

Part# 1658Rev0508

Chronic Pain Management

Molina Healthcare is aware of the growing concern over chronic pain management. Given the State of Washington's interest in monitoring narcotic utilization for Medicaid members, Molina Healthcare wants to help you understand the changing dynamics in the practice of pain management. As a result, we hosted a free 2 hour dinner lecture for physicians regarding chronic pain management with a category 1 CME credit in Spokane in May. We will also be repeating this opportunity with a free dinner lecture which will be held June 19, 2008 in Tacoma. This lecture will enable you to better understand how to deal with the problem patient as well as avoid some of the common pitfalls in dealing with patients who may be wanting pain medication from you.

If you are interested in attending this meeting, please contact Sarah Neas at 800 869-7175, x144186. We hope to schedule another CME credit dinner lecture in the Lynnwood area in the coming months and will provide additional details regarding that meeting in the future.

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 our 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, on-going care plan for continuity of care in coordination with you, your staff, your patient, and the patient's family.



For more information, please call the Utilization Management at 800-869-7185. Press option 1, then 3, then 1.



Good Medical Records for Good Medical Care

Documenting information in medical records can sometimes feel like busy-work, especially if the information exists somewhere else in the record. It is tempting to take some shortcuts and rely on the fact it is written and can be retrieved if needed. Shortcuts like these virtually guarantee that recommended health maintenance and preventive services may be left undone.

As part of our ongoing Quality Improvement and Credentialing activities, we review medical records and assist offices in adopting medical record practices that promote good health for our members and all patients in a practice. I would like to briefly discuss our expectations for Problem Lists, Immunization Records and Health Maintenance documentation.



Problem Lists: These can be acute, chronic or both, depending on the preference of the provider. But at the least, significant, ongoing medical problems need to be listed for patients of all ages. This provides not only a roadmap for follow up care, but a quick reference during treatment insuring important information is not overlooked. This is an especially helpful communication tool for large practices. A medication section can also be included on this form or on a separate “combination” form.

Immunization Records: We are familiar with the importance of good immunization records during childhood, but now more and more immunizations are also recommended for adults. They are increasingly important in the face of chronic illness and aging. Could you locate quickly the last dT or pneumococcal vaccination for a 60 year old with COPD? An immunization section could easily be included on a “combination” form for adults.

Health Maintenance: We all know cases of cancers have gone undetected because screenings were not done. While physicians cannot force compliance with recommendations, they are responsible for health education and reminders for their patients when valuable tests are due. Without a record indicating services were recommended, performed and the results reviewed, the provider would fall short of expectations. A “combination” form helps organize this information, too.

A little bit of attention to these three areas of the medical record can pay huge dividends in the ability to provide high quality care to all patients. Thank you for all your efforts to accomplish this goal.

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Features at www.molinahealthcare.com:

- Clinical Practice and Preventive Guidelines
- Disease Management Programs for Asthma, Diabetes, Pregnancy, COPD and Cardiovascular Diseases
- 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 Washington

Please contact Molina Healthcare Provider Services for written copies of all information on the website, or if you need more information, please call Provider Customer Service at 1-800-869-7165

Diabetes Management – Reinforcing Your Message

Don't you wish you had more time to remind diabetic patients about needed behavior changes? That's where our Healthy Living with Diabetes program comes in. Molina Healthcare offers focused diabetes management materials that can significantly influence the health of our members and provide a variety of helpful services for those with chronic conditions.

All diabetes interventions are targeted to the specific needs of each member. Program materials include workbooks, patient logs, newsletters and other tools that educate the patient on how to manage their condition. Our newest brochure, **First Steps in Taking Care of Your Diabetes**, reinforces the education you provide to the newly diagnosed member.

First Steps in Taking Care of Your Diabetes

Step 1: See your provider

Your provider will play a very important role in helping you learn how to control your diabetes. Be sure to keep all of your visit times with your provider. Diabetes changes how you feel and how you live. Learn all you can about controlling your diabetes. Start now to stay healthy. Know about other tests and screenings you should have.

A1c lab test – is a three month average of your blood sugar levels. Your A1c should be less than 7%. If your A1c is higher than 7%, talk to your provider about ways to help lower it. This test should be done at least once a year or more.

Urine tests – you may need to check your urine ketones if your blood sugars have been over 240 before eating a meal. Ketones are acids that can build up in your blood. Ketones can cause a condition called ketoacidosis. Ketoacidosis mainly affects people with type 1 diabetes. Ask your provider about how you should test your urine ketones.

Nephropathy tests – these tests check for kidney disease. If you have kidney disease, your provider may have to change your diet and lower how much protein you eat. A test called a microalbumin will check your kidney function. This test should be done at least once a year.

Foot exams – your provider should check your feet at each visit. Your provider will look for cuts or calluses on your feet that may lead to nerve damage.

Dilated eye exams – your eyes should be checked by an eye care provider for damage caused by your diabetes. These exams should be done at least once a year.

Step 2: Eat a healthy diet

Learn what, when and how much you should eat. You should have your own diet plan. Molina Healthcare will pay for you to visit with a Certified Diabetes Educator to help you learn about your healthy diet. Molina Healthcare can also send you more learning tips about a healthy diet.

Points of Action:

- Eat foods that are low in salt, fat, and sugar
- Check your blood sugar before eating
- If you use insulin, take your shot before you start eating

- Eat around the same time every day
- Do not skip meals

Step 3: Exercise every day

Walking, swimming, dancing, riding a bike, playing sports are all good for you. Always check with your provider about how much exercise you should get. Exercise will help you keep your weight down. This helps to lower your blood sugar and gives you more energy.

Points of Action:

- Try to exercise at least three times a week for about 30 minutes each time
- If you use insulin, exercise after eating, not before
- Test your blood sugar before, during and after you exercise (do not exercise if your blood sugar is over 240)
- Do not exercise right before bedtime, it could cause low blood sugar during the night

Step 4: Test your blood sugar

Testing your blood sugar will help you control your diabetes. Testing will also help you know if your diabetes pills or insulin is keeping your blood sugar under control.

Points of Action:

- Molina Healthcare will help you get a blood glucose meter and testing supplies
- Ask your provider when you should test
- Your blood sugars should be **Before meals:** between 90 mg/dL and 130 mg/dL. **After meals:** (1 to 2 hours after eating) less than 180 mg/dL.
- Always keep a log of your blood sugars and ask your provider to look at your log

Step 5: Take your diabetes pills or insulin

Insulin shots and diabetes pills are used to lower your blood sugar. You will need insulin shots if your body has either stopped making insulin or if it does not make enough insulin. Diabetes pills are used if your body makes insulin, but the insulin is not lowering your blood sugar.

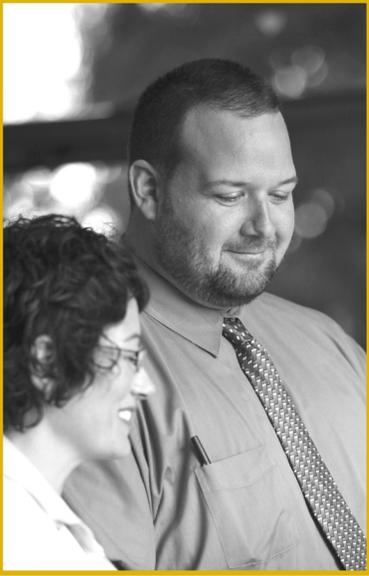
Points of Action:

- Follow your provider's advice about how to take either your insulin or diabetes pills
- Always tell your provider if you think your diabetes pills are making you feel worse
- Always tell your provider if you think your insulin is making you feel worse

At each point of contact, members are encouraged to discuss their care with his or her provider and follow their plan of treatment.

If you have a Molina Healthcare patient you think will benefit from receiving this brochure, please refer them to our Health Education line at (800) 423-9899, x141428. You can find more information about our programs and Clinical Care Guidelines on the Molina Healthcare website at www.molinahealthcare.com.

Molina Healthcare's Utilization Management



One of the goals of Molina Healthcare 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 UM department 1-800-869-7185 or 800-869-7175. Molina Healthcare UM staff are always available to receive your calls and provide outbound communication regarding UM issues. During our normal business hours, 7:30 a.m. - 5:30 p.m. PST, you may call 1-800-869-7185. After our normal business hours, you may contact our Nurse Advice Line 1-888-275-8750 (English), 1-866-648-3537 (Spanish) for assistance.

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 UM Department at 1-800-869-7185 or 800-869-7175.

It is important to remember that:

UM decision making is based only on appropriateness of care and service and existence of coverage. Molina Healthcare does not reward practitioners or other individuals for issuing denials of coverage or care.

UM decision makers do not receive incentives to encourage decisions that result in underutilization.

Safeguarding Your Patients' Information

Safeguarding patient and member health and personal information is not only required under the Health Insurance Portability and Accountability Act (HIPAA), it is also the right thing to do. With the ever increasing threat of identity theft, medical practices should take steps to protect not only patient medical records, but also patient personal information, such as names, addresses and social security numbers. The compliance date for the HIPAA Security Rule was April 20, 2005. The final Security Rule specifies a series of administrative, technical, and physical security safeguards that covered entities must implement to assure the confidentiality, integrity and availability of electronic protected health information. By implementing the requirements of the HIPAA Security Rule, provider organizations will be well positioned to protect against reasonably anticipated threats to confidentiality of patient information. In addition, providers will have also protected the integrity and availability of information that is critical for the successful operation of their medical practice.

You can find more information about the HIPAA Security Rule and other aspects of HIPAA by visiting Molina Healthcare's HIPAA Resource Center at <http://www.molinahealthcare.com/common/hipaa/wa/index.htm>.



Member Rights and Responsibilities

Molina Healthcare of Washington wants to inform its physicians about all the rights and responsibilities of Molina members.

- Receive the facts about Molina Healthcare, our services, and Providers who contract with us to provide services
- Have privacy and be treated with respect and dignity
- Help make decisions about their health care. They may refuse treatment.
- Request and receive a copy of their medical records or request an amendment or correction
- Openly discuss their treatment options in a way they understand, regardless of the cost or benefit coverage.
- Voice any complaints or appeals about Molina Healthcare or the care they were given
- Use their Member rights without fear of intimidation
- Receive the Members' rights and responsibilities at least yearly
- Suggest changes to this policy
- Give, if possible, all facts that Molina Healthcare and Providers need to know in order to provide care
- Know their health problems and take part in making agreed upon treatment goals as much as possible
- Follow the plan and instructions for care they agree to with their provider
- Treat their Providers with respect
- Keep appointments and be on time. If members are going to be late or cannot keep an appointment, they are instructed to call their Provider.
- For Healthy Options, SCHIP and WMIP and Basic Health Plus Members - Present their Medical ID Card from DSHS and their Molina Healthcare ID Card for all services
- For Basic Health Members – Present their Molina Healthcare ID card for all services
- For Basic Health Members – Pay their copays, deductible, coinsurance, etc.

Drug Formulary and Pharmaceutical Procedures

For each state, the Drug Formulary (sometimes referred to as a Preferred Drug List or PDL) and pharmaceutical procedures are maintained by a Molina Healthcare Pharmacy and Therapeutics (P&T) Committee. This Committee usually meets on a quarterly basis, or more frequently if needed. It is composed of your peers – practicing physicians and pharmacists from areas where Molina Healthcare practitioners are located. The Committee's goal is to provide a safe, effective and comprehensive

Formulary/PDL. The P&T Committee evaluates all therapeutic categories and selects the most cost-effective agent(s) in each class. In addition, the Committee reviews prior authorization procedures to ensure that medications are used safely, and in accordance with the manufacturer's guidelines and FDA-approved indications. They also evaluate and address new developments in pharmaceuticals and new applications of established technologies, including drugs.

Medications prescribed for Molina Healthcare members must be listed in the Drug Formulary/PDL. Select medications may require prior authorization, as well as any medication not found on the listing. When there is a medically necessary indication for an exception, such as failure of the formulary choices, providers may request authorization by submitting, via fax, a Medication Prior Authorization Form or by calling the Pharmacy Prior Authorization Department for the plan. Printed copies of the Drug Formulary/PDL may be obtained by calling the Provider Services Department.

Additionally, the Formulary listing and prior authorization criteria are posted on the Molina Healthcare website at www.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 its 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 determine further actions
- Designing effective and value-added interventions
- Continuously monitoring performance parameters and comparing to performance standards and benchmarks published by national, regional, or state regulators, NCQA, and internal Molina Healthcare thresholds
- Analyzing information and data to identify trends and opportunities, and the appropriateness of care and services
- Oversight and improvement of delegated functions;
- Claims, UM and Credentialing
- Confirming 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 its Members.

Patient Safety in 2007

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

Patient Safety will be addressed in the following ways:

- Continued information about safe office practices on our website.
- 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
- Preventive Care information and education for those identified under Disease Management.
- Cultural Competency trainings

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 through appropriate quality committee minutes and reviewing/ updating the QI work plan quarterly.
- Revising interventions based on analysis, when indicated.

In 2007, Molina Healthcare of Washington QIP made significant progress towards meeting many of our stated goals. Included within these 2007 accomplishments:

- Renewal of our NCQA accreditation for our Medicaid product line through 2010 with an "Excellent" accreditation level
- Continuation of our successful Disease Management programs, demonstrated by extremely low disenrollment rates
- Enhanced integration of quantitative tools in the evaluation of our QI activities
- Increases seen in more than 20 different HEDIS rates over 2006 levels
- Increasing member satisfaction as evidenced through our annual CAHPS survey

For more information, please call the Quality Improvement Department at (800) 423-9899, x145242, or visit our website at www.molinahealthcare.com.

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.**

