

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, Pregnancy, 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 Texas

Please contact Molina Provider Services for written copies of all information on the website or if you need more information please call Provider Customer Service at **1-866-449-6849**.

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ER Visits: The “Get It Now” Syndrome

Our society has become obsessed with receiving immediate results and gratification. We live in a “Get it Now” culture. Hospital services are no exception. Some emergency room departments even advertise “You will be seen by the doctor in 15 minutes or less, or you will receive free movie tickets.”

The message from physicians has not changed: “When you need medical advice and care you should ‘get it!’” The emergency room does serve a role in providing care for many serious health issues (e.g., significant bleeding, chest pain, loss of consciousness, or significant difficulty of breathing). However, the use of emergency departments for things such as sore throats, colds, earaches, and rashes has become prevalent and is increasingly clogging emergency departments across the nation.

According to the most recent Centers for Disease Control (CDC) statistics, ER visits in the U.S. have increased more than 26% over the last decade, topping the 114 million visit mark in 2003. Despite this, there are 14% fewer emergency departments in the U.S. compared to ten years ago to care for these patients. Many of these ER visits are for non-emergent conditions, which makes it difficult for PCPs to establish effective relationships and treatment plans with their patients. A lack of an effective “medical home” creates fragmented, non-comprehensive care, which often times is significantly more expensive.

Physicians can help promote more efficient use of the emergency department in a number of ways:

- Patients can be counseled on inappropriate use of the ER for minor, non-emergent conditions.
- Physicians can make patients aware of alternative levels of care such as urgent care centers.
- PCPs can instruct patients regarding self-care and preventive behaviors.
- Physician offices can establish more convenient access for patients, including same-day appointments, extended evening office hours, and expanded phone availability.

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ER Visits: The “Get It Now” Syndrome continued...

Another effective intervention is telling your patients about Molina Healthcare’s Nurse Advice Line where they can receive assistance with health-related questions or concerns. Nurses can also counsel patients regarding the most effective care setting for their particular health issue. Together, PCPs and health plans can help patients receive the most appropriate care while ensuring America’s health safety net does not unravel.

Again, the message remains clear. When patients need professional medical advice and care, they should “Get it!” How patients get care is the medical profession’s responsibility. The emergency system plays a key role in life threatening situations, but in most other situations primary care providers and nurses can be exactly what the doctor ordered.

Disease Management Programs Improve Member Health

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.

Molina Healthcare offers the following Disease Management Programs to our members:

- **breathe with easesm** - 2-56 years of age
- **Healthy Living with Diabetessm** - 18-75 years of age

All disease management program interventions are targeted to the specific needs of each member. 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. Physicians receive results of their patient’s self assessments and updates describing

interventions and education offered to members. In addition, practitioners receive notifications and patient profiles on all members enrolled in any of the disease management program.

At each point of contact, members are encouraged to discuss their care with their provider and follow their plan of treatment. Other services available to members include having access to the 24 hour nurse advice line. Members can call and speak to a nurse for advice on any health problems. If you have a Molina patient you think will benefit from receiving educational materials or talking with a Case Manager, please refer them to our Disease Management Programs by calling our Member Services Department.

You can find more information about our programs on the Molina website at www.molinahealthcare.com

National Provider ID (NPI) Update

National Provider ID (NPI) Contingency Plan

Molina Healthcare (Molina) 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.

Molina Advantage

Molina Advantage embraces Molina Healthcare's longstanding mission to serve those most in need. We are licensed and approved by the federal government to give members with dual eligibility (Medicare/Medicaid) the opportunity to enroll in our Molina Advantage plan. We operate in five states; California, Michigan, Utah, Washington, and Nevada.

Beginning January 1, 2008, Molina Advantage will begin accepting Medicare Beneficiaries who are

not dual eligibles as part of our new MA-PD plan. We are looking forward to partnering with you to deliver the highest quality services to this population.

You will soon be informed of any changes in benefits and transactions for persons covered under MA-PD. Provider education sessions will also be available in your area.

Please look for more information to come!

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 1-877-665-4622. 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.