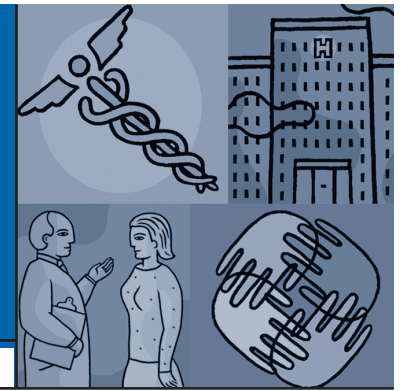


# Molina Healthcare Partners in Care



## In This Issue

A Publication for Molina Healthcare Providers • Winter 2006

	Page
Drug Formulary	2
Miracles and Wonders	2
Credentialing Rights	3
NPI	3
Office Manager's Corner	4
Improving Member's Health	5
NCQA and Diabetes Care	6
Caring for our Members	6
Your Support	7
Flu Season 2006	8

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Featured at  
[www.molinahealthcare.com](http://www.molinahealthcare.com):

- ◆ Clinical practice and preventive guidelines
- ◆ Disease Management programs for asthma, diabetes, pregnancy, 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.

Provider Services 1-888-825-9266

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## WHAT'S NEW – Introducing Molina's Newest Provider Resource

By Kim Parker, Vice President, Network Strategy and Provider Services,  
Molina Healthcare, Inc.

### Have you heard the news?

**M**olina Healthcare is launching a self service, web-based information portal, aka ePortal, for its health care professionals.

This new secure site offers easy access to real-time transactions and information you need at your fingertips. That's right, no more waiting.

The ePortal system was designed and developed with your business needs in mind. With introduction of the ePortal, provider awareness can be improved. The ePortal supplies instantaneous data, information, and knowledge about your members. At Molina Healthcare, we recognize the value of time. We know that less time spent on administrative tasks means more time spent caring for those you serve.

This project is being rolled out in several phases, with the first phase beginning this month. Information on how to register and begin using the

ePortal system is being mailed to you. Upon registration, you will be able to perform the following tasks online:

- Member Eligibility Inquiry
- Claims Status Inquiry
- Authorization Inquiry
- Submit Online Authorizations
- Provider Search
- Download Forms (useful and most frequently used forms)
- Change Mailing Address

These knowledge resources have been integrated so that decision-making content is delivered to you when and where it is needed, without the traditional boundaries of time.

By using ePortal, the opportunity for error-prone manual interventions and the financial costs associated with inaccurate information are significantly lower.

As always, Molina Healthcare is committed to exceeding the expectations of those we serve. Please look for more information about these exciting new changes in future editions of our Partners in Care newsletter.

# Drug Formulary and Pharmaceutical Procedures

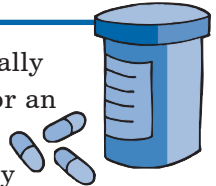
For each state, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by a Molina Healthcare Pharmacy and Therapeutics (P&T) Committee. This Committee usually meets on a quarterly basis, or more frequently if needed. It is composed of your peers – practicing physicians and pharmacists from areas Molina Healthcare providers are located. The Committee’s goal is to provide a safe, effective and comprehensive Formulary/PDL. The P&T Committee evaluates all therapeutic categories and selects the most cost-

effective agent(s) in each class. In addition, the Committee reviews prior authorization procedures to ensure that medications are used safely, and in accordance with the manufacturer’s guidelines and FDA-approved indications. They also evaluate and address new developments in pharmaceuticals and new applications of established technologies, including drugs.

Medications prescribed for Molina Healthcare members must be listed in the Drug Formulary/PDL. Select medications may require Prior Authorization, as well as any medication not found on the listing.

When there is a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by submitting, via fax, a Medication Prior Authorization Form or by calling the Pharmacy Prior Authorization Department for the plan. Copies of the Drug Formulary/PDL may be obtained by calling the Provider Services Department.

Additionally, the listing and Prior Authorization criteria are posted on the Molina Healthcare website at [www.molinahealthcare.com](http://www.molinahealthcare.com)



## The Clinical Encounter in the Age of Antibiotics “Miracles and Wonders”

From the Molina Institute for Cultural Competency Library

Patients have seen antibiotics as strong medicines which can quickly and easily wipe out the most dangerous diseases. Many important vaccines were developed during the “golden age” of antibiotics which added to the idea that medications could cure anything. The treatment of many conditions has become so easy that the request for antibiotics has become a conditioned behavior, a sort of ritual part of many patient encounters.

Our patients often see the antibiotic prescription as an expected, tangible product of their office visit. They have learned from previous experience that antibiotics are what they can get from the physician when they insist on a return for their “investment” in an office visit. And they want their pharmaceuticals in the form of a prescription or a shot. Writing an

antibiotic prescription has also become a convenient way for a busy physician to signal the end of an appointment. We have created a culture of clinical encounters where the patient expects, and usually receives, pharmaceuticals for the treatment of their problems. This expectation has become so embedded in the patients’ expectation of the encounter that any other form of treatment is often referred to as “alternative” care.

Now that the impact of over-use of antibiotics has become alarmingly clear, it is imperative that we find ways to change embedded routines and expectations. Changing the “cultural” behavior of the clinical encounter will be challenging, but here are a few suggestions that may help.

- Substitute something for the antibiotic prescription. The patient

expects a “product” – try providing a written prescription for over-the-counter medications with specific dosing instructions. A pre-printed check-off pad saves time and looks professional.

- Pre-printed information about established symptomatic treatments is an easy way to provide information that has been lost in the age of antibiotic “miracles.”
- Explain (again and again) the difference between viruses and bacteria. The fact that they are both described as “germs” in popular language, combined with the lack of general health education, causes confusion for most people.
- Reassure the patient and family that the body can overcome most minor illnesses on its own. Discuss specific signs or symptoms for the patient to watch for and know if it’s necessary to call for a return visit.

# Practitioner Credentialing Rights: What You Don't Know Can Hurt You

**M**olina Healthcare has a duty to protect its members by assuring the care they receive is of the highest quality. One protection is assurance our practitioners have been credentialed according to the strict standards established by our state regulators and NCQA. Your responsibility, as a Molina Healthcare practitioner, includes full disclosure of all issues and timely submission of all credentialing information.

Molina Healthcare also has a responsibility to its practitioners to assure the credentialing information it reviews is complete and accurate. As a

Molina Healthcare practitioner, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process;
- Nondiscrimination during the credentialing process;
- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you;
- Review information submitted to support your credentialing application;
- Correct erroneous information;
- Be informed of the status of your

application upon request;

- Receive notification of the credentialing decision within 60 days of the committee decision;
- Receive notification of your rights as a practitioner to appeal an adverse decision made by the committee; and,
- Be informed of the above rights.

For further details on all your rights as a Molina Healthcare practitioner, please review your provider manual. You may also review the provider manual on our website at [www.molinahealthcare.com](http://www.molinahealthcare.com) or call your Provider Services representative for more details.

## Why We Need the National Provider Identifier (NPI)

By: Timothy C. Zevnik, MBA, CIPP/G, Privacy Official and HIPAA Program Manager, Molina Healthcare, Inc.

**D**oes your practice need to keep track of many different provider identification numbers (PIN), including a UPIN, Medicare, and Medicaid Provider ID? Is your billing staff confused about which PIN they should use with which health plan? You're not alone.

Today, providers find themselves with different PINs assigned by different health plans, and even within the same health plans. The same PIN may be issued to multiple providers. Providers, payors, clearinghouses, patients and vendors -- all participants in healthcare transactions -- must contend with the unnecessary confusion, extra work, processing delays, and high costs created by this lack of standardization. The National Provider Identifier (NPI) will help ensure that each provider has one unique identifier to be used in electronic transactions with all health plans.

### What is the NPI?

HIPAA called for "a standard unique health identifier for each individual, employer, health plan, and health care provider for use in the healthcare system." On January 23, 2004, the federal Department of Health and Human Services (HHS) published the NPI Final Rule, which established the NPI as the standard unique identifier for health care providers. The NPI is a 10-position, intelligence free numeric identifier. Intelligence free means that the NPI does not carry information about the provider, such as location or specialty. Health plans, providers and other covered entities must accept and use the NPI by the compliance date of May 23, 2007.

### How do I get my NPI?

Providers may apply for an NPI by using the National Plan and Provider Enumeration System (NPPES), a central electronic enumerating

system developed by the Centers for Medicare and Medicaid Services (CMS). You may apply for your NPI using either a paper or an online application by going to <https://nppes.cms.hhs.gov>. Health care providers pay nothing to apply for and be assigned an NPI.

Please note that Molina Healthcare is currently in the process of implementing the NPI at our health plan. If you have received your NPI from CMS, please do not use it to bill Molina Healthcare until we notify you of our NPI transition plan.

**Need HIPAA information? Visit Molina Healthcare's HIPAA Website at:**

**<http://www.molinahealthcare.com/HIPAA/index.html>**

## UPDATES / CHANGES

**2006 Provider Manual** - Molina Healthcare of New Mexico (MHNM) is in the process of updating the 2006 Provider Manual. The manual will be available in paper or DVD. Please contact your Provider Services Representative and let him/her know which you prefer for your office, and the amount you would like to receive.

**Provider Services Representative** – Do you know your Provider Services Representative? Molina Healthcare of New Mexico has five dedicated PSRs to assist you. Please call to schedule an orientation, meeting, or courtesy visit with your dedicated PSR at your earliest convenience.

## REMINDERS

### CATEGORY 35

Please remember that Molina Healthcare of New Mexico (MHNM) will cover all medical needs, including dental and vision, for Medicaid-eligible women under Category 35 who are enrolled with MHNM.

This exception was made for members because MHNM understands how hard it can be if a pregnant woman gets sick and does not have coverage for medical, dental, and vision care. Under regular Category 35 Medicaid, only prenatal care and the birth of the baby are covered.

### BALANCE BILLING MEMBERS

Molina Healthcare of New Mexico Practitioners/Providers cannot seek to collect, accept payment from, or bill any MHNM member any amount except co-payments, co-insurance, or deductibles, for the provision of covered services over and above those paid by MHNM.

Please refer to Section F-5 of your 2005 Molina Healthcare of New Mexico Provider Manual. Albuquerque at (505) 798-1398 or Toll Free at (888) 825-9266

### TIMELY FILING LIMIT

**New Claim** – All submissions must be submitted within ninety (90) days of the date of service.

#### Claim

#### Resubmission/Adjustment

**Requests** – All resubmissions and adjustment requests must be submitted and received by Molina Healthcare of New Mexico (MHNM) within:

- ▶ One hundred eighty (180) days of dated correspondence from MHNM referencing the claim (i.e. EOB, letter, etc.);
- ▶ One year of the date of service when MHNM is the secondary payor;
- ▶ Ninety (90) days of the other carrier's EOB when submitted to the wrong payor.

# Disease Management Programs Improve Member Health

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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.

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## Healthy Living with Diabetes<sup>sm</sup>

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-assessment are shared with physician offices.

## 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 telephone 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 interventions.

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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 program 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.

# 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

For more information about the Diabetes Physician Recognition Program, please visit the NCQA Diabetes Program Web site at [www.ncqa.org/dprp](http://www.ncqa.org/dprp).

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.

## Caring for Patients, Caring for Members

With the ongoing changes in health care, we sometimes forget that, whether physician or health plan, our goal is the same: to provide high quality health care to the people we serve. The cornerstone of this commitment is Molina's policy that defines our members' rights and responsibilities. It denotes the responsibilities of the health plan and the physician in rendering services, but it also informs our members of their responsibilities to you in providing such care.

Your understanding of this policy is important, as it is sent to all Molina members. Many aspects of the policy apply to what happens in the examining room, waiting room or at the bedside. These include:

- Members have the right to participate with their practitioner in making decisions about their health care.
- They have a right to a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage.

It also states:

- Members have a responsibility to supply information (to the extent possible) that the organization, its practitioners and providers need in order to provide care.
- They have a responsibility to follow treatment plans and instructions for care that they have agreed on with their practitioners.
- Members also have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Molina's policy for member rights and responsibilities provides a framework in which we all – physicians, health plan and member – work together to provide quality, cost-effective health care.

You can get a complete copy of the member rights and responsibilities policy on our website at [www.molinahealthcare.com](http://www.molinahealthcare.com) or by calling your Provider Services representative.

# Molina Appreciates

## YOUR SUPPORT

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Molina Healthcare of New Mexico is preparing for another year of HEDIS® data collection. Medical record reviews conducted by HEDIS are set to take place early in the spring.

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**T**he Health Plan Employer Data and Information Set (HEDIS) is a set of standardized performance measures managed by the National Committee for Quality Assurance (NCQA). The measures are related to many significant public health issues such as diabetes, immunizations, and cancer. HEDIS is the national standard in performance measurement for health plans.

Molina uses HEDIS results to guide our internal quality improvement efforts to help target those areas with the greatest opportunities to improve quality of care for Molina Members. Molina, through its contracted medical record vendor, will be completing chart reviews from February through May.

### **Data to be collected includes:**

- Childhood and adolescent immunization status
- Controlling high blood pressure
- Comprehensive diabetes care
- Prenatal and postpartum care

- Frequency of prenatal care
- Cholesterol management after an acute cardiovascular event
- Well-child visits.

The HIPPA Privacy Rule permits Providers to disclose patients' medical information to Molina and its designated business associates without a written authorization from its patients. 45 CFR Parts 160 and 164 et seq. of the Privacy Rule explicitly permit providers to make this type of disclosure to Molina without written authorization. If you have any questions or concerns regarding the HIPPA Privacy Rule, you may call Molina Healthcare of New Mexico's Compliance Officer and HIPPA Liaison Michelle Egan at (505) 348-0255.

Molina appreciates your cooperation and support throughout the HEDIS process. If you have any questions pertaining to HEDIS and the chart review process, please contact Molina HEDIS Project Manager Deborah Kendall-Gallagher at (505) 348-0280 or (800) 377-9594 ext 180280.



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# Flu Season 2006

**T**he flu season is upon us. Although the bird flu has gotten all the press, it is the more common influenza viruses which threaten millions of Americans.

Each year 5 to 20% of patients will get the flu. About 36,000 will die from this respiratory illness across America. It is time to re-educate our patients about the steps which can be taken to reduce the risk of catching the flu.

First and foremost, the flu shot is the single best way to prevent the flu in appropriate patients.

To prevent the spread of influenza reinforce these five steps:

- Avoid close contact with people who are sick.

- Stay home when you are sick. This means work, school, church, and even simple errands.
- Cover you nose and mouth with tissue when you cough or sneeze.
- Wash your hands often.
- Avoid touching your eyes, nose, and mouth.

Also remind your patients this is another reason to quit smoking. Studies show smokers are more likely to get the flu and have higher mortality rates.

And finally, it is not too late to begin planning for the 2006-2007 season by prebooking your influenza vaccine supply.

For more information on the flu season, go to <http://www.cdc.gov/flu>