, and rashes has become prevalent and is increasingly clogging emergency departments across the nation.

According to the most recent Centers for Disease Control (CDC) statistics, ER visits in the U.S. have increased more than 26% over the last decade, topping the 114 million visit mark in 2003. Despite this, there are 14% fewer emergency departments in the U.S. compared to ten years ago to care for these patients. Many of these ER visits are for non-emergent conditions, which makes it difficult for PCPs to establish effective relationships and treatment plans with their patients. A lack of an effective "medical home" creates fragmented, non-comprehensive care, which often times is significantly more expensive.

Physicians can help promote more efficient use of the emergency department in a number of ways:

- Patients can be counseled on inappropriate use of the ER for minor, non-emergent conditions.
- Physicians can make patients aware of alternative levels of care such as urgent care centers.
- PCPs can instruct patients regarding self-care and preventive behaviors.
- Physician offices can establish more convenient access for patients, including same-day appointments, extended evening office hours, and expanded phone availability.

Another effective intervention is telling your patients about Molina Healthcare's Nurse Advice Line where they can receive assistance with health-related questions or concerns. Nurses can also counsel patients regarding the most effective care setting for their particular health issue. Together, PCPs and health plans can help patients receive the most appropriate care while ensuring America's health safety net does not unravel.

The emergency system plays a key role in life threatening situations, but in most other situations primary care providers and nurses can be exactly what the doctor ordered.

Sign-Up Today for ePortal

Have you registered for Molina Healthcare’s web-based ePortal? New features are being added twice a month – making it more efficient and easier to use every day!

If you haven’t already registered, call the Molina ePortal Help Desk (1-866-449-6848) to get your personal log on information. Once you are registered, you can logon to Molina’s secure site and have easy access to real-time information – 24 hours a day, seven days a week.

Upon registration, you and your office staff will be able to perform the following tasks online:

Member Eligibility Inquiry

- The Member Eligibility function allows providers to get up to date eligibility information about Molina members seeking care at their office or facility.

Claims Status Inquiry

- The Claims Status Inquiry provides current information about the status of claims.

Submit Online Authorizations

- The Online Authorization screens let physicians and other health care providers and office staff save time by submitting their authorization requests online. Information about diagnosis codes and procedure codes is also readily available.

Authorization Inquiry

- The Authorization Status Inquiry provides current information about the status of authorizations.

Search for Providers

- The convenience of Online Authorizations also includes searches for other contracted providers by name, specialty, or zip code. Information about Molina’s providers consists of their address, specialty, languages spoken, group and hospital affiliation and the Molina lines of business the provider accepts.

Download Forms

(Useful and most frequently used forms)

- Obtain documents that you most often use. These include authorization request forms, formularies and many other state-specific Molina forms.

Change Mailing Address

- You can even change your office address through the ePortal. This eliminates the need to send letters or to make phone calls to change addresses.

Molina Healthcare is committed to maintaining cutting-edge e-Health services for our providers. These new online functions are HIPAA-compliant and can enhance your office productivity and staff satisfaction. Register today – we look forward to hearing from you!

Nurse Advice – Just a Phone Call Away

How often do you find yourself rushed for time to follow-up with patients who came to your office or called with a health concern or question? Even minor health concerns can quickly become urgent when patients don’t know how to treat their illness or access their PCP. Molina Healthcare is here to help you – our Nurse Advice Line can be a great resource to you and your office staff.

Molina’s Nurse Advice Line is

available 24 hours a day, 7 days a week. Experienced bilingual (Spanish) Registered Nurses listen to the patient’s concerns, ask about their symptoms, determine the seriousness of the condition, reassure them, coach them through possible home treatment, and recommend the best setting to get the care they need. The nurses utilize accredited, established guidelines to assess the member’s needs, give medical advice and direct them to the appropriate

level of care. To access the Nurse Advice Line, your patients can call: **English: 888-275-8750 or Spanish: 866-648-3537** Other languages are available via an interpreter service.

Promote and encourage your patients to call the Nurse Advice Line for assistance. Here are a few ways you can collaborate with us to enhance their health:

Nurse Advice *continued on page 3*

- Schedule an appointment for patients if they have been advised by the Nurse Advice Line to seek medical care with their primary care physician.
- Teach patients to complete their entire course of antibiotics even when symptoms have resolved and not take other people's medications or previously unused antibiotics.
- Remind patients to obtain refills before they have taken the last dose of their regularly prescribed medication and make sure they understand why they are taking it.
- Educate patients (especially parents) on the importance of having a working thermometer available at all times.

By working together we can reassure patients that medical assistance is just a phone call away.

Cultural Sensitivity

to Complementary and Alternative Medicine Therapies

The patient-provider relationship is built upon mutual respect, trust, and understanding. A large factor in utilization of health care is the role of cultural health belief systems in the provider and patient population. Coming to understand the patient's world view is critical to improving the health status of the patient from a different background. For physicians, this includes an understanding of folk illness, health beliefs, and alternative medicine practices.

Culturally sensitive physicians and other health care providers will be able to establish a relationship where the patient is comfortable sharing alternative measures taken to cope with illness or improve health.

The National Health Interview Survey (2002) defines complementary and alternative medicine (CAM) as a group of diverse medical and health care systems, therapies, and products that are not usually considered part of conventional medicine. The U.S. public's use of CAM increased substantially during the 1990s. According to Barnes et al (2004), surveys of over 30,000 adults show that sixty-two percent of adults used some form of CAM therapy in the past year.

CAM consists of many heterogeneous systems of medicine as well as numerous stand-alone therapies. The majority of these interventions relate to prayer or mind-body interventions such as deep breathing exercises or massage. Some may involve the use of medicinal substances such as herbal medicine. The most common CAM interventions/therapies mentioned in the surveys, in order of the most common inclusion, were chiropractic care, acupuncture, herbal medicine, hypnosis, massage therapy, relaxation techniques, biofeedback, and homeopathic treatment. CAM interventions/therapies such as chelation therapy, energy therapies, qi gong, tai chi, yoga, high-dose vitamins, and spirituality/prayer for health purposes were less commonly mentioned.

CAM was most often used to treat back pain or problems, head or chest colds, neck pain or problems, joint pain or stiffness, and anxiety or depression. A small percentage used CAM to treat chronic medical problems such as high blood pressure or asthma.

- Adults with low incomes were more likely than more affluent adults to use megavitamin therapy and health-related prayer.

- Urban adults were more likely than rural adults to use alternative medicine, biologically based therapies such as megavitamins, and mind-body therapies.
- Immigrants may continue to rely on complementary and alternative medicine as part of their medical treatment even as they seek care in the United States from conventional health care providers.

Physicians and other health care providers who inquire about and include non-harmful, alternative interventions in their treatment plans will improve patient satisfaction and build patient trust in their provider relationship. In discussing CAM with your patients, please be aware that certain CAM interventions/therapies may not be covered by the member's benefit plan. Members can be directed to call member services if they need education or assistance in determining specific benefit coverage.

Barnes PM, Powell-Griner E, McFann K, Nahin RL. Complementary and alternative medicine use among adults: United States, 2002.

National Health Disparities Report 2004.

<http://www.qualitytools.ahrq.gov/disparitiesreport/2004>

Anti-Fraud Program

The health care industry is one of the most regulated entities in the United States. For practitioners/physicians in private or small group practices, who tend to have far less administrative resources than hospitals or practitioner organizations, changes in health care rules and regulations may go unnoticed. Non-compliance can lead to dire consequences for the independent practitioner/physician or small group practice, most notably in the form of financial penalties.

The United States Health and Human Services Office of Inspector General (“US HHS OIG”) issued the “OIG Compliance Program for Individual and Small Group Physician Practices” in the October 5, 2000

Federal Register (Vol. 65, No. 194). While the compliance guidelines are voluntary, individual or small group practitioner/physician practices should heed the advice issued by the US HHS OIG.

Per the Federal Register notice, an effective compliance program protects providers “from the potential for erroneous or fraudulent conduct.” A compliance program can also help mitigate and reduce a practitioner/provider practice’s exposure when problems do arise. However, it is not enough to simply state a practice has a compliance program. Practitioners/providers and their employees must embrace compliance program protocols and update practice guidelines as necessary.

It is not expensive to implement a compliance program, but the cost of not implementing one could be extremely costly. The Federal Register Notice may be viewed at: <http://oig.hhs.gov/authorities/docs/physician.pdf>.

Help protect Medicaid funds from fraudulent activity. Potential fraud may be reported to Molina Healthcare of New Mexico in writing or by telephone:

Anti-Fraud Program Manager
Molina Healthcare of New Mexico
P.O. Box 3887
Albuquerque, New Mexico 87190-3887
Local in Albuquerque:
(505) 341-7469
Compliance/Anti-Fraud Hotline:
(800) 827-2973

Office Manager’s Corner

UPDATE

Prior Authorization Information

The process for obtaining prior authorizations for some services is changing at Molina Healthcare of New Mexico. Effective immediately you may be asked to submit documentation supporting the medical necessity of the services you are requesting. Please call our Prior Authorization Department at 505-342-4670 or 800-377-9594 to verify documentation requirements. Please fax requests for prior authorizations and supporting documentation to: Albuquerque (505) 342-4697 or Toll Free (888) 802-5711.

REMINDERS

Electronic Data Interchange (EDI) - Molina Healthcare of New Mexico (MHNM) encourages all contracted practitioners/providers to submit ALL claims electronically.

- Claims filed electronically are processed more efficiently;
- Saves mailing time, postage, and paper;
- Provides an electronic record of claims sent;
- Instant feedback on claims that need correction; and
- MOST IMPORTANT – Claim payment is faster!

To obtain a listing of our contracted vendors, please contract your Provider Services Representative or refer to your Provider Manual. You may also access the manual on our website at www.molinahealthcare.com

Did You Know? On-line services are FREE to all contracted practitioners/providers? E-portal is user friendly, quick, and provides information regarding MHNM members, providers, claims, and much more... at your convenience. This service is available to you 24 hours a day/7 days a week! To find out more about e-portal, please contact your Provider Services Representative in Albuquerque at (505) 828-9594 or Toll Free at (877) 377-9594.

Clinical Practice Guidelines on the Web

Molina Healthcare of New Mexico (MHNM) has updated the clinical practice guidelines on the MHNM website for providers. These guidelines were developed by professional organizations and are based on current evidence-based studies and best known practices.

Clinical practice guidelines are suggested reviewed and approved by the MHNM Clinical Quality Improvement Committee. This committee is comprised of actively practicing practitioners in the community who advise MHNM on clinical quality improvement activities. All clinical practice guidelines are routinely reviewed at least every two years. Reviews will occur more frequently when new scientific evidence or national standards are published before the two-year review date.

Refer to the Molina Healthcare Website at www.molinahealthcare.com for the most up to date information on Clinical Practice Guidelines.

The following guidelines were added or updated during 2006

Stepwise Approach for Managing Infants and Young Children (5 years of Age and Younger) With Acute or Chronic Asthma

Adapted from the National Heart Lung

Blood Institute's National Asthma Education and Prevention Program. (NAEPP) Expert Panel Report, 2002

New Mexico Diabetes Practice Guideline

This guideline has been developed by New Mexico Health Care Takes On Diabetes, a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health and the New Mexico Medical Review Association with technical advice and support from the American Diabetes Association.

Diagnosis and Management of Hypertension in Adults and Children

Adapted from The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC VII). 7 May 2003 and The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents NIH Publication No. 05-5267 Originally printed September 1996 (96-3790) Revised May 2005

Coronary Heart Disease (CHD) Prevention/Treatment

Adapted from the AHA/ACC Secondary Prevention for Patients With Coronary and Other Vascular Disease 2001

Diagnosis and Management of Acute Otitis Media

Adapted from American Academy of Pediatrics, American Academy of Family Physicians Subcommittee on Management of Acute Otitis Media March 2004

Treatment of Depression

Adapted from American Psychiatric Association, Practice Guideline for the Treatment of Patients With Major Depression, revised 2000 and Institute for Clinical Systems Improvement (ISCSI). Major Depression in Adults for Mental Health Care Providers. Bloomington (MN), May 2002

Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder

Institute for Clinical System Improvement (2003). Diagnosis and management of ADHD in primary care for school age children and adolescents.

Therapies for Individuals with Special Health Care Needs

Adapted from Michaud LJ. Prescribing therapy services for children with motor disabilities. *Pediatrics* 2004 Jun; 113(6): 1836-8. [23 references]

Judicious use of Antibiotics in Acute Pharyngitis

Endorsed by the Washington State Department of Health and the Washington State Medical Association

Formulary Changes and Updates

MHNM will be removing Seroquel (quetiapine) from the formulary on August 1, 2006. A letter will be sent to those practitioners who have members who have had prescriptions filled for Seroquel. Practitioners can go to the Molina Healthcare website at www.molinahealthcare.com

and access the formulary for comparable medications.

The first prescription for the following atypical antipsychotics, i.e. Zyprexa, Risperdal and Geodon must be written by a Psychiatrist. Follow up prescriptions can come from the

Primary Care Practitioner. If a Primary Care Practitioner orders one of these medications a referral will be generated to Care Coordination and the member will receive one month worth of the medication. Practitioners may also contact the pharmacy department at 1-888-884-9527 for further assistance.

Summary of Changes for Advisory Committee on Immunization Practices (ACIP) Recommended Childhood and Adolescent Immunization Schedule—United States 2006¹

- 1** An increased importance on giving the first dose of Hepatitis B (HepB) vaccine at birth prior to discharge from the hospital. Only in rare circumstances can the first dose be delayed until after discharge.²
 - Vaccination of infants born to HBsAg-negative mothers should not be delayed until after hospital discharge.
 - If, in rare circumstances, a decision is made to delay the first dose, a physician's order and a copy of the laboratory report indicating that the mother was HBsAg negative during the pregnancy must be placed in the infant's medical record. Regardless, infants born to HBsAg-negative mothers should have their first vaccine dose no later than 2 months of age.
- 2** Addition of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine adsorbed (Tdap) to the routine 11-12 year old assessment and catch up schedule for 13-18 year olds.
 - Tdap is recommended for those adolescents aged 11-12 years who have completed the recommended childhood diphtheria, tetanus, and pertussis (DTaP or DTP) vaccination series and have not received a tetanus and diphtheria (Td) booster dose.
 - Adolescents 13-18 years who missed the 11-12 year booster dose should also receive a single dose of Tdap if they completed their childhood DTaP or DTP immunization series.
 - Subsequent Td boosters are recommended every 10 years.
- A single dose of Tdap may be substituted for a dose of Td in a primary catch-up series or as a booster if age-appropriate.
- 3** Routine meningococcal conjugate vaccine (MCV4) should be administered to all children 11-12 years of age as well as to unvaccinated adolescents at high school entry (age 15 years).
 - Other adolescents who wish to reduce their risk for meningococcal disease may also be vaccinated.
 - All college freshmen living in dormitories should also be vaccinated.
- 4** Influenza vaccine is recommended for all children aged 6-23 months. In addition, influenza vaccine is recommended for children aged ≥ 6 months with certain risk factors, which now include conditions that can compromise respiratory functions or handling of respiratory secretions or that can increase the risk for aspiration.
- 5** Hepatitis A is now universally recommended for all one year olds (12-23 months).
 - The 2 doses in the series should be administered at least 6 months apart.

It is important to note that according to the Centers for Disease Control and Prevention's (CDC) general vaccine recommendations "all vaccines can be administered to persons with minor acute illness ...use of every opportunity to provide appropriate vaccinations is critical."³

¹ Centers for Disease Control and Prevention (CDC). Recommended childhood and adolescent immunization schedule- United States, 2006. MMWR. 2005;54(51&52):Q1-4.

² American Academy of Pediatrics (AAP). Academy endorses CDC's hepatitis B recommendation. AAP News. 2006;27:e2006199.

³ CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices and the American Academy of Family Physicians. MMWR. 2002;51(RR-2):11.

Community Outreach Program

Help Molina Healthcare of New Mexico remind members to recertify timely to keep their Medicaid benefits!

Molina Healthcare of New Mexico members receive a packet in the mail from the state Human Services Department, Income Support Division, when its time to recertify for their Medicaid benefits. This packet contains instructions on how to recertify for their Medicaid benefits. Please remind them to read it carefully and emphasize the following.

- **They could lose their benefits if they do not recertify on time.**
- **Members can call their Income Support**

Division caseworker for assistance with their recertification. You can refer members who do not know the number of the local Income Support Division office, to Molina Healthcare of New Mexico at 1-800-580-2811. We will look up the number for them.

Please call Molina Healthcare if you have any questions or want to refer any members who needs assistance with their recertification. Molina Healthcare of New Mexico wants to help our members and families stay healthy.

Quality Improvement Program

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 to address improvement
- Implementing the interventions
- Re-measuring the processes
- Evaluating the effectiveness of the interventions

The purpose of the Quality Improvement Program is to provide a formal process to monitor and evaluate the quality, utilization, safety, efficiency and effectiveness of 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 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 include but are not limited to:

- Credentialing
- Delegation
- Disease Management
- Health Improvement and Health Education
- Patient Safety
- Pharmaceutical and Utilization Management
- Privacy and Confidentiality
- Regulatory Compliance
- Risk Management

If you would like more information about our Quality Improvement Program, Disease Management Programs, or Patient Safety initiatives, or would like to request a paper copy of our documents, please call (505) 342-4660, extension 182618 or (800) 3580-2811, extension 182618. You can also visit our website at molinahealthcare.com to obtain more information.

NCQA Recognizes Providers for Diabetes Care

The National Committee for Quality Assurance (NCQA) Physician Recognition Program includes the Diabetes Physician Recognition Program, which recognizes endocrinologists, Primary Care Physicians and medical group practices who meet the standards of diabetes care established by the NCQA.

Molina Healthcare is pleased to announce that the following Practitioners in our network are designated as a part of this program:

Southwest Endocrinology Associates, Albuquerque

- Robert T. Ferraro, MD
- Vidushi Sood, MD

Lovelace Sandia Health System, Albuquerque

- Ellen Kaufman, MD

The Diabetes Physician Recognition Program is built on well-accepted, evidence-based treatment processes that reduce long-term complications for patients with diabetes.

To earn recognition, Physicians or groups must demonstrate that they meet certain thresholds based on American Diabetes Association (ADA) guidelines for patients who have diabetes, which translate into practical, real-world treatment goals.

For more information about the Diabetes Physician Recognition Program, please visit the NCQA Diabetes Program Web site at www.ncqa.org/dprp.

March Outreach Services: Improving Preventive Health Appointment Scheduling

The importance of preventive health care has been widely discussed and heavily promoted in recent years. Building on this awareness, Molina Healthcare is now working with March Outreach Services to improve healthcare outcomes by creating an active partnership between members and practitioners.

March Outreach Services (MOS) assists Molina Healthcare members in scheduling appointments for certain

preventive health services such as well visit exams and immunizations. They speak to physician offices during a three-way conversation with the member to make sure the appointments are timely and convenient. Members also receive a “reminder” call from MOS prior to the scheduled appointment. This additional phone call decreases the likelihood of a missed appointment and can improve the efficiency of your office. March Outreach will also follow-up with your office staff

to confirm the appointment was kept and request lab and exam results for documentation.

We hope this collaboration of efforts between Molina Healthcare, our physician partners, and members, increases our members’ use of preventive services and improves their overall wellbeing. If you have questions, you may call March Outreach Services directly at **1-877-MARCH77 (1-877-627-2477)**.