

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 and Pregnancy
 - Quality Improvement Programs
 - Member Rights & Responsibilities
 - Privacy Notices
 - Claims/Denials Decision Information
 - Provider Manual
 - Formulary
 - UM Affirmative Statement
(re: 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.

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MHO IS PURSUING NCQA ACCREDITATION

Molina Healthcare of Ohio, Inc. (MHO) is preparing to become NCQA accredited as a New Health Plan. Attaining NCQA accreditation is a corporate goal evidenced by five other Molina health plans having achieved this recognition.

NCQA stands for the National Association for Quality Assurance. It is a private, 501 (3) (c) not-for-profit organization, established in 1990 to improve quality throughout the health care system. NCQA has developed performance measures and quality standards as tools that are used to identify opportunities for improvement.

NCQA has contributed to the health care system by annually measuring the quality of care delivered by health care organizations. Every year for the past five years these statistics have improved. Physicians have learned new ways to practice and patients have become more involved in their care. Improvements in quality of care have translated into lives saved, illnesses avoided, and reduced costs.

The annual reporting of performance against measures is a focal point for health plans, consumers and the media to set improvement agendas for subsequent years. HEDIS (Health Plan

Employer Data and Information Set) is part of the NCQA accreditation program. It is a tool used by more than 90% of America's health plans to measure performance on important elements of care and service. It allows "apples to apples" comparison of health plans' performance. Health plans use HEDIS results to see where they need to focus their improvement efforts.

NCQA's Accreditation of New Health Plans (NHP) Program is based on a core set of standards from the Standards and Guidelines for the Accreditation of Managed Care Organizations. NHP accreditation evaluates how well a health plan manages its clinical and administrative systems in order to continuously improve health care for its members. It is available for health plans that are less than three years old.

Molina Healthcare of Ohio will be applying for the NHP accreditation survey to occur during the third or fourth quarter of 2008.

Future articles will focus on the different standards that are included in the accreditation program, how it benefits members and providers, and the progress MHO is making towards achieving NCQA accreditation.



Case Management Success Story

A 55 year old male member diagnosed with a left neck mass and tonsillar cancer was scheduled for neck resection. He has a medical history of coronary artery disease with CABG 1 year ago, asthma, diabetes, and chronic back pain.

The member had been living with his estranged wife after he was evicted from his apartment the previous year. Also living with them is his child from a relationship he had during his separation from his wife.

The family was several months behind on their electric bill and had already used two medical certificates to continue service based on the wife's medical necessity. During the initial assessment, his wife explained that their electricity would be turned off the next day and she had no transportation to go to her doctor to get a third

(and last) medical certificate. The member had been driving, but lost his license after having two accidents while uninsured.

The electric company was contacted by the Case Manager and had a medical certificate faxed to his surgeon for a signature. The member's wife is in an electric wheelchair, uses a CPAP at night, and would be alone in the home until the member returned home from the hospital. Therefore, it was imperative that the electricity not be shut off. The certificate was processed prior to any termination of service.

The Columbus Cancer Clinic was also contacted for additional support. They will pay \$250 toward the electric bill and will begin transporting the member to all cancer related appointments when his Molina transportation runs out. In addition, they will provide them with weekly groceries.

How Does Case Management Benefit Providers?

Molina Healthcare of Ohio's case management services can be a benefit to you in many ways:

- We work closely with your patients to reinforce your treatment plan for them.
- For non-compliant patients, case managers can assist in evaluating the reasons for noncompliance. Interventions designed to assist understanding of their disease and the importance of following your directions can be created.
- If you have a patient with social needs we can work with them to find resources to assist them.

Acute or chronic conditions, complex conditions with or without co-morbidities, and psychosocial needs are potential cases and should be referred to the Molina Healthcare's CM Program for evaluation. **These include (but are not limited to):**

- High-Risk and Teen Pregnancies
- Catastrophic and/or Complex Medical Conditions (e.g. HIV, Neoplasm, Organ/Tissue Transplants, head injuries)
- Chronic Illness---including Asthma, Diabetes, ESRD, Hemophilia, Congestive Heart Failure, Coronary Artery Disease, Non-Mild Hypertension
- Severe mental illness

- High risk or high cost substance abuse disorders
- Severe cognitive and/or developmental limitation
- Pre-term Births
- Congenital anomalies (spina bifida, cardiac anomalies, etc)
- Terminal illnesses
- High-Technology home care requiring more than two (2) weeks of treatment
- Inappropriate use of Emergency Room

We welcome all referrals for case management. To make a referral:

Call: (CFC) 800-642-4168,
(ABD) 866-408-9501

Fax: 866-449-6843

Email: Debra.Goski@Molinahealthcare.com
Lynn.Jones@Molinahealthcare.com
Susan.Moxley@Molinahealthcare.com

National Provider ID (NPI) Update

National Provider ID (NPI) Contingency Plan

Molina Healthcare has worked diligently and collaboratively to meet the HIPAA NPI requirements by the May 23, 2007 compliance date. Molina Healthcare recognizes that although most covered entities are making good faith efforts to comply with the NPI Rule, many covered entities may not be ready to conduct transactions using the NPI on May 23, 2007. Molina Healthcare is committed to working with each of our providers to facilitate a smooth migration to the NPI Rule. In accordance with CMS' NPI Compliance Guidance issued on April 2, 2007, Molina Healthcare will deploy an NPI Contingency Plan to help ensure appropriate claims processing.

For up to date information on Molina Healthcare NPI implementation continue to check our NPI web page at www.MolinaHealthcare.com or call our toll-free HIPAA Hotline at 1-866-MOLINA2 (1-866-665-4622).

Are You Ready for the NPI

GET IT. To obtain your NPI, health care providers can apply online at the National Plan and Provider Enumeration System (NPPES) website: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

SHARE IT. The most efficient method for submitting your NPI to Molina Healthcare is through our Provider Self Services Portal. Sign on to the Provider Self Services Portal using your existing provider User ID number and password: <https://eportal.molinahealthcare.com/eportal/providers/login.aspx>

If you are unable to submit your NPI via the Provider Self Services Portal please contact your Provider Services Representative and be prepared to provide your NPI, tax ID number and Provider ID.

USE IT. During our NPI Contingency Plan period, Molina Healthcare will accept claims and encounters that contain the following identifiers:

- NPI only
- Legacy ID only
- Both NPI and Legacy ID (dual use)

Molina Healthcare strongly encourages you to begin using the NPI as the only provider identifier on claims and encounters for both electronic transactions and paper submissions.

Quality Improvement Program

The Molina Healthcare Quality Improvement Program (QIP) provides the structure and key processes that enable the health plan to carry out its commitment to ongoing improvement members' health care and service. The Quality Improvement Committee (QIC) assists the organization to achieve these goals. It is an evolving program that is responsive to the changing needs of the health plan's customers and the standards established by the medical community, regulatory and accrediting bodies.

The key quality processes include but are not limited to:

- Implementation of programs and processes to improve members' outcomes and health status
- Collaboration with our contracted provider network to identify relevant care processes, develop tools and design meaningful measurement methodologies for provided care and service
- Evaluation of the effectiveness of programs, interventions and process improvements and determine further actions
- Designing effective and value-added interventions
- Continuously monitoring performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, NCQA and internal Molina Healthcare threshold
- Analyzing information and data to identify trends and opportunities, and the appropriateness of care and services
- Oversight and improvement of delegated functions; Claims, UM and Credentialing
- Confirming the quality and adequacy of the provider and Health Delivery Organization network through appropriate contracting and Credentialing processes.

The QIP promotes and fosters accountability of employees, network and affiliated health personnel for the quality and safety of care and services provided to Molina Healthcare Members.

Patient Safety in 2007

The Patient Safety Program identifies appropriate safety projects and error avoidance for Molina Healthcare members in collaboration with their primary care providers.

Patient Safety will be addressed in the following ways:

- Continued information about safe office practices on our website.
- Member education; providing support for members to take an active role to reduce the risk of errors in their own care.
- Member Education about safe medication practices
- Preventive Care information and education for those identified under Disease Management.
- Cultural Competency trainings

The effectiveness of QIP activities in producing measurable improvements in the care and service provided to members is evaluated by:

- Organizing multi-disciplinary teams, including clinical experts, to analyze service and process improvement opportunities, determine actions for improvement, and evaluate results.
- Tracking the progress of quality activities through appropriate quality committee minutes and reviewing/updating the QI work plan quarterly.
- Revising interventions based on analysis, when indicated.

Molina Healthcare would like to help you to promote the important care activities you have undertaken in your practices. If you would like to have your projects and programs highlighted on the Molina Healthcare website, please contact the Quality Improvement Department at the number below.

If you would like more information about our Quality Improvement Program or Patient Safety initiatives, or would like to request a paper copy of our documents, please call the Quality Improvement Department at 1-614-781-4314. You can also visit our website at molinahealthcare.com to obtain more information.

Hard to Reach Populations

Caring for underserved populations can be complicated. Socially isolated patient populations prove particularly challenging. In addition to lack of resources and social support systems, some patients who are isolated have specific health needs due to lack of prevention skills or resources.

Look at cues: Customized approaches are essential because there are varied reasons for being isolated. Some people are isolated because they choose to be, while others are simply far away from services. It is important to recognize the distinction.

QUESTIONS TO ASK:

- What kinds of things do you do at home to take care of your health or your family's health?
- Is there anyone special in your household that needs health care and is not getting it?
- What is your experience with the health system?
- What services are available close to home?
Can neighbors help in an emergency?
- What kind of transportation do you use?
- Evaluative questions geared towards issues in mental health.

WHAT TO BE AWARE OF:

- Many need services, but don't feel comfortable receiving or asking for them.
- Problems with domestic violence in socially isolated populations.

- Social isolation begets a specific type of self-reliance based on taking care of your own.
- Encounters must be prefaced by an individual desire to help, instead of a county or government intrusion.
- Accessibility of services – what has been their experience? How might it change if they listen to your message? How do you want to see it change – what behavior do you want to see?
- Look for opportunities to combine services for a person or family that may need multiple appointments.

Respectful front desk staff makes a big difference in this population. They may be hesitant to discuss personal issues and may begin the encounter on the defensive. People who are hard to reach by choice may trust you only after several positive encounters.

Those who are hard to reach due to distance may need help identifying transportation systems, social networks and community resources in their areas. Knowledge of people who work in those areas is important, as a personal recommendation from you will go a long way towards building sustainable bridges.

MOLINA CAN HELP

Remember, Molina offers Nurse Advice Services 24 hours a day in English and Spanish. Our Case Managers and Social Workers can help with coordination of care, searching out alternative resources, and assisting with transportation.

Nurse Advice Line | 1-888-275-8750 (English) 1-866-648-3537 (Spanish)

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 nursing care advice and make referrals to an appropriate care setting. Encourage your patients to call our Nurse Advice Line for assistance.

FDA Drug Warnings and Recalls – The following actions were recently taken by the FDA:

Permax (pergolide)—

On March 29, 2007, the FDA announced that manufacturers of pergolide products, used to treat Parkinson's disease, would voluntarily remove these drugs from the market due to the risk of serious damage to the heart valves. Two new studies published in *The New England Journal of Medicine* in January 2007 showed patients with Parkinson's disease who were treated with pergolide had an increased chance of serious damage to their heart valves when compared to patients who did not receive the drug.

Trimethobenzamide suppositories—

As part of the FDA's on-going initiative to ensure that all marketed drugs have required marketing approval, it announced on April 6, 2007, that companies must stop manufacturing and distributing unapproved suppository drug products containing trimethobenzamide hydrochloride. Per the FDA, "Drugs containing trimethobenzamide in suppository form lack evidence of effectiveness. These products have been marketed under various names, including Tigan, Tebamide, T-Gen, Trimazide, and Trimethobenz."

Zelnorm (tegaserod)—

On April 28, 2007, Novartis Pharmaceuticals agreed with the FDA's request to voluntarily discontinue marketing and sales of Zelnorm. The FDA's request was based on new information of an increased risk of serious cardiovascular adverse events, including myocardial infarction, unstable angina, and stroke, associated with use of the drug. Based on this new information, the FDA concluded that the overall risk versus benefit profile for the drug was unfavorable for continued marketing.

The FDA encouraged all patients that were taking the above medications to contact their doctor and discuss appropriate alternative treatments.