

Part# 2091Rev0508

## “Let Us Know” – Send a 2067

The state form 2067 is a form utilized to share case information. The STAR + Plus Service Coordination staff appreciate the providers sending in case information. The following is a brief list of when you “let us know”:

1. Break in service - This includes suspension in services; hospitalizations; waiting to hire an attendant, etc.
2. Change of address and telephone number
3. Changes in the home that would impact the services. This could include the unexpected absence of the primary care giver.



The 2067 can be faxed to 1-866-420-3639. This fax number covers all the service delivery areas. The Service Coordination staff of Molina Healthcare, Inc. wants to thank you for your support in providing quality care and services to our members.



## Attention Providers: Refer Your Patients to the Nurse Advice Line

**1-888-275-8750 (English)**

**1-866-648-3537 (Spanish)**

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.**



## NCQA Physician Recognition Programs



To provide physicians with the necessary tools to support the delivery and recognition of consistent high quality care, the National Committee for Quality Assurance has developed Physicians Recognition Programs that include Diabetes and Heart/Stroke. These voluntary programs are designed to recognize physicians who use evidence-based measures and provide excellent care to their patients with these chronic illnesses.

Physicians who achieve this Recognition show their peers, patients and others that they are part of a special group recognized for their skill in providing a high level of care.

**To learn more about these programs, please contact the MHT Quality Management Department at 210-366-6500, x203016.**

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#### OPEN

Chief Medical Officer  
Molina Healthcare of Texas

#### OPEN

Director, Utilization Management

#### Rebecca Senf

Director, Quality Improvement

#### Margret Young

Director, Special Programs

#### Timothy C. Zevnik, MBA

Privacy Official and HIPAA Program Manager  
Molina Healthcare, Inc.

#### Features at [www.molinahealthcare.com](http://www.molinahealthcare.com):

- Clinical Practice and Preventive Guidelines
- Disease Management Programs for Asthma, Diabetes 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.

## Topic: Hard to Reach Populations

Caring for underserved populations can be complicated. Socially isolated patient populations prove particularly challenging. In addition to lack of resources and social support systems, some patients who are isolated have specific health needs due to lack of prevention skills or resources.

### Look at cues:

Customized approaches are essential because there are varied reasons for being isolated. Some people are isolated because they choose to be, while others are simply far away from services. It is important to recognize the distinction.

### Questions to ask:

- What kinds of things do you do at home to take care of your health or your family's health?
- Is there anyone special in your household that needs health care and is not getting it?
- What is your experience with the health system?
- What services are available close to home? Can neighbors help in an emergency?
- What kind of transportation do you use?
- Evaluative questions geared towards issues in mental health.

### What to be aware of:

- Many need services, but don't feel comfortable receiving or asking for them.
- Problems with domestic violence in socially isolated populations.

- Social isolation begets a specific type of self-reliance based on taking care of your own.
- Encounters must be prefaced by an individual desire to help, instead of a county or government intrusion.
- Accessibility of services – what has been their experience? How might it change if they listen to your message? How do you want to see it change – what behavior do you want to see?
- Look for opportunities to combine services for a person or family that may need multiple appointments.

Respectful front desk staff makes a big difference in this population. They may be hesitant to discuss personal issues and may begin the encounter on the defensive. People who are hard to reach by choice may trust you only after several positive encounters.

Those who are hard to reach due to distance may need help identifying transportation systems, social networks and community resources in their areas. Knowledge of people who work in those areas is important, as a personal recommendation from you will go a long way towards building sustainable bridges.

### Molina Can Help

Remember, Molina offers Nurse Advice Services 24 hours in English and Spanish. Our Case Managers and Social Workers can help with coordination of care, searching out alternative resources, and assisting with transportation.



## Advance Directives

Helping your patients prepare Advance Directives may not be as hard as you think.

Any person 18 years or older can create advance directives. Advance Directives include a living will document and a durable power of attorney document.

A living will is a written instruction that explains your patient's wishes regarding health care in the case of a terminal illness. A durable power of attorney names a person to make decision for your patient if they become unable to do so.

The following link provides you and your patients with free forms to help create advance directives:  
<http://www.uslegalforms.com/tx/TX-P021.htm>

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

## Caring for Patients, Caring for Members

With the proliferation of changes in health care, we sometimes forget that, whether physician or health plans, our goal is the same: to provide high quality health care to the people we serve. The cornerstone of this commitment is Molina's policy that defines our **member's rights and responsibilities**. It denotes the responsibilities of the health plan and the physician in rendering services, but it also informs our members of their responsibilities to you in providing such care.

Your understanding of this policy is important, as it is sent to all Molina members. Many aspects of the policy apply to what happens in the examining room, waiting room or at the bedside.

These include:

- Members have the right to participate with their practitioner in making decisions about their health care.
- They have a right to a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage.

It also states:

- Members have a responsibility to supply information (to the extent possible) that the organization, its practitioners and providers need in order to provide care.
- They have a responsibility to follow treatment plans and instructions for care that they have agreed on with their practitioners.
- Members also have a responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Molina's policy for member rights and responsibilities provides a framework in which we all-physicians, health plan and member - work together to provide quality, cost-effective health care.

You can get a complete copy of the member rights and responsibilities policy on our website at [www.molinahealthcare.com](http://www.molinahealthcare.com) or by calling your Provider Services representative.

## AMRR Process

The Molina Healthcare of Texas (MHT) Quality Improvement Department is in the process of conducting an Annual Medical Record Review during the months of April through June 2008. This record review is required by various Regulatory and Accrediting Agencies. While this process is necessary, we promise that the goal of our QI Department is to keep this review as minimal disruptive to your work day as possible, as MHT reviews meaningful information from the members records.

In this schematic MHT has developed a process that allows you to select a preferred method of review for your office. If your office is chosen you will be contacted by the QI Department to schedule a review of MHT member's records according to the method you have chosen:

- ❖ You may select the records to be copied by MHT staff in your office for off-site review.
- ❖ You may request that your staff copy and send the records to a MHT staff member for off-site review.

Our MHT QI staff members look forward to working with each of you, over the next few weeks.



## Attention PCP Office Managers:

Please call our MHT Provider Service Representative, at 1-866-449-6849 or you may fax the information to 210-366-6570 if a practitioner in your office terminates their contract with MHT. MHT staff needs to be notified 90 days in advance of PCP Terminations. This allows MHT staff time to contact members and help them switch to a new PCP.