PARTNERS IN CARE

Wisconsin • Spring 2013

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.

In This Issue

MOLINA® HEALTHCARE

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Provider 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 (800) 423-9899.
- 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; and
- 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.

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; and
- New Technology.

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

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.

Searching for Your Members? We Have a New Tool for You.

Molina Healthcare has launched a new Member Roster application! Now providing you access to a flexible tool that makes your member management easier for you! This new application will help you to view a member list in real-time, customize your search with new filters, view various statuses for multiple members, check eligibility and more! Sign on/Register on our web portal by visiting www.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 who 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 the appropriate level of care in a timely manner; and
- 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 at (888) 999-2404.

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 providers 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 provider, you will receive written notification of all UM denial decisions. The notification will include the name and telephone number of the Molina Healthcare provider 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.

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. 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.

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 providers 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. Providers 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 provider. If an appropriate provider 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; and
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; and/or
   - Request for an urgent review when there is no medical urgency.

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:

- Asthma;
- Diabetes;
- CAD;
- CHF;
- Hypertension; and
- COPD.

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.

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 written instruction that explains your patient's wishes regarding health care in the case of a terminal illness or any medical procedures that prolongs 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 Advance Directives:
http://www.nlm.nih.gov/medlineplus/advancedirectives.html
http://www.nia.nih.gov/sites/default/files/End_of_Life_care_0.pdf
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 their Advance Directive and/or if there is a failure to comply with Advance Directives' 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.

Hours of Operation

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

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 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 providers 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; and
- 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 providers need in order to provide care;
- Follow plans and instructions for care that they have agreed to with their providers;
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible; and
- 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.

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.

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 aged 2 years and older, and adults.

Molina Healthy Living with Diabetes℠ – diabetes program is for adults aged 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 are 21 years and older 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 Healthcare to enroll them. Program materials include condition specific pamphlets and brochures, workbooks, patient logs, action plans, newsletters and other tools that educate the patients on how to manage their 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, providers 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 Molina Healthcare patients who you think will benefit from receiving educational materials or talking with a Case Manager, please refer them to our Health Management Programs by calling our Health Management Department at (866) 891-2320.

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

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; and
- Distribution of research on proven safe clinical practices.

Molina Healthcare 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)

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, accrediting organizations and internal Molina Healthcare threshold;
- Analyzing 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; and
- 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 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; and
- 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.

In 2013, our HEDIS results showed improvement in many measures. Lead testing for children showed a significant increase.

Areas that still need improvement:

***Annual diabetic eye exams, HbA1c and LDL lab testing**

***Prenatal and postpartum care for pregnant women**

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; and
- 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; and
- Preventive services/risk screening.

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

Non Discrimination

As a Molina Healthcare 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.

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.