Partners in Care Newsletter

Spring 2015

Patient Safety

Patient Safety activities encompass appropriate safety projects and error avoidance for Molina Healthcare members in collaboration with their primary care providers.

Safe Clinical Practice

The Molina Healthcare Patient Safety activities address the following:

- Continued information about safe office practices
- 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
- Cultural competency training
- Improvement in the continuity and coordination of care between providers to avoid miscommunication
- Improvement in the continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribution of research on proven safe clinical practices

Molina also monitors nationally recognized quality index ratings for facilities from:

- Leapfrog Quality Index Ratings (www.leapfroggroup.org)
- The Joint Commission Quality Check® (www.qualitycheck.org)

Providers can also access the following links for additional information on patient safety:

- The Leapfrog Group (www.leapfroggroup.org)
- The Joint Commission (www.jointcommision.org)

In This Issue

MOLINA® HEALTHCARE
Your Extended Family.

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Practitioner Credentialing Rights: What You Need to Know

Molina Healthcare has a duty to protect its members by assuring the care they receive is of the highest quality. One protection is assurance that our providers have been credentialed according to the strict standards established by the state regulators and accrediting organizations. Your responsibility, as a Molina Healthcare provider, includes full disclosure of all issues and timely submission of all credentialing and re-credentialing information.

Molina Healthcare also has a responsibility to its providers to assure the credentialing information it reviews is complete and accurate. As a Molina Healthcare provider, you have the right to:

- Strict confidentiality of all information submitted during the credentialing process
- Nondiscrimination during the credentialing process
- Be notified of information obtained during the credentialing process that varies substantially from what is submitted by you
- Review information submitted from outside primary sources (e.g., malpractice insurance carriers, state licensing boards) to support your credentialing application, with the exception of references, recommendations or other peer-review protected information
- Correct erroneous information
- Be informed of the status of your application upon request by calling the Credentialing Department at (888) 999-2404 or emailing them at www.WisconsinCredentialing@MolinaHealthcare.com
- Receive notification of the credentialing decision within 60 days of the committee decision
- Receive notification of your rights as a provider to appeal an adverse decision made by the committee
- Be informed of the above rights

For further details on all your rights as a Molina Healthcare provider, please review your Provider Manual. You may also review the provider manual on our website at www.MolinaHealthcare.com or call your Provider Services Representative for more details.

Hours of Operation

Molina Healthcare requires that providers offer Medicaid members hours of operation no less than hours offered to commercial members.

MolinaHealthcare.com

Molina Healthcare's Utilization Management

One of the goals of Molina Healthcare's Utilization Management (UM) department is to render appropriate UM decisions that are consistent with objective clinical evidence. To achieve that goal, Molina Healthcare maintains the following guidelines:

- Medical information received by our providers is evaluated by our highly trained UM staff against nationally recognized objective and evidence-based criteria. We also take individual circumstances and the local delivery system into account when determining the medical appropriateness of requested health care services.
- Molina Healthcare's clinical criteria includes McKesson InterQual® criteria, Hayes Directory, Medicare National and Local Coverage Determinations, applicable Medicaid Guidelines, Molina Medical Coverage Guidance Documents (developed by designated Corporate Medical Affairs staff in conjunction with Molina Healthcare physicians serving on the Medical Coverage Guidance Committee) and when appropriate, third party (outside) board-certified physician reviewers.
- Molina Healthcare ensures that all criteria used for UM decision-making are available to practitioners upon request. To obtain a copy of the UM criteria used in the decision-making process, call our Customer Service Department at (888) 999-2404.
- As the requesting practitioner, you will receive written notification of all UM denial decisions. The notification will include the name and telephone number of the Molina Healthcare physician that made the decision. Please feel free to call him or her to discuss the case. If you need assistance contacting a medical reviewer about a case, please call the Customer Service Department at (888) 999-2404.

It is important to remember that:

1. UM decision making is based only on appropriateness of care and service and existence of coverage.
2. Molina Healthcare does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
3. UM decision makers do not receive financial incentives or other types of compensation to encourage decisions that result in underutilization.
4. Practitioners may freely communicate with patients about their treatment, regardless of benefit coverage.
5. Medicaid members have the right to a second opinion from a qualified practitioner. If an appropriate practitioner is not available in-network, Molina Healthcare will arrange for a member to obtain the second opinion out of network at no additional cost to the member than if the services were obtained in-network.
6. Some of the most common reasons for a delay or denial of a request include:
   - Insufficient or missing clinical information to provide the basis for making the decision
   - Lack of or missing progress notes or illegible documentation
   - Request for an urgent review when there is no medical urgency

Molina Healthcare's UM Department staff is available for inbound collect or toll-free calls during regular business hours to provide information about the UM process and the authorization of care. If you wish to speak with a member of the UM staff, please call (888) 999-2404. You may also fax a question about a UM issue to (877) 708-2117. The Medical Director is available for more complex medical decision questions and explanations of medical necessity denials.

Molina Healthcare's regular business hours are Monday – Friday (excluding holidays) 8:00 a.m. – 5:00 p.m. Voicemail messages and faxes received after regular business hours will be returned the following business day. Molina Healthcare has language assistance and TDD/TTY services for members with language barriers or with hearing and/or speech problems.

Care for Older Adults

Many adults over the age of 65 have co-morbidities that often affect their quality of life. As this population ages, it's not uncommon to see decreased physical function and cognitive ability, and increase in pain. Regular assessment of these additional health aspects can help to ensure this population's needs are appropriately met.

- **Advance care planning –** Discussion regarding treatment preferences, such as advance directives, should start early before patient is seriously ill.
- **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 in your standard well care practice for older adults can help to identify ailments that can often go unrecognized and increase their quality of life.

Behavioral Health

Primary Care Providers provide outpatient behavioral health services, within the scope of their practice, and are responsible for coordinating members' physical and behavioral health care, including making referrals to Behavioral Health providers when necessary. If you need assistance with the referral process for Behavioral Health services, please contact the Customer Service Department at (888) 999-2404.

MolinaHealthcare.com

Complex Case Management

Molina Healthcare offers you and your patients the opportunity to participate in our Complex Case Management Program. Patients appropriate for this voluntary program are those that have the most complex service needs and may include your patients with multiple medical conditions, high level of dependence, conditions that require care from multiple specialties and/or have additional social, psychosocial, psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

The purpose of the Molina Healthcare Complex Case Management Program is to:

- Conduct a needs assessment of the patient, patient's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our patients to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure that they are provided at the appropriate level of care in a timely manner
- Provide a comprehensive and on-going care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family

If you would like to learn more about this program, speak with a Complex Case Manager and/or refer a patient for an evaluation for this program, please call toll-free (888) 999-2404.

Featured at www.MolinaHealthcare.com:

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

If you would like to receive any of the information posted on our website in hard copy, please call (888) 999-2404.

Member Rights and Responsibilities

Molina Healthcare wants to inform its providers about some of the rights and responsibilities of Molina Healthcare members.

Molina Healthcare members have the right to:

- Receive information about Molina Healthcare, its services, its practitioners and providers and member rights and responsibilities.
- Be treated with respect and recognition of their dignity and their right to privacy.
- Help make decisions about their health care.
- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about Molina Healthcare or the care it provides.
- Make recommendations regarding Molina Healthcare's member rights and responsibilities policy.

Molina Healthcare members have the responsibility to:

- Supply information (to the extent possible) that Molina Healthcare and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that they have agreed to with their practitioners.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Keep appointments and be on time. If members are going to be late or cannot keep an appointment, they are instructed to call their practitioner.

You can find the complete Molina Healthcare Member Rights and Responsibilities statement for your state at our website (**www.MolinaHealthcare.com**). Written copies and more information can be obtained by contacting the Customer Service Department at (888) 999-2404.

Preventive Health Guidelines

Preventive Health Guidelines can be beneficial to the provider and his/her patients. Guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations.

These guidelines are meant to recommend a standard level of care and do not preclude the delivery of additional preventive services depending on the individual needs of the patient.

To request printed copies of Preventive Health Guidelines, please contact the Customer Service Department at (888) 999-2404. You can also view all guidelines at www.MolinaHealthcare.com.

MolinaHealthcare.com

Quality Improvement Program

The Molina Healthcare Quality Improvement Program (QIP) provides the structure and key processes that enable the health plan to carry out our commitment to ongoing improvement in 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 determination of further actions
- Design of effective and value-added interventions
- Continuous monitoring of performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, accrediting organizations and internal Molina Healthcare threshold
- Analysis of information and data to identify trends and opportunities, and the appropriateness of care and services
- Oversight and improvement of functions that may be delegated: Claims, UM and/or Credentialing
- Confirmation of 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.

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 and goals through appropriate quality committee minutes and reviewing/updating the QI work plan quarterly.
- Revising interventions based on analysis, when indicated.
- Evaluating member satisfaction with their experience of care through the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) survey.
- Reviewing member satisfaction with their experience with behavioral health services through a focused survey and evaluation of behavioral health specific complaints and appeals.
- Conducting provider satisfaction surveys with specific questions about the UM process, such as determining the level of satisfaction with getting a service approved, obtaining a referral and case management.

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 Customer Service Department at (888) 999-2404.

If you would like more information about our Quality Improvement Program or initiatives and the progress toward meeting quality goals, or would like to request a paper copy of our documents, please call the Customer Service Department at (888) 999-2404. You can also visit our website at www.MolinaHealthcare.com to obtain more information.

Health Management Programs Improve Member Health

Molina Healthcare offers focused Health 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 Health Management Programs to our members:

- **Molina Breathe with Ease®** - asthma program is for children and adults age 2 years and older.
- **Molina Healthy Living with Diabetes®** – diabetes program is for adults age 18 years and older.
- **Heart Healthy Living®** – cardiovascular program is for members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.
- **Healthy Living with COPD** - COPD program is for members who have emphysema and/or chronic bronchitis.
- **Motherhood Matters® Pregnancy Program** – assists new mothers and their babies with support and education for a healthy pregnancy. Special care is given to those who have a high risk pregnancy.

All Health Management Program interventions are targeted to the specific needs of each member. Members are automatically enrolled based on medical and pharmacy claims. Members can also ask Molina to enroll them. Program materials include condition specific pamphlets and brochures, workbooks, patient logs, action plans, newsletters and other tools that educate the patient on how to manage his or her condition. In addition, 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 Health Management Programs.

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. All Health Management Programs are voluntary, and members can stop participating at any time. If you have a Molina Healthcare patient you think will benefit from receiving educational materials or talking with a Case Manager, please refer them to our Health Management Programs by calling the Health Management Department at (866) 891-2320.

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

Drug Formulary and Pharmaceutical Procedures

Prescriptions and certain over-the-counter items are provided by the State, not Molina Healthcare. If you have any questions in regard to pharmacy coverage, please call (800) 362-3002.

MolinaHealthcare.com

Clinical Practice Guidelines

Clinical practice guidelines are based on scientific evidence, review of the medical literature, or appropriately established authority, as cited. All recommendations are based on published consensus guidelines and do not favor any particular treatment based solely on cost considerations. The recommendations for care are suggested as guides for making clinical decisions. Clinicians and their patients must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of each patient.

Molina Healthcare has adopted the following Clinical Practice Guidelines:

- ADHD
- Asthma
- Depression
- Diabetes
- Preventive Health Guidelines

To request a copy of any guideline, please contact Molina Healthcare's Customer Service Department at (888) 999-2404. You can also view all guidelines at www.MolinaHealthcare.com.

Standards for Medical Record Documentation

Providing quality care to our members is important; therefore, Molina Healthcare has established standards for medical record documentation to help assure the highest quality of care. Medical record standards promote quality care though communication, coordination and continuity of care, and efficient and effective treatment.

Molina Healthcare's medical record documentation standards include:

- Medical record content
- Medical record organization
- Information filed in medical records
- Ease of retrieving medical records
- Confidential patient information
- Standards and performance goals for participating providers

Below are commonly accepted standards for documentation in medical records and must be included in each medical record:

- History and physicals
- Allergies and adverse reactions
- Problem list
- Medications
- Documentation of clinical findings and evaluation for each visit
- Preventive services/risk screening

For more information, please call the Customer Service Department at (888) 999-2404.

Advance Directives

Helping your patients prepare Advance Directives may not be as hard as you think. Any person 18 years or older can create an Advance Directive. Advance Directives include a living will document and a durable power of attorney document.

A living will is written instruction that explains your patient's wishes regarding health care in the case of a terminal illness or any medical procedures that prolong life. A durable power of attorney names a person to make decisions for your patient if he or she becomes unable to do so.

The following links provide you and your patients with free forms to help create an Advance Directive:
http://www.nlm.nih.gov/medlineplus/advancedirectives.html
http://www.nia.nih.gov/sites/default/files/End_of_Life_care_0.pdf
http://aging.utah.edu/programs/utah-coa/directives/
www.caringinfo.org

For the living will document, your patient will need two witnesses. For a durable power of attorney document, your patient will need valid notarization.

A patient's Advance Directive must be honored to the fullest extent permitted under law. Providers should discuss Advance Directives and provide appropriate medical advice if the patient desires guidance or assistance, including any objections they may have to a patient directive prior to service whenever possible. In no event may any provider refuse to treat a patient or otherwise discriminate against a patient because the patient has completed an Advance Directive. Patients have the right to file a complaint if they are dissatisfied with the handling of an Advance Directive and/or if there is a failure to comply with Advance Directive instructions.

It is helpful to have materials available for patients to take and review at their convenience. Be sure to put a copy of the completed form in a prominent section of the medical record. The medical record should also document if a patient chooses not to execute an Advance Directive. Let your patients know that advance care planning is a part of good health care.

Now Available for Molina Providers!

Tips for improving patient satisfaction!

Improving patient satisfaction helps:
- Increase patient retention
- Increase engagement and compliance with physician recommendations

*Please log in to the Provider Portal and download the **Improving Patient Satisfaction: Tips for Your Provider Office** brochure, located under Training Materials.*

MolinaHealthcare.com

ICD-10 Testing Update: Inpatient Institutional Claims Testing Occurring Now

Molina is currently conducting ICD-10 testing with our contracted network of providers and facilities. Our approach is to have providers send us inpatient institutional claims re-coded to ICD-10 for a set of claims that Molina processed last year using ICD-9 codes.

Test data will need to be submitted in an 837 transaction format and be transmitted via Emdeon, Molina's Clearinghouse. Molina will process the submitted claims and share the results of our adjudication of ICD-10 coded claims.

We encourage providers who want to test with us to contact us at Molina.ICD-10@MolinaHealthcare.com. Please include 'ICD-10 Testing' in the subject line. Molina will schedule planning calls with our selected test partners to review the details and timing.

ICD-10 Dual Coding Timeline

Beginning in August 2015, Molina will start accepting ICD-10 diagnosis for prior authorizations (PA). During this dual use period, Providers have the option of submitting either ICD-9 or ICD-10 diagnosis codes on PA forms through any method (fax, provider portal, Clear Coverage, etc.). Please look for formal communication in May/June of 2015 for Molina's official dual-coding timeline. Molina will **not** accept prior authorizations with ICD-9 codes after October 1, 2015.

HCC Pearls of Wisdom

Are you confused by the latest coding rules and guidelines? Frustrated with not knowing which ICD-9 code accurately represents your patient's current health status? Fret no more! HCC "pearls of wisdom", also known as the "HCC Pearls" will be sent out weekly in order to shine some light on recent coding changes and provide clarity on rules and guidelines provided by CMS. Be on the lookout for the HCC Pearls in order to obtain tips and tricks on how to properly assess and document your patient's current health status while maintaining compliance with CMS guidelines!

A few conditions to be covered:

- Asthma
- COPD
- Diabetes
- Depression
- History of cancer
- Morbid obesity
- Pressure ulcers

2014 Provider Satisfaction Survey: Our Providers have spoken and Molina Healthcare is listening!

The 2014 Provider Satisfaction Surveys have been received and reviewed! Providers completing the survey shared opinions on attributes (i.e.: Customer Service/Provider Relations; Network; Coordination of Care; Utilization Management; Utilization/Case Management; Health Management; Claims and Pharmacy) they feel are most important and will assist Molina Healthcare when providing quality service to contracted providers.

The importance of the Provider Satisfaction Survey is that Molina Healthcare contracted providers have the opportunity to rate Molina Healthcare and bring to the forefront those areas of concern that are most prevalent if they are to provide quality care to their patients and to Molina Healthcare members.

Because of provider responses to the 2013 Provider Satisfaction Survey significant improvements from 2013 to 2014 were made in the following attributes:

- Responsiveness and courtesy of the health plan's Provider Relations Representative
- Usefulness of written communications, policy bulletins, and manuals
- Quality of health plan's specialists

Molina Healthcare is diligently working to make sure providers have easy and immediate access to Provider Relations Representatives, including effective and frequent provider office visits, all communications are educational and provide information to providers and that there is a quality resource of health plan specialists to work with when needing to coordinate member care services.

While these improvements are to be acknowledged, Molina Healthcare will still monitor areas that will allow opportunity for improvement.

We value our provider's opinions! That is why it is so important to Molina Healthcare that providers take the time to complete the annual Provider Satisfaction Survey when they are received. Our goal is to continue to improve in those areas providers identified as needing improvement. Please continue to provide us with your feedback! Molina Healthcare is listening!

Be sure to complete the 2015 Provider Satisfaction Survey once it is available in your office.

Non Discrimination

As a Molina Medicare provider, you have a responsibility to not differentiate or discriminate in providing covered services to members because of race, color, religion, national origin, ancestry, age, sex, marital status, sexual orientation, physical, sensory or mental handicap, socioeconomic status, or participation in publicly financed health care programs. Providers are to render covered services to Members in the same location, in the same manner, in accordance with the same standards and within the same time availability regardless of payer.

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