



Provider Bulletin



A bulletin for the Molina Healthcare of Ohio network • August 2011

Quest Diagnostics – Preferred Outpatient Laboratory Provider

Effective July 1, 2011, Quest Diagnostics is the preferred outpatient laboratory provider for Molina Healthcare of Ohio. Quest Diagnostics offers 90 patient service locations in Ohio with a variety of access points to schedule appointments and obtain test results, and offers patient email reminders in English and Spanish.

Quest Diagnostics offers more than 3,400 diagnostic tests and results are provided within 24 hours for 97 percent of the most commonly ordered tests. Trained IT specialists are always available to provide support for technical issues, and more than 900 physicians are available for consultation regarding rare or difficult test results.

If you do not currently use Quest Diagnostics for outpatient laboratory services or have questions about services or patient locations, call 866-MY-QUEST to request an in-office consultation. You can also contact your Molina Healthcare Provider Services Representative or call Molina Healthcare Provider Services at 1-800-642-4168.

If you currently use Quest Diagnostics for laboratory services, you may continue using your existing account and requisition forms. No other action is necessary.

Ohio Medicaid Pharmacy Benefit Changes – Effective October 1, 2011

The way that prescription drugs are covered will change for all Ohio Medicaid members enrolled in a Medicaid managed care plan (MCP). **Effective October 1, 2011**, Ohio Medicaid will no longer cover the prescription drug benefit, and MCPs will cover all prescription drugs and other medical supplies that MCP members receive at the pharmacy.

In an effort to simplify the process for the provider community, Ohio Medicaid and the MCPs have collaborated to develop a more standardized set of prior authorization criteria, a single prior authorization (PA) form and a similar preferred drug list (PDL).

More information about the transition of the pharmacy benefit to the Medicaid MCPs will be shared in the September Provider Bulletin.

Provider Manual – New Version Now Available

A revised version of the Molina Healthcare Provider Manual has been posted to the provider website. Visit www.MolinaHealthcare.com and select the Manual link. Revisions have been made to nearly every chapter to include additional information that will be helpful for your practice. Check it out!

Fighting Fraud, Waste and Abuse

As the state and federal government look to reduce fraud, waste and abuse (FWA) in government health care programs, Molina Healthcare wants to help the provider community avoid these costly practices by sharing some tips and best practices.

Checking the identity of a member is vital

Recently, there has been an increase of suspected FWA cases where individuals are attempting to use the identity of other members in order to obtain care.

As a provider, please perform your own due diligence to ensure that members are properly identified by obtaining a copy of the member's ID card and a form of picture ID. This is the best way to verify a member's identity. This is especially important for those members that are not established within your practice or may be seeking emergency care.

In the event that a photo ID cannot be provided, confirm the member's age by asking their date of birth. This is another way to determine the patient's identity. If your provider office has a best practice you would like to share, please contact your Provider Relations Representative. Together we can help prevent and deter FWA.

Promoting Patient Safety

Patient safety is a primary concern in all areas of the health care delivery system. The Agency for Healthcare Research and Quality (AHRQ) states "more people die from medical errors than from motor vehicle accidents, breast cancer, or AIDS" nationwide.¹

Improvement of the communication between the primary care provider (PCP) and consulting or co-managing specialists may favorably impact the quality of care by decreasing preventable errors with minimal impact on the delivery of care.

According to the AHRQ, the most effective way of preventing errors in any health care setting is for patients to actively participate as a partner in managing their care. Many patients do not know how to navigate the health care system to achieve this. Educating patients to self-advocate is one way the PCP can help improve the safety of health care delivery.

Providers can:

- encourage patients to ask questions or voice concerns at every encounter
- validate that the information provided to the patient was understood
- ensure that a consultation report is sent to the PCP after a referral is made

To view AHRQ's *20 Tips to Help Prevent Medical Errors* and share it with your patients, visit www.ahrq.gov/consumer/20tips.htm.

Wellness Reports

Molina Healthcare uses Healthcare Effectiveness Data and Information Set (HEDIS®) rates to monitor the preventive services members receive. These rates are shared with contracted providers in an effort to find opportunities to improve the utilization of preventive care.

Follow up for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication Best Practice

As of 2007, approximately 9.5 percent, or 5.4 million, children in the U.S. ages 6 to 12 have been diagnosed with ADHD. About 2.5 million children in the U.S. are being medicated for ADHD. Medication management and medical follow up are critical to ensuring effective treatment for children being treated for ADHD.²

¹ U.S. Department of Health and Human Services: Agency of Healthcare Research and Quality. 20 Tips to Help Prevent Medical Errors. <http://www.ahrq.gov/consumer/20tips.htm>. Accessed August 2011.

² Center for Disease Control and Prevention. Attention Deficit/Hyperactivity Disorder (ADHD). November 2010.

Wellness Report

Molina Healthcare annually monitors the percentage of children ages 6 to 12 who are newly prescribed ADHD medication who have had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
Follow up for Children Prescribed ADHD medication – 30 Day Initiation Phase	36.87%	35.29%	37.36%	47.90%
Follow up for Children Prescribed ADHD Medication – 9 Month Continuation and Maintenance Phase	43.93%	33.84%	47.58%	40.60%

Improvement Strategies

- Schedule follow-up appointments for patients prescribed ADHD medication to ensure that they are medication-compliant and to determine if the medications are effective.
- Use reminder calls or postcards to ensure patients do not miss appointments.

Antidepressant Medication Management**Best Practice**

Major depression is a serious medical illness affecting 15 million U.S. adults or about 5 to 8 percent of adults each year. Between 80 to 90 percent of those diagnosed with major depression can be effectively treated and return to their usual daily activities with medication management. Without treatment, the frequency of depressive illness and the severity of symptoms tend to increase over time.^{3,4}

Wellness Report

Molina Healthcare annually monitors the percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication and remained on an antidepressant medication treatment for 12-week and 6-month periods.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
Antidepressant Medication Management – 12 weeks	52.45%	46.13%	56.86%	52.00%
Antidepressant Medication Management – 6 months	34.47%	31.19%	39.43%	38.00%

Improvement Strategies

- Schedule follow-up appointments for patients prescribed antidepressant medications to ensure that they are medication-compliant and to determine if the medications are effective.
- Use reminder calls or postcards to ensure patients do not miss appointments.

Tools Available

- Molina Healthcare publishes clinical practice guidelines for the treatment of ADHD and major depression. For more information, visit www.molinahealthcare.com/medicaid/providers/oh/resource/pages/guide_clinical.aspx.

³ The National Alliance on Mental Illness (2009). Major Depression Fact Sheet.

⁴ Fochtmann, L.J., Gelenberg, A.J. (2005). American Psychiatry Association. Guideline Watch: Practice Guideline for the Treatment of Patients with Major Depressive Disorder.

Well-Child and Adolescent Visits

Best Practice

Well-care visits are recommended for all children up to 21 years old to promote optimum health and development. "Well child care (or health supervision) provides a vehicle for health care professionals to promote healthy lifestyle choices, monitor children for physical and behavioral problems, and provide age-appropriate and individualized counseling (or anticipatory guidance)."⁵

Wellness Report

Molina Healthcare annually monitors the percentage of members 0-15 months, 3-6 years and 12-21 years of age who had one or more well-care visits with a PCP during the calendar year.

HEDIS® Measure	2008 Rate	2009 Rate	2010 Rate	Goal*
Well-Care Child Visits – 0 to 15 months, at least 6 visits	52.64%	58.14%	58.56%	65.40%
Well-Care Child Visits – 3 to 6 years, annually	56.66%	59.20%	62.18%	59.30%
Adolescent Well Visits – 12 to 21 years, annually	32.84%	32.84%	41.20%	24.40%

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

* National NCQA 75th percentile for Medicaid HMO plans.

Improvement Strategies

- Schedule the next recommended well-child visit at the current visit.
- Provide appointment reminder calls or postcards to help ensure that patients do not miss appointments.
- Conduct components of a well-child visit at the same time as a sick child visit. Be sure to bill the appropriate diagnosis codes to support both services and bill both the preventive visit code and the E&M code with modifier 25 to ensure accurate payment.

Tools Available

- Bright Futures aims to improve the health of our nation's children, families and communities. Strategically, Bright Futures uses an approach to identify practice models by distributing these models to child and adolescent health professionals and also providing technical assistance. Visit the Bright Futures website at brightfutures.aap.org.
- Molina Healthcare provides Preventive Health Guidelines for children and adults and HEDIS Coding Help Sheets for Adults and Children that provide a description of recommended preventive services and coding requirements. Find them at www.molinahealthcare.com/medicaid/providers/oh/resource/Pages/guide_prevent.aspx
- Missed preventive service reports are available for your practice. If you would like these reports, please contact your Provider Relations Representative.

⁵ Bright Futures; American Academy of Pediatrics (AAP). Preventive Service Prompting Systems. Clinical Guidelines. Volume 1. <http://brightfutures.aap.org/clinical/volume1.html#u1PreventiveServices>

Accurate Blood Pressure Measurement in the Management of Hypertension

The prevention and management of hypertension are major public health challenges in the U.S. Approximately 76.4 million U.S. adults have been diagnosed with hypertension⁶ and among these people, 30 percent do not even know they have it. A large-scale trial showed that a 5 mmHg reduction in diastolic blood pressure resulted in a 21 percent decrease in heart disease. Early detection, treatment and control are critical to alleviate the serious consequences of hypertension.⁷

Increased awareness of accurate blood pressure measurement is important when evaluating, treating and controlling high blood pressure. Accurate blood pressure readings are obtained through an accurate pressure measuring instrument, correct cuff size and an appropriate measurement technique.⁸

Tips to Ensure Accurate Blood Pressure Measurement:³

- The patient should not have caffeine, smoke or exercise 30 minutes prior to blood pressure measurement.
- The patient should be seated for at least five minutes with legs uncrossed, feet touching the floor and arm supported at heart level.
- Use appropriate size cuff that encircles 80 percent of the arm. Most adults will require a large adult cuff.
- Use a recently calibrated (ensure there are no air leaks or loss of mercury) mercury sphygmomanometer or a valid electronic device. Regular quality control checks should be conducted to ensure that there are no leaks from the inflation system and that the manometer has not been damaged. Measure and record at least two measurements and separate readings by a minimum of two minutes. Obtain additional readings if the first two readings differ by 5 mmHg.
- The systolic blood pressure (SBP) is at the position in which the first of two or more sounds are heard (phase 1) and the diastolic blood pressure (DBP) is before the disappearance of sounds (phase 5). The measurement should be recorded nearest to 2 mmHg.
- Providers should provide the patient with specific blood pressure goals and results, both verbally and in writing.

Questions?

If you have any questions, please call Molina Healthcare Provider Services at 1-800-642-4168 (TTY: 1-800-750-0750 or 711). Representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday.

⁶ American Heart Association. About High Blood Pressure. Updated June 2011. http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/About-High-Blood-Pressure_UCM_002050_Article.jsp

⁷ Centers for Disease Control and Prevention (CDC). High Blood Pressure Facts. Updated December 2010 http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_state_hbp.htm

⁸ The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. (JNC-7) <http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm>