



Molina Nurse Advice Line

Did you know 40% of the calls to the Molina Nurse Advice Line regarding emergency services result in the member not being seen in the Emergency Department setting?

Our Nurse Advice Line can be a valuable partner in ensuring that your patients receive the right care, at the right time, in the right setting. The line is staffed by Registered Nurses who are available 24 hours/day, 7 days/week.

For more information regarding Nurse Advice Line services or to obtain a supply of Nurse Advice Line magnets for your patients who are Molina Healthcare of Ohio, Inc. (MHO) members, please contact our Provider Services team at 1-800-642-4168. A representative will be available to assist you from 8:00 a.m. – 5:00 p.m. Monday – Friday, EST.

Behavioral Health Services Update

Effective September 1st, 2008, Molina Healthcare of Ohio, Inc. (MHO) will transition the responsibility for covered behavioral health services from UC Health Partners (UCHP) to its in-house departments. As a result of this transition, UCHP will no longer be MHO's behavioral health services vendor.

MHO is committed to the integration of behavioral health and physical health management. The health plan's growth over the last two years has made it possible for the MHO to expand its internal resources to better meet the needs of members and the provider community.

Additional information will be mailed to all participating providers regarding the details of the transition. The packet will include Prior Authorization information and the new service request form for behavioral health services. This information will also be available on the MHO website, www.molinahealthcare.com in the Ohio provider resources area.

Credentialing Tips

With the implementation of House Bill 125, Molina will be required to process **complete** credentialing applications within 90 days. Your cooperation with providing complete information and/or responding to inquiries for outstanding items in a timely manner will help avoid any credentialing denials due to the new time constraints imposed by HB 125.

In an effort to assist you to ensure you submit a complete credentialing application, the following are some suggestions based on frequent errors found by the Credentialing Team:

- ◆ If you use an ODI Standardized Credentialing application, please make sure the Affirmation of Information page is signed by the provider and the date is current. The page also needs to release Molina Healthcare to investigate and evaluate the provider's application. If the space is empty or the page is made out to another plan, MHO must request updates be made to the page, which will delay the (re)credentialing timeline.

(cont.)

- ◆ If you use CAQH:
 - Please make sure to update the applications when prompted by CAQH. MHO cannot begin the (re)credentialing process for CAQH applications that are expired.
 - Please grant Molina Healthcare the authority to view the application online. There are many times, MHO must contact the office to request to be added to the authorized user list.

Helping Members Set Reasonable Appointment Availability Expectations

How many times has a patient called your office and expected an immediate appointment? MHO is working with our Member Services and Community Outreach Teams to ensure our members have information regarding appropriate appointment guidelines.

Listed below are the industry standard appointment guidelines that MHO expects its providers to meet. These same guidelines are being provided to members to better educate them about appropriate expectations for accessing healthcare.

Primary Care

Type of Care	Appointment Wait Time
Preventive Care Appointment	Within 6 weeks of request
Routine Primary Care	Within 6 weeks of request
Acute Care	Members with persistent symptoms must be treated no later than the end of the following working day after their initial contact with the PCP site.
Emergency Care	Members with emergency care needs must be triaged and treated immediately upon presentation at the provider office
After-Hours Care	Available by phone 24 hours/7 days
Office Waiting Time	Should not exceed 30 minutes

Primary Care Providers may access their current roster of assigned members anytime at www.molinahealthcare.com. Members listed on the roster are considered to be assigned patients of the PCP and the above standards will apply to all Members on the eligibility list.

Providers without internet access or those who would prefer a paper copy of their roster may contact Provider Services at 1-800-642-4168 to place a request; these PCPs will receive a hard-copy of their roster each month.

In addition to the appointment availability standards set for PCP offices, non-PCP appointment availability standards are:

Type of Care	Appointment Wait Time
Routine Consultation Appointment	Within 8 weeks of request
Pregnancy (for initial visit)	Within 2-6 weeks of request

Specialty Care Referral Process

Molina Healthcare of Ohio (MHO) Member Services and Provider Services Representatives frequently receive questions regarding our process for specialty care referrals. Listed below is detailed information regarding our referral process and the specific responsibilities of both Primary Care Providers (PCPs) and Specialists when referring members for specialty care.

Referrals are made when medically-necessary services are beyond the scope of the PCP's practice or when complications or unresponsiveness to an appropriate treatment regimen necessitates the opinion of a specialist. When referring a patient, the PCP should forward pertinent patient information/findings to the specialist. **Most referrals to in-network specialists do not require an authorization from MHO.**

Please refer to the "Prior Authorization" section of your Provider Manual or the MHO website for a complete list of services and procedures that require prior authorization.

Members are required to obtain referrals from their PCPs for specialty care services **except** in the following situations. **MHO members may self refer for:**

- ◆ Emergency services
- ◆ Urgent Care services
- ◆ Qualified Family Planning services
- ◆ OB/GYN services
- ◆ Certified Nurse Midwife services
- ◆ Certified Nurse Practitioner
- ◆ Federally Qualified Health Care (FQHC) services
- ◆ Rural Health Care (RHC) services
- ◆ Community Mental Health Center services
- ◆ Ohio Department of Alcohol and Drug Addiction Services (ODADAS) providers
- ◆ Routine Dental services
- ◆ Routine Vision services, including eyeglasses

Specialists may refer members to other specialists or for ancillary services. Referrals and authorizations by specialty providers do not have to be routed back through the PCP, *although, the plan of care/treatment plan/action must be relayed to the PCP at regular intervals in writing.*

IMPORTANT REMINDER

PCPs: When making referrals to other specialty providers, please forward all prior treatment and/or testing, with results, to the specialist **PRIOR** to the first visit.

Specialists: Please forward to the PCP information about the member when a care plan has been determined, when treatment has been changed, and/or when treatment has been completed, so the PCP is aware of the care the member has received. This allows the PCP to make appropriate care decisions when the member is seen in his or her office.

AHA & AACAP Announcement

Cardiovascular Monitoring of Children on Stimulant Drugs for the Treatment of ADHD

The American Heart Association (AHA) recently released a Scientific Statement on cardiovascular monitoring of children on stimulant drugs for the treatment of ADHD. In their recommendations, the AHA noted:

"The consensus of the committee is that it is reasonable to obtain ECGs as part of the evaluation of children being considered for stimulant drug therapy. We recognize that there are no clinical trials to inform us on this topic and that there is variance in opinion on this topic. There are no widely accepted recommendations or standards of care for cardiac monitoring on stimulant medications. It is not known if the risk of SCD on stimulants is higher than in the general population or that the approach described will decrease the risk. However, the recent information and warnings regarding cardiac disease warrant reconsideration of the previous approach and thus the recommendations noted in this statement."

In response to the AHA statement, the American Academy of Pediatrics (AAP) issued a Policy Statement that notes the following:

- ◆ The recommendation to obtain an ECG before starting medications for treating ADHD contradicts the carefully considered and evidence-based recommendations of the American Academy of Child and Adolescent Psychiatry (AACAP) and the AAP.
- ◆ These organizations have concluded that sudden cardiac death (SCD) in persons taking medications for ADHD is a very rare event, occurring at rates no higher than in the general population of children and adolescents.
- ◆ Both of these groups also note the lack of any evidence that the routine use of ECG screening before beginning medication for ADHD treatment would prevent sudden death.

An algorithm for when to consider cardiac evaluation in children who are receiving, or being considered for, stimulant medications is included in the AAP Policy Statement. The full statement can be found on the AAP web site, at <http://www.aap.org/new/ecg-adhd.htm>

Service Request (Prior Authorization) Criteria for MRI & Pain Management Injections Now Available Online

MHO has posted a summary version of the Interqual Criteria used by the Utilization Management Team for MRI and Pain Management Injection Service Requests. For your reference, these documents can now be found at the Ohio Provider website at www.molinahealthcare.com. Click the Resources tab, Service Request Resources Link and the Interqual Best Practices Guidelines for PMI & MRI link.

Best Practice Guidelines for Use of Multi-dose and Single-dose Vials

In order to ensure optimal patient safety and infection control when administering medication from a multi-dose or single-dose vial, MHO has adopted the following best practice guidelines as recommended by the Centers for Disease Control (CDC), World Health Organization (WHO) and U.S. Pharmacopeia (USP):

Single-dose Vials:

- ◆ Use single-dose vials for parenteral medications when possible to reduce the risk of pathogenesis, which is often associated with multi-dose vial usage.
- ◆ Do not combine leftover contents of single-use vials for later use.
- ◆ Single-dose vials are intended to be used one-time only for an individual patient, and leftover contents should be discarded using medical waste disposal procedures.
- ◆ Unopened vials must be stored according to the manufacturer's recommendations regarding light and temperature exposure.

Multi-dose Vials:

- ◆ Unopened and opened multi-dose vials must be stored according to the manufacturer's recommendations regarding light and temperature exposure.
- ◆ Label and initial the vial immediately after removing the protective cap. This practice ensures not only optimal infection control to monitor the expiration date, but also ensures a method for maintaining an accurate inventory and decreases waste.
- ◆ The expiration date on the vial relates to **unopened vials**.
- ◆ Cleanse the access diaphragm of the multi-dose vial with 70% alcohol before inserting a device into the seal each time the vial is accessed.
- ◆ Use a sterile device to access the multi-dose vial and employ aseptic technique to reduce the risk of contamination. Do not leave a sterile device in the multi-dose vial as this poses an increased infection risk.
- ◆ Refrigerate multi-dose vials after opening if recommended by the manufacturer.
- ◆ Discard the multi-dose vial immediately if contamination is suspected.
- ◆ **Discard opened multi-dose vials 28 days after initial entry unless specified otherwise by the manufacturer.** Disposal of unused medication should be done in accordance with medical waste disposal procedures.

References

Centers for Disease Control and Prevention and World Health Organization (2002, 2003). *Multi-dose vial use: Summary of recommendations from CDC and WHO*. Retrieved July 25, 2008 from, <http://www.premierinc.com/all/safety/topics/guidelines/downloads/CDC-WHO-multidose-excerpts.doc>

Centers for Disease Control and Prevention. (n.d.) *Preparation for Vaccine Administration*. Retrieved July 25, 2008 from, http://www2a.cdc.gov/vaccines/ed/shtoolkit/Pages/prep_disposal.htm

U.S. Pharmacopeia. (May 20, 2008). *USP Chapter 797 Updated on Recent Revisions*. Retrieved July 25, 2008 from, <http://www.nabp.net/ftpfiles/AM/104/UpdateonRevisions.pdf>

Provider Self Services E-portal

Over 2,200 MHO provider offices are now registered with the Provider E-portal! To learn more, please visit www.molinahealthcare.com and explore all of the self-services available. The Provider E-Portal offers the following services:

- ◆ Verify Member Eligibility
- ◆ Check Claim Status
- ◆ Submit Prior Authorization Request
- ◆ Check Prior Authorization Status
- ◆ Access PCP Member Roster
- ◆ Access Provider Affiliation List
(provider roster with contract effective dates)
- ◆ Verify Member's PCP
- ◆ Submit CMS-1500 Claim Forms

***E-Tip:** Save the MHO E-portal home page to your online Favorites for easy access. Please remember to login at least once every 30 days to ensure your account remains active.*

To access the Provider E-Portal, you must first register to receive a secure user ID and password. Please register online by selecting the "Login to Provider Self Services" link or call MHO E-Portal Provider Services at 1-866-449-6848 for complete instructions and/or assistance with any questions regarding registration.

Molina has also made many recent enhancements to the E-portal to make finding the information you need easier than ever! Please see the, "**What's New**" flyer following this newsletter.

2008 Preventive Health Guidelines are Available Online

Please visit www.molinahealthcare.com and review the 2008 Preventive Health Guidelines. This document provides Immunization and Screening Recommendations for Healthy Children, Adolescent, Adults, Seniors and Pregnancy. This document can be found under the Resources Tab and Preventive Care Guidelines link.

Claim Reconsideration Request Form

For your convenience, a Claims Reconsideration Request Form is available to submit to Molina via fax. This form can be obtained at the Molina provider website www.molinahealthcare.com under the Resources Tab and Frequently Used Forms link. Please keep in mind this form is to submit reconsiderations only and should not be used to submit corrected claims. Corrected claims received with this form will be returned to the provider to be sent to the main claims mailing address.

Please note any claim reconsideration for unbundling of services or use of modifier 59 or 25 must include the applicable medical documentation to support the request. Including this documentation with the request will ensure the most accurate and timely response.

Completed reconsiderations should be faxed to a new dedicated fax number at (614) 781-4464.
This form should not be sent to the claims mailing PO Box in Long Beach, CA.

Great news...**a new Corrected Claim Form is now available.** This form can be obtained at the Molina website under the Resources Tab and Frequently Used Forms link. Molina encourages providers to submit the new Corrected Claim Form with each corrected CMS 1500 claim form submitted to alert the claims processing department that the claim contains new information and is not a duplicate submission. For UB claims, the bill type 137 should be used to correct a previously submitted claim form; the Corrected Claim Form is not needed.

Advance Directives

More and more, your patients may be wondering about the medical care they will receive should they be unable to make treatment decisions for themselves. And most patients depend on their health care provider to initiate discussions about care in these situations.

Your Provider Services Agreement specifies that you "...shall document all patient records with respect to the existence of an Advance Directive..." We want to take this opportunity to encourage you to discuss Advance Directives with your patients. Helping them to prepare for this is easier than you might think.

Any person 18 years or older can create Advance Directives. Advance Directives include a Living Will and a Durable Power of Attorney. The Living Will allows the patient to designate what medical care they wish to have when they are unable to make the decisions themselves. The Durable Power of Attorney allows the patient to designate someone to carry out their wishes for medical care when the patient cannot act for him/herself.

The following link will provide you with more information about Advance Directives and free forms to help create Advance Directives for your patients.

<http://www.osma.org/i4a/pages/index.cfm?pageid=3565>

Now Looking for Providers to Serve on Molina Clinical Committees!

Molina is now looking for providers to serve on an existing Committee. Each committee meets in the evening (6:00 pm EST) on a standing schedule. If you are interested in joining, please contact Bonnie Ashbrook at 1-800-642-4168 x212012.

The following outlines some details on the committees and any specific specialty needs:

Clinical Quality Improvement Committee

- ◆ Meets quarterly, on the first Thursday of the first month of each quarter.
- ◆ Responsibilities include: overseeing quality improvement projects, providing direction for quality of care investigations and recommending member educational programs.
- ◆ Currently, we are seeking two additional members; preferably an internist/family practice physician and a surgeon.

Utilization Management/Pharmacy & Therapeutics Committee

- ◆ Meets quarterly, on the third Tuesday of the second month of each quarter.
- ◆ Responsibilities include: overseeing under and overutilization issues, approving prior authorization programs and processes, and providing input to managed care activities.
- ◆ Currently, we are looking for three additional members, preferably a pediatrician, an internist, an OB/GYN and any surgical specialist.

Professional Review (Credentialing)

- ◆ Meets monthly on the second Tuesday of the month.
- ◆ Responsibilities include: reviewing credentialing applications and providing guidance on credentialing policy.
- ◆ Currently, we are looking for three additional members, preferably a pediatrician, an OB/GYN and any surgical specialist.

Molina Nominated for Healthcare Hero Awards

MHO is pleased to announce the Healthcare Hero Awards nomination of two member programs at the Healthcare Hero Award reception held on July 17th, 2008. If you would like more information on either MHO program, please contact Provider Services.

- ♦ **Motherhood Matters** – This program establishes a partnership between members and their physicians to help expectant mothers become more active and responsible participants in their care. This program provides early identification of risk factors for potentially low birth weight infants and gives expectant mothers early access to consistent prenatal care. Motherhood Matters is designed to teach women to identify signs of potential problems early in their pregnancy. Members in the Motherhood Matters program have access to support and guidance between their visits to the doctor that can help them to make healthy choices for themselves and for their babies. An incentive is offered to Motherhood Matters mothers in the form of up to \$230 in gift cards for going to all needed prenatal, postpartum, well baby HealthCheks through 15 months, and completion of a parenting class.
- ♦ **RxEaze Program** – This program pays select community pharmacists to manage high utilizing MHO members in order to lower drug costs, improve treatment compliance and drug efficacy, and lower medical costs. High-risk members who have been with MHO at least three consecutive months are selected by MHO and invited by letter to participate in the program. (RxEaze identifies high-risk members with five or more chronic medications.) Their primary care provider is notified about the program and its goals. Pharmacists consult with MHO members in a private office and collaborate with the member and their provider to consolidate treatment and coordinate drug therapy with the MHO formulary.

We Are Here to Serve You

If you have any questions, please call the Provider Services Department. A representative will be available to assist you from 8:00 a.m. – 5:00 p.m. Monday – Friday, EST. Please call toll free at 1-800-642-4168, or TTY: 1-800-750-0750 (or 711).