



Incentive Program



We are excited to inform you that in order to stress preventive care as well as good overall health, Molina Healthcare is offering incentive programs for both its members and providers. Molina Healthcare will be mailing or hand delivering a packet to your office. Enclosed in that packet will be a set of chart reminders for your patients, our members. We are asking that you place these reminders in the patients chart. This will serve as a reminder that the patient is missing a specific service when the patient goes in for a visit. At the same time, Molina Healthcare members who are missing specific services will be receiving offers of \$20.00 gift cards for receiving those services. For every 10 confirmations we receive from your office, your office will be entered into one of three \$250.00 drawings to be held at the end of the year. If you have any questions please feel free to contact Marissa at 1-877-665-4622, ext 203080. At Molina Healthcare, we value your commitment to our members and thank you for being a part of our team of caring professionals.

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Features at www.MolinaHealthcare.com:

- Clinical Practice and Preventive Guidelines
- Disease Management Programs for Asthma, Diabetes, Hypertension, CAD, CHF and Pregnancy
- Quality Improvement Programs
- Member Rights & Responsibilities
- Privacy Notices
- Claims/Denials Decision Information
- Provider Manual
- Current Formulary & Updates
- Pharmaceutical Management Procedures
- UM Affirmative Statement (re: non-incentive for under-utilization)
- How to Obtain Copies of UM Criteria
- How to Contact UM Staff and Medical Reviewer
- New Technology

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 Services at 1-866-449-6849.

Our 2009 HEDIS and CAHPS Results

The Consumer Assessment of Healthcare Providers and Systems or the CAHPS is a survey that question Molina members about how happy they are with their health care. It allows us to better serve our member.

Molina has received the results of how our members scored our providers and our services.

Here are some areas they feel need improvement:

- Customer service
- Better communication between provider and member

Our members also told us that we have improved on: areas of satisfactory and improvement include

- Providing the member with the care they need.
- Satisfaction with specialist

Another tool used to improve member care is the Healthplan Effectiveness Data Information Set or HEDIS. HEDIS scores allow Molina to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams,

Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Our HEDIS scores improved in the areas of:

- Cholesterol screenings for members with diabetes
- Prenatal care.
- Compliance and adherence to asthma medication
- Immunizations
- Care for members with depression

Our HEDIS scores showed much needed improvement in the areas of:

- Pap tests and mammograms.
- Retinopathy screenings.
- Follow-up care to ADHD medication.
- Chlamydia screenings
- Controlling hypertension

To learn more or to request a copy of our Quality Improvement plan, call our Member Services Department at **1-866-449-6849**.

Screening for Tobacco, Alcohol, and Drugs in Pregnancy

Substance use, abuse, and addiction can have affect women and the fetus adversely during a pregnancy. The obstetrical provider is in an opportune position to screen and treat substance abuse and screening should occur in each and every pregnancy. Universal screening questions, followed by brief intervention and referral to treatment, enables physicians to have an impact on their patient's health and reduce the likelihood of preterm birth and neonatal complications in both the current and future pregnancies. Several helpful screening tools exist including the TACE screening questionnaire for alcohol abuse. Recent data suggests that 97% of obstetricians report screening pregnant women for alcohol use however only 25% used any of the standard screening tools. Recent data suggest

that 1 in 10 babies may be born to women who use illegal drugs during their pregnancy. However only 89% of pregnant patients were screened for illicit drug or prescription drug abuse. Molina healthcare is committed to help both providers of obstetrical care and their patients to achieve a healthy outcome. We encourage practitioners to screen all pregnant patients for drug and alcohol abuse at the first of the pregnancy using a standard screening tool. For those patients who have a history of drug and/or alcohol abuse, or in those patients suspected of having issues with abuse, Molina Healthcare will pay for drug screening at any time during the pregnancy.

SparkPeople.com: A New Way to Stay Healthy

Molina Healthcare members may be asking you what they can do to lose weight, eat more healthy, or start an exercise routine. There is a great online **FREE** resource that does just this: **SparkPeople.com**.

Providers, tell your patients know about this valuable free online resource! Sparkpeople is an interactive website that gives users the tools they need to manage their diet, weight loss, and exercise routine. SparkPeople is meant to replace CalorieKing, an online weight management program which we recommended to members previously. SparkPeople is actually better than Calorie King because it has more services and is absolutely FREE!

This new online weight management program focuses on health, nutrition, and fitness. It caters to people who are trying to lose weight, increase their exercise level, and maintain a healthy lifestyle.

Here are just a few of the many services SparkPeople has to offer:

- Free online diet program. Including nutrition and fitness trackers, where users can input their personal diet and exercise information.
- A free recipe library with endless healthy meal ideas.
- The website also gives recommendations for daily calorie, fat, and carbohydrate intake. These recommendations are based on each person's own height and weight and level of activity.
- A fitness plan is also recommended. The website offers simple and short 20 minute workout routines for every part of the body that users can follow. Or, users can create their own exercise routine based on the suggested exercises on the website.
- Users can also find a great deal of information on nutrition, fitness, and motivation. The site even has a section dedicated to success stories for inspiration.
- There is also a network of support from other users through message boards, social networking, blogs, etc. Users can also join special interest teams and talk to people with common interests.

SparkPeople also has two additional websites that cater to the specific needs of pregnant women and teens. **Babyfit.com** is a modified version of SparkPeople that addresses issues faced by expectant moms and new mothers. **SparkTeens.com** caters to teenagers age 13-17 and tackles the problems of childhood obesity. Both of these websites have interactive tools, content, and social networking features similar to SparkPeople, but modified to meet the specific needs of these populations.

With everything SparkPeople offers, it truly has the ability to help our members and your patients kick start their way to a healthier, happier lifestyle!

As our providers, we ask that you please tell our members about this great FREE weight management website. All members need to sign up is 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!





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Nurse Advice Line

English: 1-888-275-8750

Spanish: 1-866-648-3537



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.



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 1-866-420-3639.

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

- **Medicare Member Services & Pharmacy 1-866-440-0012.**
- **Behavioral health** services and substance abuse treatment for Molina Medicare members can be arranged by contacting **CompCare at 1-800-576-9666.**

- **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 **1-866-449-6849 (Select Option 1, Option 1 Option 6) or Medicare Member Services 1-866-440-0012** 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 Sunday from 8:00 a.m. – 5:00 p.m. toll free at **1-866-449-6849**.

