



NCQA Accreditation



On June 22 and 23rd, Molina Healthcare of Texas underwent an accreditation survey for New Health Plans. We are pleased to report that we have been awarded a three-year New Health Plan Accreditation by the National Committee on Quality Assurance (NCQA).

“Our standards are rigorous,” says NCQA President Margaret E. O’Kane, “and by meeting them, Molina Healthcare of Texas has shown that it is well designed and serious about the quality of care it provides.”

Molina Healthcare continues to be a leader in NCQA Accreditation. Currently, just 22% of all U.S. Medicaid health plans receive NCQA Accreditation and Molina’s subsidiary health plans make up 9% of all NCQA Accredited Medicaid companies.

“The team at our Texas health plan is well-deserving of this honor,” said J. Mario Molina, MD, president and CEO of Molina Healthcare, Inc. “The Accreditation of our Texas health plan further solidifies our leadership position and confirms our commitment to providing high-quality care for the underserved. Quality healthcare remains our top priority.”

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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
- 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 Services at 1-866-449-6849.

Obesity

Obesity has become a significant problem in both the pediatric and adult populations. Numerous health consequences may result, including hypertension, high cholesterol, type 2 diabetes, asthma and sleep apnea. There may also be psychosocial consequences, such as poor self image, low self esteem, and social isolation. Finally, one must also consider the costs of obesity to our health system as a whole. Obesity screening as part of routine health maintenance exams is necessary to identify those individuals who are overweight or at risk for becoming overweight. Measurement of body mass index (BMI) is an inexpensive and effective screening tool that physicians can use for screening purposes.

BMI is a reliable measure of body fat in children and adults that is calculated based on weight and height. It is important to recognize that BMI changes with age for children and adolescents, and is influenced by factors such as pubertal stage, sex, and race. BMI-for-age growth charts are available from the CDC for children aged 2 to 20 years for boys and girls, and the American Academy of Pediatrics recommends using the BMI to screen for overweight starting at age 2. When plotted on the CDC BMI growth chart, a child or adolescent is overweight at the 85th to 95th percentile for age, and obese if equal or greater than the 95th percentile for age. In the adult population, obesity is defined as a BMI of 30 or higher.

It is important for healthcare providers to screen patients for weight problems starting at an early age, and using the BMI as a screening tool is a quick and easy to do this. The earlier the problem is identified, the better the chance for effective intervention. By recommending dietary changes, stressing the importance of exercise, and educating patients and/or parents about the long term health risks associated with

weight problems, health care providers can have a positive influence on patient behaviors and hopefully patient outcomes.

Pediatrics in Review Volume 26, No. 5 pages 155-161. The authors are Marcie B. Schneider, MD and Susan R. Brill MD. This is the May 2005 issue. CDC web site "about BMI for Children and Teens" [Http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)

Growth charts from <http://www.cdc.gov/growthcharts>

"Tips for Parents – Ideas to help children maintain a healthy weight" <http://www.cdc.gov/healthyweight/children/index.html>





Care for Older Adults HEDIS Measures

Many adults over the age of 65 have co-morbidities which often affect his or her quality of life. As this population ages, it's not uncommon to see decreased physical function and cognitive ability, and increase in pain. Regular annual assessment of these additional health aspects can help to ensure this population's needs are appropriately met. These discussions, reviews and assessments should be documented in the patient's medical record.

- **Advance care planning** – Discussion regarding treatment preferences, such as advance directives should start early before patient is seriously ill. State specific advance directive documents can be found at <http://www.caringinfo.org/stateadownload>
- **Medication review** – All medications that the patient is taking should be reviewed, including prescription and over the counter medications or herbal therapies.
- **Functional status assessment** – This can include assessments, such as functional independence or loss of independent performance.
- **Pain screening** - A screening may comprise of notation of the presence or absence of pain.

Including these components into your standard well care practice for older adults can help to identify ailments that can often go unrecognized and increase his or her quality of life.



Payment Updates

Molina Medicare contracted providers that are paid under the Inpatient Prospective Payment System and the Outpatient Prospective Payment system will see a change in their remittance advices effective 8/1/2009. Line items that are not separately payable will appear on the RA as a zero pay line. These services are not separately payable or not covered under IPSS and/or OPSS. A remit message stating the claim was paid according to the specific PPS will appear on the RA.

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.

Influenza Update

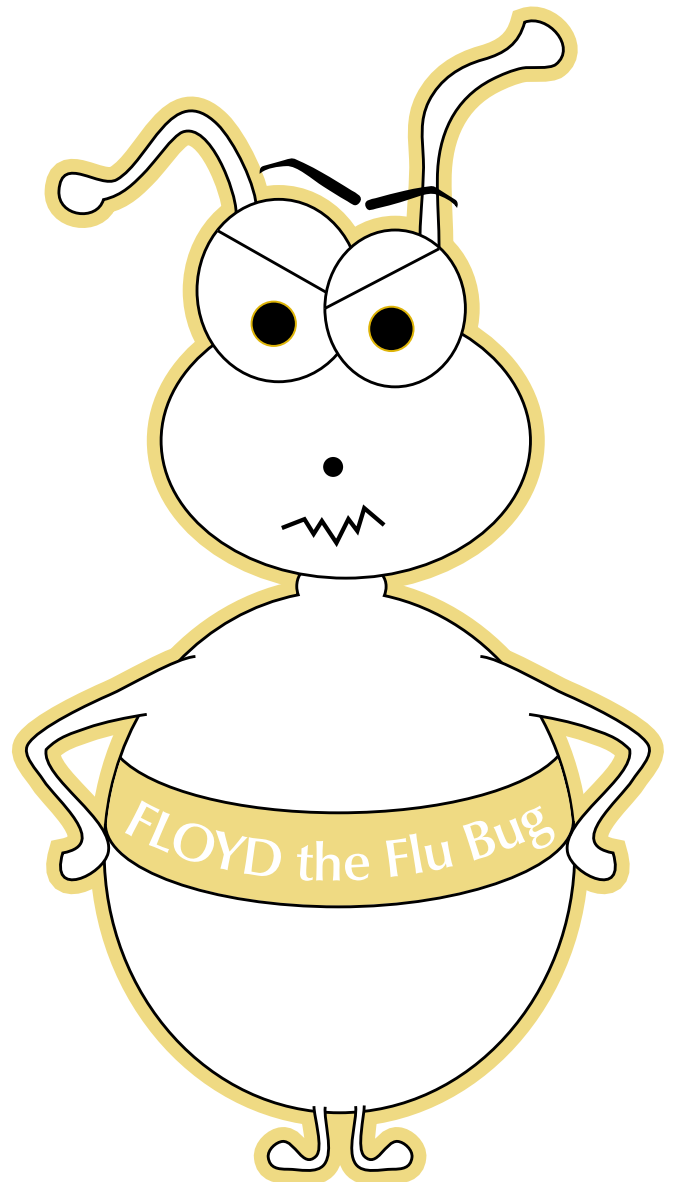
Here is a summary of the primary changes for the Advisory Committee on Immunization Practices (ACIP) 2009 recommendations:

- Annual vaccination of all children aged 6 months--18 years should begin as soon as the 2009--10 influenza vaccine is available.
- The 2009--10 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane 60/2008-like antigens.
- Most seasonal influenza A (H1N1) virus strains are now resistant to oseltamivir. Consult interim recommendations for antiviral treatment and chemoprophylaxis of influenza issued in December 2008 (<http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279>) until further recommendations are published by the ACIP.

Annual vaccinations should be given to all children 6 months - 18 years and adults who want to reduce the risk of becoming ill with seasonal influenza. Vaccinations should be given as soon as the vaccine becomes available and continue throughout the influenza season. Molina Healthcare encourages your office to administer the influenza vaccine to these group as well as the following groups at high risk for influenza complications, as recommended by the ACIP.

- Children are aged 6 months-4 years (59 months)
- Children & adolescents receiving long-term aspirin therapy
- Residents of nursing homes and long-term care facilities
- Persons aged ≥ 50 years
- Women who will be pregnant during the influenza season
- Children & adults who have a chronic condition
- Children & adults who have immunosuppression
- Health-care personnel
- Household contacts and caregivers of children aged <5 years and adults aged ≥ 50 years
- Household contacts and caregivers of persons at high risk for complications from influenza

A complete copy of the recommendations and any updates can be found at <http://www.cdc.gov/vaccines/recs/acip/default.htm>. As more information on the novel H1N1 becomes available, please keep in touch with your local public health officials or visit <http://www.cdc.gov/h1n1flu/> and monitor the recommendations from the ACIP. 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.





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Attention Providers: Refer Your Patients to the Nurse Advice Line

English: 1-888-275-8750

Spanish: 1-866-648-3537

The Nurse Advice Line is staffed by bilingual Registered Nurses 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 with their healthcare concerns.