

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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Strategies for Preventive Care

By Richard L. Tompkins, MD, MBA, Interim CMO, Molina Healthcare of Ohio, Inc.

The old adage, “an ounce of prevention is worth a pound of cure,” is well accepted in medicine but not always practiced by patients or their providers. As a result, preventable illnesses are treated at a much higher cost than the cost of prevention. Also, the lack of prevention results in unnecessary pain and suffering for patients.

We mention good health care prevention in nearly every Partners In Care newsletter because we believe it is extremely important. Molina Healthcare Preventive Guidelines for multiple age groups and pregnancy are on our website at www.molinahealthcare.com. They contain the appropriate immunization schedules and list important screening and counseling areas with particular prevention benefits.

Molina Healthcare regularly sends reminders to your patients, encouraging immunizations, screenings and counseling sessions. Incentives are offered for children completing their immunizations on time. In addition, women are reminded to get pap smears and mammograms at appropriate intervals. Type-two diabetics are reminded to obtain eye and foot examinations. All states have age specific interventions

encouraging members to use prevention programs to improve their health.

The most effective prevention occurs when you and your patient are face to face. Is your office process designed to help your patients get the best prevention advice and treatment? Do you make prevention a part of every visit, no matter what the original reason for the visit? Prevention counseling, directly from you as the provider, is known to be the most effective means to get patients to comply with prevention techniques.

This is true for safety issues, such as use of seat belts, bike helmets and home child-proofing. Counseling on smoking cessation still has the greatest benefit when it comes from you.

We encourage you to set up your office processes to make preventive care a priority. Design age-specific reminders on multiple prevention issues for your charts. Give your staff the opportunity to participate in and understand prevention processes. Use prevention checklists and discuss prevention during every visit. With your increased focus on prevention together with Molina Healthcare’s reminders to your patients, we can achieve the benefit of healthier, happier patients.



Disease Management

Disease management programs are where we align the important aspects of caring for chronic disease by doing the following:

- We base our disease management programs on identifying evidenced-based guidelines widely accepted by professional organizations and the medical community. In turn, our provider reminders and member education materials are consistent - we are both “reading off the same page.”
- Through assessments and utilization patterns, we identify and stratify members that require additional education and support with their care. The provider receives the results of these assessments along with other information to assist with the patient’s care.
- Our educational materials take into account the linguistic and cultural needs of Molina Healthcare members.

Molina Healthcare’s disease management programs, breathe with easesm for asthma and Healthy Living with Diabetessm, significantly impact our membership.

These are “opt out” programs. That is, members will be provided information unless they request not to participate. You will receive notification of your participating patients. In addition, we will periodically send you results of assessments and other information related to their conditions to support you in caring for these patients.

Molina Healthcare programs have demonstrated a decrease in both Emergency Department (ED) visits and inpatient (IP) stays for asthma. Costs for ED visits, IP stays, physician visits, and Rx decreased by approximately 40% for asthma-related utilization, and 30% for all-reasons utilization.

We don’t think this is newsworthy. Working together with providers in making health care effective and affordable is our job.

You can find more information related to our programs on the Molina website at www.molinahealthcare.com. As always, if you prefer to receive this information in a hard copy format, please call us to request a copy.

FDA Public Health Advisory

Combined use of 5-Hydroxytryptamine Receptor Agonists (Triptans) with SSRI or SNRI antidepressants may result in life-threatening serotonin syndrome

The FDA announced new safety information about taking triptans (drugs used to treat migraine headaches) together with certain types of antidepressant medicines. The antidepressants of concern are selective serotonin reuptake inhibitors (SSRIs) and selective serotonin/norepinephrine reuptake inhibitors (SNRIs).

A life-threatening condition called serotonin syndrome may occur when triptans are used together with an SSRI or an SNRI. Serotonin syndrome occurs when the body has too much serotonin, a chemical found in the nervous system. Symptoms may include restlessness, hallucinations, loss of coordination, fast heart beat, rapid

changes in blood pressure, increased body temperature, overactive reflexes, nausea, vomiting, and diarrhea. Serotonin syndrome may be more likely to occur when starting or increasing the dose of a triptan, SSRI or SNRI.

The FDA determined, through reports describing serotonin syndrome, that this phenomenon occurs with combined use of triptans and an SSRI or SNRI when people take these medications together. Each of these types of medicines increases serotonin levels on its own, as well.

Patients who are taking a triptan along with an SSRI or SNRI should talk to their doctor before stopping their medications.

Physicians prescribing a triptan, SSRI or SNRI should:

- keep in mind that triptans are often used intermittently and that either the triptan, SSRI or SNRI may be prescribed by a different physician
- weigh the potential risk of serotonin syndrome with the expected benefit of using a triptan with an SSRI or SNRI
- discuss the possibility of serotonin syndrome with patients if a triptan and an SSRI or SNRI will be used together
- follow patients closely if a triptan and an SSRI or SNRI are used together, particularly during treatment initiation, with dose increases, or with the addition of another serotonergic medication
- instruct patients to seek medical attention immediately if they experience the symptoms of serotonin syndrome (described above).

Utilization Management 101

By John W. Robinson, M.D., M.Sc., Medical Director, Molina Healthcare of Washington

The goal of Utilization Management is to ensure that health care services delivered to insured patients are a covered benefit, are appropriate in quality and quantity, and are provided through Molina Healthcare's network of practitioners. This is accomplished via the use of prior authorization of certain services and devices, concurrent review of patients during their therapeutic course, and retrospective reviews of the services delivered. In addition, UM encompasses the application of careful discharge planning to assure that patients have appropriate post discharge care, as well as case management of those few patients with complex cases who need short term extra help in managing their illness until stable.

Utilization management at Molina includes the following components:

- Collection of data about the patient's symptoms, physical exam findings, diagnosis, and test results.
- Review of the medical information submitted to support the authorization request
- Verification of coverage of benefits.
- Comparison of medical information against nationally recognized medical necessity criteria (i.e. InterQual) and State Medicaid guidelines (if any). If the available guidelines do not address the member's specific situation, then other sources are used such as Hayes Inc On-Line, Up-To-Date, medical literature searches, and outside physician expert reviewers. Evidence based medicine criteria are preferred when available.
- Referral of case to the Molina Medical Director if criteria are not met with documentation of the above. Only a medical director can deny a request for authorization for requested health care services.
- Communication to all providers and the member of review outcome.
- Communication to all parties of the right to appeal the decision.

Our goal is to make appropriate utilization management decisions that are consistent with the objective clinical evidence. We want to work with you to make this happen. To that end, Molina health plans follow these UM guidelines established by NCQA:

Molina ensures that criteria used for UM decision-making is available to practitioners upon request. To obtain a copy of the utilization management criteria used in the decision making process, call our UM department at 1-800-642-4168.

As the requesting practitioner, you will receive a written notification of a denial. The notification will always include the name and telephone number of the Molina physician that made the decision. He or she will welcome the opportunity to discuss the case with you.

It's important to remember that:

- UM decision making is based only on appropriateness of care and service and existence of coverage
- Molina does not specifically reward practitioners or other individuals for issuing denials of coverage or care
- Financial incentives for UM decision makers do not encourage decisions that result in under-utilization.

Want faster approval of your Authorization Requests?

- Don't wait until the last day to request authorizations for routine procedures. An urgent request should be used only when there is medical urgency.
- Send typewritten progress notes. Poor handwriting may delay the process.
- Send in sufficient clinical information to provide the basis for decision making. Otherwise we may have to ask for additional information, and this leads to delays or even denials.

Molina Healthcare's UM Department staff is available during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call 1-800-642-4168. You may also fax a question to 1-866-449-6843. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials.

Molina's regular business hours are Monday – Friday (excluding holidays) 8:00 a.m. – 5:00 p.m. Voice messages and faxes received after regular business hours will be returned the following business day.

Have You Applied for Your NPI?

WHAT:

As part of the Health Insurance Portability and Accountability Act (HIPAA) the Secretary of Health and Human Services (HHS) was required to adopt a national standard identifier for covered healthcare providers. The National Provider Identifier (NPI) is the standard identifier adopted by the Secretary. The NPI is a unique ten-digit number and must be used on all HIPAA-covered electronic transactions, including claims, to identify a provider.

WHO:

Type 1 providers include individuals, such as physicians and non-physician healthcare practitioners. Each individual provider (Type 1) will receive one NPI. Type 2 providers include organizations, such as hospitals, home health agencies and skilled nursing facilities. Each Type 2 organization will also be required to obtain an NPI. However, an organizational provider (Type 2) may obtain an NPI for each of its subparts. A subpart of an organizational entity may be a specific floor or service such as critical care or surgery, a separate physical location, or a separately licensed or certified unit such as a trauma center. Molina's website includes a decision tree to help Type 2 providers determine the most appropriate way to enumerate their NPI subparts.

WHEN:

Beginning May 23, 2005, health care providers have been able to apply for their NPI. All HIPAA covered entities except small health plans must comply with the NPI Rule by May 23, 2007; small health plans have until May 23, 2008. Beginning on May 23, 2007 all affected electronic healthcare transactions under HIPAA must contain the NPI as the primary provider identifier.

WHERE:

The Centers for Medicare and Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to identify providers and assign NPIs. There are three options available to apply for your NPI:

- On-line, using the NPPES Web Application
- Completing CMS's paper NPI Application Form (CMS-10114)
- A bulk enumeration option is available for Type 2 providers with multiple subparts

To apply for your NPI go to the following Internet link: <https://nppes.cms.hhs.gov/NPPES>

SHARE:

After you receive your NPI from CMS, it is critical that you report it to Molina. Please check our website or contact your Molina Provider Services Representative for NPI reporting options. You should also share your NPI with business associates, such as your billing service, to ensure that they use your NPI when submitting claims on your behalf.

USE:

You should continue to submit electronic claims to Molina using your legacy identifier(s) until further notice is issued by Molina. We will publish more detailed information on our NPI implementation in the coming months.

NPI EDUCATION:

Still have questions on how the NPI affects you? By linking to the Molina Healthcare Internet site at www.MolinaHealthcare.com you can find more information on the NPI or call Molina's HIPAA Hot Line at 1-866-665-4622.

E-PORTAL

Have you registered for Molina Healthcare's web-based ePortal? New features are being added regularly – 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 log on 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 many tasks online.

THESE INCLUDE:

- Member Eligibility Inquiry • Claim Status Inquiry • Submit Online Authorizations • Authorization Inquiry • Search for practitioners • Download forms • Change mailing address

All e-portal functions are HIPAA-compliant and can enhance your office productivity and staff satisfaction.

REGISTER TODAY!

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 Molina 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.

Special Populations Series: Somali Culture

The Molina Institute works toward improving understanding of different cultures, and helping providers integrate that understanding into patient care.

Articles focus on the cultural assessment of these populations, including habits, customs, and beliefs, and their implications for delivery of health care. Now available is information on Somali culture.

DID YOU KNOW THAT:

Naming is an important part of Somali culture. Each person has three names:

- first – individual name • second – father's last name • third – paternal grandfather's last name.
- The mother keeps her own name after marriage so as to maintain identity with her clan.

- Babies are traditionally named 40 days after birth in a naming ceremony.
- Same genders are discouraged from touching the opposite sex. As a result, Somali women strongly prefer to be treated by female doctors.
- A belief that spirits within people can cause weaknesses and illnesses. Symptoms that indicate the presence of spirits include fevers, headaches, dizziness, and others. Traditional medicine is typically used to treat many illnesses. Traditional doctors may use methods such as herbs, fire burning, prayer, and casting out demons.

For the full article on Somali culture, or to request information on other cultures or groups, contact Sonia Gordon at sonia.gordon@molinahealthcare.com.

Influenza Update

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee for Immunization Practices (ACIP) have updated recommendations for the 2006 influenza season.

The following are two of the six principal changes for the 2006 recommendations:

- Recommending vaccination of children aged 24–59 months and their household contacts and out-of-home caregivers against influenza. This change extends the recommendations for vaccination of children so that all children aged 6≤59 months receive annual vaccination.

- Highlighting the importance of administering 2 doses, at least 4-6 weeks apart, of influenza vaccine for children aged 6 months < 9 years who were previously unvaccinated

Below, are the age groups recommended for the influenza vaccine:

- Persons at high risk for influenza-related complications and severe disease, including:
 - children aged 6-59 months,
 - pregnant women,
 - persons aged ≥50 years,

- persons of any age with certain chronic medical conditions; and
- Persons who live with, or care for persons at high risk, including:
 - household contacts who have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk
 - health-care workers.

For a full description of the recommendations, please log on to the CDC website at <http://www.cdc.gov/flu>