Substance use, abuse, and addiction can 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.
Partners in Care • Fall 2010 • Florida

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 now 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!
Recommendations 2010-11 Influenza Season

Here is a summary of the primary changes for the Advisory Committee on Immunization Practices (ACIP) 2010 recommendations:

- Routine influenza vaccination is recommended for all persons aged ≥6 months. This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19—49 years and is supported by evidence that annual influenza vaccination is a safe and effective preventive health action with potential benefit in all age groups.

- As in previous recommendations, all children aged 6 months–8 years who receive a seasonal influenza vaccine for the first time should receive 2 doses. Children who received only 1 dose of a seasonal influenza vaccine in the first influenza season that they received vaccine should receive 2 doses, rather than 1, in the following influenza season. In addition, for the 2010–11 influenza season, children aged 6 months–8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010–11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children aged 6 months–8 years for whom the previous 2009–10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010–11 seasonal influenza vaccine.

- Previously approved inactivated influenza vaccines that were approved for expanded age indications in 2009 include Fluarix (GlaxoSmithKline), which is now approved for use in persons aged ≥3 years, and Afluria (CSL Biotherapies), which is now approved for use in persons aged ≥6 months. A new inactivated influenza vaccine, Agriflu (Novartis), has been approved for persons aged ≥18 years.

Vaccinations should be given as soon as the vaccine becomes available and continue throughout the influenza season. A complete copy of the recommendations and any updates can be found at http://www.cdc.gov/vaccines/recs/acip/default.htm. 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.
2010 HEDIS®, CAHPS® and Provider Satisfaction Survey Results

2010 HEDIS®
Molina Healthcare of Florida (MFL) utilizes the NCQA (National Committee for Quality Assurance) Health Effectiveness and Data Information Set (HEDIS®) as a measurement tool to provide a fair and consistent assessment of specific aspects of performance. The HEDIS® report is based on the care that MFL’s Members received through the end of 2009. The HEDIS® scores are a reflection of the quality of care provided to our members by our providers. The performance measures in HEDIS® are related to many significant public health issues such as cancer, heart disease, smoking, asthma and diabetes. MFL regularly audits its performance scores in these areas to improve the quality and availability of its programs and services, and to develop new services that would benefit our members. MFL’s goal is to achieve HEDIS® rates within the Medicaid Managed Care 75th percentile.

CAHPS®
Molina Healthcare of Florida (MFL) measures satisfaction using the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) 4.0H Survey. This survey looks at key satisfaction drivers throughout the continuum of care, including health plan performance and members’ experiences in the practitioners’ offices. The 2010 CAHPS® survey results show MFL’s Members voicing their appreciation for the quality of care they receive in the practitioner’s office. One of the components for the rating relates specifically to the degree of customer satisfaction with the health plan.

2010 CAHPS® Results

<table>
<thead>
<tr>
<th>Composites/Measures/Ratings</th>
<th>2010 Plan Score</th>
<th>2010 Plan Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating of Health Plan (Percent 8, 9 or 10) (Q35)</td>
<td>60.8%</td>
<td>&lt;10th</td>
</tr>
<tr>
<td>Rating of Health Care (Percent 8, 9 or 10) (Q12)</td>
<td>67.4%</td>
<td>25th</td>
</tr>
<tr>
<td>Rating of Personal Doctor (Percent 8, 9 or 10) (Q21)</td>
<td>77.6%</td>
<td>50th</td>
</tr>
<tr>
<td>Rating of Specialist (Percent 8, 9 or 10) (Q25)</td>
<td>77.7%</td>
<td>50th</td>
</tr>
<tr>
<td>Customer Service (Percent Always or Usually)</td>
<td>75.2%</td>
<td>10th</td>
</tr>
<tr>
<td>Q32. Staff treated you with courtesy and respect</td>
<td>83.3% 67.0%</td>
<td>10th 10th</td>
</tr>
<tr>
<td>Q31. Got needed information from customer service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Needed Care (Percent Always or Usually)</td>
<td>64.8%</td>
<td>&lt;10th</td>
</tr>
<tr>
<td>Q23. Easy to see a specialist Q27. Easy to get needed care, tests or treatment</td>
<td>65.4% 64.1%</td>
<td>&lt;10th &lt;10th</td>
</tr>
<tr>
<td>Getting Care Quickly (Percent Always or Usually)</td>
<td>78.7%</td>
<td>25th</td>
</tr>
<tr>
<td>Q04. Got urgent care as soon as needed</td>
<td>78.1% 79.3%</td>
<td>25th 25th</td>
</tr>
<tr>
<td>Q06. Got routine care as soon as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How Well Doctors Communicate (Percent Always or Usually)</td>
<td>86.2%</td>
<td>25th</td>
</tr>
<tr>
<td>Q16. Doctor listened carefully to you</td>
<td>84.4% 89.6% 86.5%</td>
<td>25th 10th 25th</td>
</tr>
<tr>
<td>Q15. Doctor explained things in a way you could understand</td>
<td>84.3%</td>
<td></td>
</tr>
<tr>
<td>Q17. Doctor showed respect for what you had to say</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q18. Doctor spent enough time with you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared Decision Making (Percent Definitely Yes)</td>
<td>59.3%</td>
<td>50th</td>
</tr>
<tr>
<td>Q11. Doctor asked which option was best for you</td>
<td>54.2% 64.5% 57.7%</td>
<td>25th 75th 50th</td>
</tr>
<tr>
<td>Q10. Doctor discussed pros/cons of treatment options Health Promotion and Education (Q8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of Care (Q20)</td>
<td>73.4%</td>
<td>10th</td>
</tr>
</tbody>
</table>

Data collected by: Decision Support Systems, LP (DSS) Research (www.dssresearch.com)
### 2010 Provider Satisfaction Survey

The chart below represents 2009 Summary Rates for MFL’s composites and overall satisfaction attributes. In the survey, providers were asked to rate MFL and all other health plans in which the provider participates.

<table>
<thead>
<tr>
<th>Composites/Attributes</th>
<th>Summary Rate* Definition</th>
<th>2009 Summary Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Molina Healthcare (Florida)</td>
</tr>
<tr>
<td>Customer service/Provider Relations</td>
<td></td>
<td>55.0%</td>
</tr>
<tr>
<td>Network</td>
<td></td>
<td>47.9%</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td></td>
<td>44.7%</td>
</tr>
<tr>
<td>Utilization Management</td>
<td>Excellent or Very Good</td>
<td>41.3%</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td></td>
<td>43.0%</td>
</tr>
<tr>
<td>Claims</td>
<td></td>
<td>44.3%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td>35.6%</td>
</tr>
<tr>
<td>Recommend to Other Patients</td>
<td>Definitely or Probably Yes</td>
<td>88.7%</td>
</tr>
<tr>
<td>Recommend to Other Physicians</td>
<td></td>
<td>83.1%</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>Very/Smwt Satisfied</td>
<td>76.9%</td>
</tr>
</tbody>
</table>

* The Summary Rate is the percentage of respondents giving the most favorable response(s).

Data collected by: The Meyers Group (TMG) (www.themyersgroup.net)

Composites that rate higher than other plans are: Customer Service/Provider Relations, Utilization Management, Claims and Pharmacy.

Of the attributes determined to be associated with overall satisfaction, four are within the Claims composite, indicating that this service is important to you, our providers. MFL will strive to maintain this level of satisfaction.
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 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.
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.
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 1-866-472-4585.
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 1-866-472-9509.

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

- Medicare Member Services & Pharmacy 1-866-553-9494.
- Behavioral health services and substance abuse treatment for Molina Medicare members can be arranged by contacting Magellan at 1-800-327-6803.
- 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 1-866-472-4585 or Medicare Member Services 1-866-553-9494 if you have questions regarding planned or unplanned transitions.