



Screening for Tobacco, Alcohol, and Drugs in Pregnancy



Substance use, abuse, and addiction can have devastating consequences for women and their unborn children. Obstetrical providers have the opportunity to screen and treat for substance abuse during prenatal care. Molina Healthcare encourages practitioners to screen all pregnant patients for drug and alcohol abuse at the first of the pregnancy using a standard screening tool. Molina Healthcare will pay for drug screenings at any time during pregnancy for patients who have a history of drug and/or alcohol abuse, or who are suspected of having issues with abuse.

Please make these screenings a part of your standard practice:

- Birth defects catalogued under the heading of Fetal Alcohol Spectrum Disorders are 100% preventable. Prenatal screening for alcohol use, such as the T-ACE screening questionnaire, should be part of the initial prenatal visit.
- Identification of women who use illegal drugs or abuse prescription drugs during pregnancy can be done through the use of universal screening questions, and/or drug screening, followed by brief intervention and referral to treatment.
- Education on risks of smoking and second-hand smoke exposure, along with the benefits of quitting for both mother and baby, should be part of prenatal patient education. Women who quit smoking early in pregnancy significantly reduce the risk of adverse outcomes related to tobacco abuse, such as premature rupture of membranes, placental abruption, placenta previa, and low birth weight.

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Features at www.MolinaHealthcare.com:

- Clinical practice and preventive guidelines
- Disease management programs for asthma, diabetes and pregnancy
- Quality improvement programs
- Member rights and responsibilities
- Privacy notices
- Claims and denials decision information
- Provider manual
- UM affirmative statement (non incentive for under utilization)
- How to obtain copies of UM criteria

Molina Healthcare of Ohio

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 1-800-642-4168.

Recommendations 2010-11 Influenza Season

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

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

(Novartis), has been approved for persons aged ≥ 18 years.

Vaccinations should be given as soon as the vaccine becomes available and continue throughout the influenza season. A complete copy of the recommendations and any updates can be found at <http://www.cdc.gov/vaccines/recs/acip/default.htm>. Please use the Vaccine for Children programs in your state to ensure that you have an adequate supply of vaccine for your Molina Healthcare pediatric members.



Childhood Obesity Prevention and Intervention

According to the Office of the Surgeon General:

- Obesity has more than doubled (and in some cases tripled) among youth between the ages of 2 and 19.
- More than 17% of youth ages 2 to 19 in the United States are overweight.
- Overweight adolescents have a 70% chance of becoming overweight or obese adults.
- Overweight children and adolescents are more likely to develop type 2 diabetes and risks associated with cardiovascular disease, such as high blood pressure and high cholesterol.

Primary care providers (PCPs) are acutely aware of these statistics based on the conditions of the patients they see on a day-to-day basis. In order to have a positive impact on these young people and their families, Molina Healthcare encourages PCPs to take every opportunity to measure and record height, weight and BMI and to educate families on nutrition and the importance of daily physical exercise.

The National Committee for Quality Assurance (NCQA) acknowledged PCPs' power to influence patients' weight and activity levels by adding Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents to the HEDIS® (Healthcare Effectiveness Data and Information Set) quality performance measures in 2009. This measure reports the number of members ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

To meet these criteria, the documentation of the following activities is required:

- BMI percentile:
 - ✓ BMI percentile or BMI percentile plotted on an age-growth chart
 - ✓ For adolescents 16 to 17 years of age, documentation of a BMI value expressed as kg/m² is also acceptable
- Counseling for nutrition (at least one of the interventions below):
 - ✓ Discussion of current nutrition behaviors (e.g. eating habits, dieting behaviors)
 - ✓ Checklist indicating nutrition was addressed
 - ✓ Counseling on or referral for nutrition education

- ✓ Providing educational materials on nutrition
- ✓ Anticipatory guidance for nutrition
- Counseling for physical activity (at least one of the interventions below):
 - ✓ Discussion of current physical activity behaviors (e.g. exercise routine, participation in sports activities, exam for sports participation)
 - ✓ Checklist indicating that physical activity was addressed
 - ✓ Providing educational materials on physical activity
 - ✓ Anticipatory guidance for physical activity

Some Notes About Interventions

- Developmental milestones (e.g. "switched to solid food"), do not meet criteria for this measure. Actual anticipatory guidance is required.
- Sports Physicals meet criteria for this measure only if a fully documented physical exam is performed.
- Parents of infants and young children have the best opportunity to foster and model life-long habits of exercise and healthy eating. Many parents are looking for guidance from the physician.
- Not all children or adolescents routinely present in the physician's office for preventive services. Frequently, the stimulus for the encounter involves a specific illness or injury. These "sick" visits may be the provider's only opportunity to address weight concerns, encourage good nutrition and exercise and offer educational tools and counseling.
- Providing nutritious meals can often be especially challenging for low-income families. The director of the Institute for Active Living at the Columbus Public Health Department was quoted as saying, "The choices that people make are based on the choices that they have." Giving parents additional tools increases the number of choices that are available to them.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

SparkPeople.com: A New Way to Stay Healthy

Molina Healthcare wants members to be as healthy as they can be, so we encourage members to eat a healthy diet, maintain a healthy weight and exercise regularly. Molina Healthcare is promoting a free online resource that can help members reach their health and weight loss goals, **SparkPeople.com**. SparkPeople is an interactive website that gives users the tools they need to manage their diet, weight, and exercise.

Here are just a few of the services SparkPeople offers:

- Free online diet program, including nutrition and fitness trackers. Users can input their personal diet and exercise information.
- A free recipe library with healthy meal ideas.
- Recommendations for daily calorie, fat, and carbohydrate intake based on individual height, weight and activity level.
- Fitness plans and customizable exercise routines based on the suggested exercises.
- Support from other users in the community through message boards, social networking and blogs.

SparkPeople has two affiliated websites for pregnant women and teens. **BabyFit.com** is a modified version of SparkPeople for expectant moms and new mothers. **SparkTeens.com** is geared towards teenagers. Both of these websites have interactive tools, content, and social networking features similar to SparkPeople.

Help us educate Molina Healthcare members about this FREE weight management website. Participation requires a computer with Internet access. It is easy to sign up, just tell members to go to **SparkPeople.com**, **Babyfit.com** or **SparkTeens.com** to sign up today!



Nurse Advice Line

The Nurse Advice Line is here to help. Trained nurses are available to serve your patients 24 hours a day, seven days a week. If your patients have any concerns about their health, our specially trained triage nurses are available to listen to their symptoms, provide medical advice and make referrals to an appropriate care setting. Encourage your patients to call our Nurse Advice Line for assistance.

Nurse Advice Line: **1-888-275-8750 (English)**
1-866-648-3537 (Spanish)
1-866-735-2929 (TTY)

Quality Matters to Molina Healthcare

Molina Healthcare of Ohio (Molina Healthcare) is committed to ensuring that our members receive recommended preventive care. Along with over 90% of America's health plans, Molina Healthcare collects and reports HEDIS® (Healthcare Effectiveness Data and Information Set) data annually to document the preventive health care services provided to our members. HEDIS scores are also a critical component of NCQA (National Committee for Quality Assurance) Accreditation and are also used by the state of Ohio to monitor the success of Medicaid care coordination plans.

HEDIS Results for 2010

2010 HEDIS results reflect utilization for calendar year 2009. The following measures showed improvement over the 2009 results:

- Annual Dental Visits
- Breast Cancer Screening
- Cervical Cancer Screening
- Children's and Adolescents' Access to Primary Care Practitioners
- Controlling High Blood Pressure

The measures listed below failed to improve in 2010.

- Appropriate Testing for Children with Pharyngitis
- Frequency of Ongoing Prenatal Care
- Timeliness of Prenatal Care
- Postpartum Care
- Lead Screening in Children

We continue to look for opportunities to improve the scores for these measures.

Molina Healthcare is also committed to ensuring a high level of member satisfaction with the health care they receive. CAHPS (Consumer Assessment of Healthcare Providers and Systems) is a standardized survey that measures member satisfaction with their health care, the providers who care for them, and the health plan. CAHPS results contribute significantly to the health plan's NCQA accreditation score.

CAHPS Results for 2010

For the CAHPS survey conducted in early 2010, our scores improved for the following categories for both the Aged, Blind or Disabled (ABD) and Covered Families and Children (CFC) populations:

- Rating of Health Plan
- Customer Service
- Getting Needed Care
- Rating of Specialist
- Shared Decision-Making

For 2010, our scores decreased for both CFC and ABD for the following category:

- Getting Care Quickly

For 2010, scores improved for CFC, but decreased for ABD, for the following categories:

- Rating of Health Care
- Rating of PCP
- How Well Doctors Communicate

What are We Doing to Improve Rates?

Improved scores for both HEDIS and CAHPS mean improved utilization of screening and preventive services by our members. Some of the programs and activities in place to improve utilization of recommended preventive services include:

- *Rewards for Healthy Choices* member incentive program
- Be Your Best health education brochures
- HEDIS coding brochure for providers
- Alert program to inform members when they have missed a recommended service
- motherhood matterssm pregnancy services incentive program
- Member reminder postcards and reminder calls for immunizations
- Member reminder calls for dental visits
- "Got a Cold? Put Antibiotics on Hold." educational materials
- Publication of CAHPS results in provider materials

We welcome your suggestions on ways that Molina Healthcare can work with you to improve our HEDIS and CAHPS scores. Please contact your Provider Services Representative with any suggestions or questions.

Our Quality Improvement Program is also available to you on request.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Reminder: Prescription Drug Coverage Change for Ohio Medicaid Managed Care Plan Members

Effective February 1, 2010, there was a change in prescription drug coverage for Ohio Medicaid managed care plan (MCP) members. Coverage of prescription drugs and some supplies dispensed at a pharmacy are handled by Ohio Medicaid, rather than the MCPs. Drugs administered in a provider office setting and certain supplies continue to be covered by the MCPs and may require prior authorization. For more information, please go to www.MolinaHealthcare.com.





Molina Special Needs Plan Model of Care Provider Training

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

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

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



Coordination of Care during Planned and Unplanned Transitions for Medicare Members

Molina Medicare is dedicated to providing quality care for our Medicare members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Molina Medicare member is discharged from a hospital. By working together with providers, Molina Medicare makes a special effort to coordinate care during transitions. This coordination of specific aspects of the member's transition is performed to avoid potential adverse outcomes.

To ease the challenge of coordinating patient care, Molina Medicare has resources to assist you. Our Utilization Management nurses and Member Services staff are available to work with all parties to ensure appropriate care.

In order to appropriately coordinate care, Molina Medicare will need the following information in writing from the facility *within one business day* of the transition from one setting to another:

- Initial notification of admission within 24 hours of the admission
- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

This information can be faxed to Molina Medicare at 1-801-858-0409.

To assist with the discharge planning of Molina Medicare members, please note the following important phone numbers:

- **Medicare Member Services & Pharmacy**
1-866-472-4584.
- **Behavioral health** services and substance abuse treatment for Molina Medicare members can be arranged by contacting Medicare Members Services at **1-866-472-4584.**

- **Transportation** services for Molina Medicare Options Plus Members may be arranged by calling **MTM at 1-866-867-3208.**
- The **Nurse Advice Line** is available to members 24 hours a day, 7 days a week at **1-888-275-8750.**

Important information you need to know about Molina Medicare Options Plus:

- All beneficiaries have rights that are defined in our provider manual. They are also available in the member EOC posted on our website at **www.molinamedicare.com.**
- Molina Medicare Options Plus members have Medicare and Medicaid benefits designed to meet their special needs, therefore the state agency or its designated health plans have the responsibility for coordinating care, benefits and co-payments. Please be aware of your patients' status & Medicaid benefits and bill the correct entity.
- Health plans and providers can never charge these members more than they would have paid under Original Medicare and Medicaid. Members can also call the Medicaid agency for details and have specific rights with regard to their Medicaid benefits.
- Providers are responsible for verifying eligibility and obtaining approval for services that require prior authorization as outlined in the Provider contract. Our Medicare Member Services department can assist you in this regard.

Please contact the UM Department at **1-800-642-4168** or **Medicare Member Services 1-866-472-4584** if you have questions regarding planned or unplanned transitions.

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

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

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

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

If you have questions, please contact Provider Services.



Annual Election Period (AEP)

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

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

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

Medicare Fee Schedule Increase

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

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

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

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

Molina Healthcare works proactively with state and federal agencies when changes occur. Should you have any questions or need further assistance, please contact the Provider Services Department Monday through Friday from 8:00 a.m. – 5:00 p.m. toll free at **1-800-642-4168**.

