Coordination of Care

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 discharge 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 appropriately coordinate the member’s discharge, CMS requires Molina to work together with the providers to manage the member’s transitions, coordinate care and benefits between various providers and payers involved in a patient’s care. When multiple providers and settings are involved in a patient’s care, complete and timely communication is key to ensure that care is coordinated and follow-up is adequate.

To ease the challenge with 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 and 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 the number listed below.

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Fax</th>
<th>Medicare Member Services &amp; Pharmacy</th>
<th>Behavioral Health</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>866-472-0596</td>
<td>800-665-0898</td>
<td>800-818-7235</td>
<td>866-475-5423</td>
</tr>
<tr>
<td>Florida</td>
<td>866-472-9509</td>
<td>866-553-9494</td>
<td>866-553-9494</td>
<td>866-475-5423</td>
</tr>
<tr>
<td>Michigan</td>
<td>800-594-7404</td>
<td>800-665-3072</td>
<td>800-541-3647</td>
<td>866-475-5423</td>
</tr>
<tr>
<td>New Mexico</td>
<td>888-802-5711</td>
<td>866-440-0127</td>
<td>888-825-9266</td>
<td>866-475-5423</td>
</tr>
<tr>
<td>Ohio</td>
<td>866-449-6843</td>
<td>866-472-4584</td>
<td>800-642-4168</td>
<td>866-475-5423</td>
</tr>
<tr>
<td>Texas</td>
<td>866-420-3639</td>
<td>866-440-0012</td>
<td>800-576-9666</td>
<td>866-475-5423</td>
</tr>
<tr>
<td>Utah</td>
<td>866-504-7262</td>
<td>888-665-1328</td>
<td>888-483-0760</td>
<td>866-475-5423</td>
</tr>
<tr>
<td>Utah – Healthy Advantage</td>
<td>866-472-9481</td>
<td>877-644-0344</td>
<td>866-472-9479</td>
<td>877-564-0577</td>
</tr>
<tr>
<td>Washington</td>
<td>800-767-7188</td>
<td>800-665-1029</td>
<td>800-745-4044</td>
<td>866-475-5423</td>
</tr>
</tbody>
</table>

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 and are available in the Molina Healthcare web-site www.MolinaHealthcare.com
- Molina Medicare Options Plus members have Medicare and Medicaid benefits designed to meet their special needs, therefore the state or its designated health plans have the responsibility for coordinating care, benefits, co-payments and coinsurance. 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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>QIO</th>
</tr>
</thead>
</table>
| CA   | Health Services Advisory Group of California (HSAG)  
700 N. Brand Blvd, Suite 370  
Glendale, CA 91203  
Phone: (800) 841-1602  
FAX  
www.hsag.com |
| FL   | FMQAI  
5201 W. Kennedy Boulevard Suite 900  
Tampa, Florida 33609-1822  
Appeals: (866) 800-8768  
Main Telephone Number: (813) 354-9111  
Medicare Beneficiary Number: (800) 844-0795  
Provider Access: (800) 564-7490 |
| NM   | New Mexico Medical Review Association (NMMRA)  
P.O. Box 3200  
Albuquerque, NM 87190  
Phone: (505) 998-9898 (Albuquerque Area)  
Phone: (800) 663-6351 |
| MI   | Michigan Peer Review Organization (MPRO)  
22670 Haggerty Rd., Suite 100  
Farmington Hills, MI 48335  
Phone: (248) 465-7300  
FAX (248) 465-7428  
http://www.mpro.org |
| OH   | KePRO  
Rock Run Center  
5700 Lombardo Center Drive, Suite 100  
Seven Hills, OH 44131  
Phone: (216) 447-9604  
www.ohiokepro.com |
| TX   | TMF Health Quality Institute  
Bridgepoint I, Suite 300  
5918 West Courtyard Drive  
Austin, TX 78730-5036  
Phone: (800) 725-9216  
Fax: (512) 327-7159  
www.tmf.org |
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.

**Continuity of Care and Provider-to-Provider Communication**

As medical practice becomes more complex and demanding, coordinating care between various providers involved in a patient’s care is a challenge. When multiple providers are involved in a specific case, complete and timely communication is key to ensure that care is coordinated and follow-up is adequate.

It is not unusual to hear from patients, “my providers don’t seem to talk to each other.” Many PCPs tell us that they are unaware their patient received services from a specialist. These issues may be managed with effective systems for record review and feedback among practices.

Here are some simple steps that you can use to improve communications between your office and other specialists:

- PCP offices may use original referral for specialty consultation forms as a “tickler” system. This form is filed in a “pending” drawer and only removed when the associated report has been received. The tickler file is compared against daily mail and faxes.

- Referral “logs” can be used in a similar fashion. These can be put into an Excel spreadsheet for easier updates and tracking.

- Consultation reports as well as other diagnostic information should not be filed into the medical record until the provider initials it as reviewed and indicates desired follow-up.

- Some specialists call the referring PCP as they write or dictate visit notes to communicate that the patient has been evaluated. This typically is done through a messaging system, unless provider-to-provider contact is required for significant issues
requiring rapid response. A written response is still important after the phone call.

- PCPs are frequently unaware of the patient’s mental health status, including prescriptions that have been ordered. This makes it extremely difficult to coordinate medical care and ensure safety. A report to the patient’s provider, noting that the patient has been seen and medications ordered, is always important and will assist the PCP to manage other aspects of care.

- There is a major national focus on patient safety, in the hospital, the office, and at the pharmacy. Provider-to-provider communication plays an important role in patient safety and always enhances care. Please do your best to improve this type of communication in your office and keep your patients safe.

*Printed copies of information posted on our website are available upon request.*