MOLINA HEALTHCARE

Partners in Care

Wisconsin • Summer 2012

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 to support your credentialing application, with the exception of references, recommendations or other peer-review protected information;
- Correct erroneous information in your file;
- Be informed of the status of your application upon request by calling the Credentialing Department at 1-888-999-2404;
- 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.

In This Issue

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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 Customer Services Department (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 incentives 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 the making the decision,
    - Lack of or missing progress notes or illegible documentation, and/or
    - Requesting an urgent review when there is no medical urgency.

Molina Healthcare's UM Department staff is available 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 to (414) 831- 2886. 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) 8:00am -5:00pm. Voice messages and faxes received after regular business hours will be returned the following business day.

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
- Current Formulary & Updates
- Pharmaceutical Management Procedures
- 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.

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.

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
- Improve continuity and coordination of care between providers to avoid miscommunication
- Improve continuity and coordination between sites of care such as hospitals and other facilities to assure timely and accurate communication
- Distribute research on proven safe clinical practices

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

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

Advance Directives

Helping your patients prepare an Advance Directives may not be as hard as you think. Any person 18 years or older can create an 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 they become unable to do so.
The following links provides you and your patients with free forms to help create an Advance Directives:
http://www.nlm.nih.gov/medlineplus/advancedirectives.html
http://www.nia.nih.gov/sites/default/files/End_of_Life_care_0.pdf
http://www.hsdaas.utah.gov/advance_directives.htm
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 Directives 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 Directives. Patients have the right to file a complaint if they are dissatisfied with the handling of an Advance Directives 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 prominent section of the medical record. The medical record should also document if a patient chooses not to execute an Advance Directives. Let your patients know that advance care planning is a part of good health care.

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 healthcare 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.

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 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 coverageVoice complaints or appeals about Molina Healthcare or the care it provides.
- Make recommendations regarding Molina Healthcares member rights and responsibilities policy

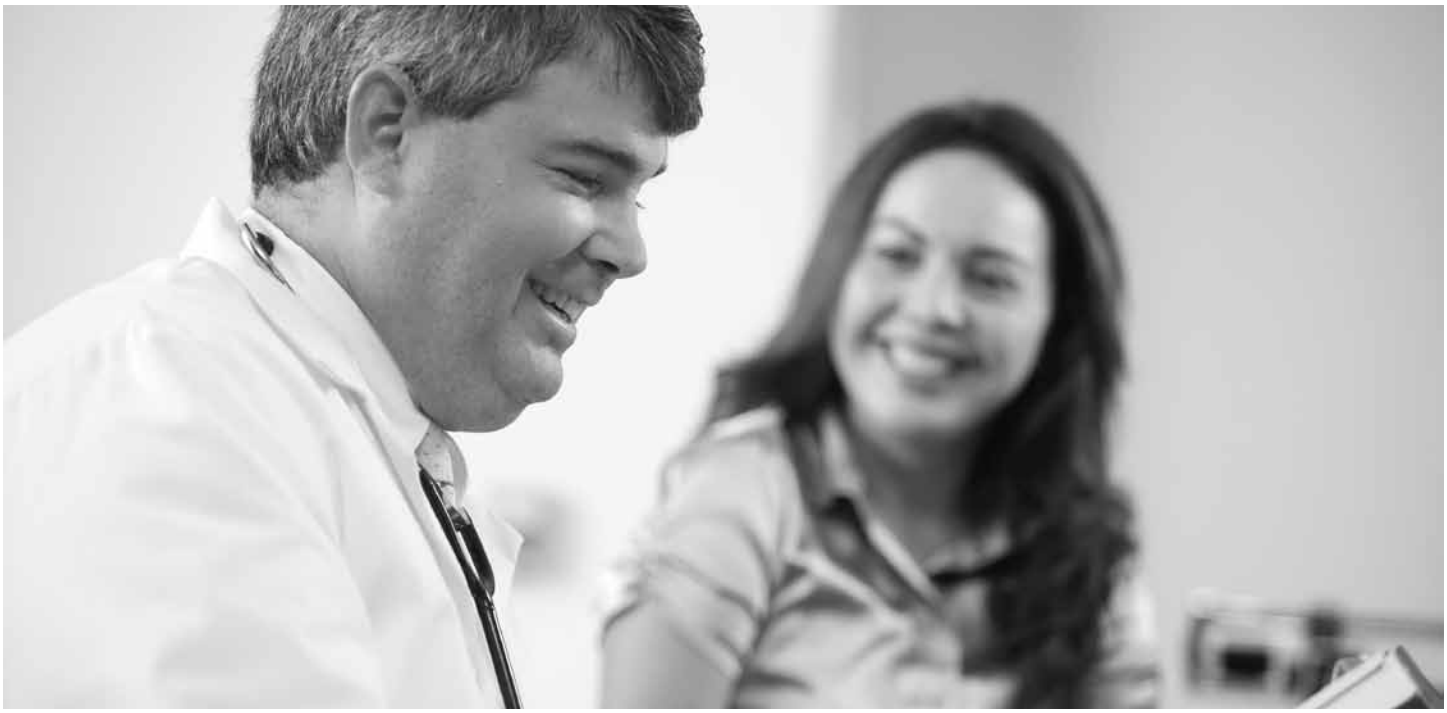
Molina Healthcare members have the responsibility to:

- 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 Provider/Member Services Department at (888) 999-2404.

Drug Formulary and Pharmaceutical Procedures

All prescriptions and certain over the counter items are provided by the State of Wisconsin, not by Molina Healthcare. All prescriptions from Molina doctors, specialists or dentists are filled at any pharmacy that is a provider for BadgerCare Plus and Medicaid SSI. Members are encouraged to show their ForwardHealth ID card to the pharmacy when they get a prescription filled. There may be co-pays and have limits on covered medications.



Disease Management Programs Improve Member Health

Molina Healthcare offers focused disease 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 Disease Management Programs to our members:

- **breathe with ease**[sm] - asthma program for children and adults ages 2 years and over.
- **Healthy Living with Diabetes**[sm] – diabetes program is for adults age 18 years and over.
- **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 chronic bronchitis.

All disease management program interventions are targeted to the specific needs of each member. Members are automatically enrolled based on medical and pharmacy claims. 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 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, practitioners receive notifications and patient profiles on all members enrolled in any of the disease management program.

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. This program is 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 Disease Management Programs by calling our Member Services Department at (800) 642-4168.

You can find more information about our programs on the Molina 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 it's 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
- 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.
- 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 Quality Improvement Department at the number below.

If you would like more information about our Quality Improvement Program or initiatives, 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.

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 Customer Services Department at (888) 999-2404.

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 .

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.

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
- Hypertension
- COPD

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

Nurse Advice Line

The Nurse Advice Line is here to help. Trained nurses are available 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 medical advice and make referrals to an appropriate care setting. Encourage your patients to call our Nurse Advice Line for assistance.

Nurse Advice Line: **(888) 275-8750 (English)**
(866) 648-3537 (Spanish)

We hear you! And we've enhanced our online presence.

Molina Healthcare listens to the needs of its providers and has been working to improve and enhance the online tools and services we offer you. Last September and again in December, our Web Portal team rolled out online service improvements to make it easier for providers to conduct business with us.

Here's a summary:

- **Member Eligibility** – Intuitive search options help you find information faster, while a new alert bar provides "at-a-glance" member eligibility information. You can also submit claims or service requests/authorizations directly from the eligibility detail page. When verifying patient eligibility, HEDIS missed-service alerts will notify you about services your patients may need.
- **Service Requests/Authorizations** – New search functionality makes it easier for you to locate patient information directly from the service request page. In addition, a redesigned authorization status screen provides a summary with line-level detail and the service-request form is now easier to read, complete, and print. You can also apply templates to requests that you use frequently, copy information from previous requests, and attach documentation and clinical notes, reducing the time it takes to prepare and submit requests. You'll also be able to view all service requests/authorizations for your members and will be notified if a member previously received the service.
- **Improved Access to Information** – Prior authorization grids
- **Enhanced Security –** Online access is more secure than phone or fax and a new provider registration process makes it easier than ever for you to register and add users to your accounts.
- **Claim Status Updates and Status Change Notifications** – The system provides real-time updates on claims status information so you'll know sooner if a claim is paid or denied and you'll be automatically notified of claims and service request/authorization status changes.

We're also enhancing Molina Healthcare's main Website and producing training materials – including video demonstrations – to help you get the most out of the enhanced Web Portal.

Register today!
Providers can register at https://eportal.molinahealthcare.com/Provider/Login. If you have any questions or feedback, please e-mail us at WebPortal@molinahealthcare.com.

ICD-10 Codes: Still on the Horizon

New procedures, new treatments and entire new medical fields and specialties have come into being in the three decades since today's existing ICD-9 codes were first introduced. And although HHS has announced its intent to delay the implementation date of the newest set of codes – called ICD-10 – we want you to know that Molina Healthcare continues to prepare for the changes ahead and will be conducting a provider survey to gather your input. Please note that, at press time, a new implementation date had not yet been set.

Why the change to ICD-10?
ICD-10 codes provide more robust and comprehensive data that will help improve patient care and enable the exchange of health care data with the rest of the world, which already uses ICD-10. Because the codes will tell a more detailed story of each claim, the expectation is there won't be a need to request as many support documents to pay claims, saving time in the long run and helping you get reimbursed faster.

What you can expect
Entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be required to use the ICD-10 diagnostic and procedure codes. Preparing for this change will take time as ICD-10 has a completely different structure from ICD-9. The existing ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes are alphanumeric and contain 3 to 7 characters, which may require software updates, staff training, changes to business operations and workflows, testing, and the reprinting of manuals, superbills and other materials.

Watch for our upcoming survey and more
Molina is dedicated to staying in touch with you throughout the process. In fact, we'll be conducting a provider survey about ICD-10. Your response will be important as survey results will help us with timing and formulating our approach to provider readiness, testing, coordination, messaging etc. In the meantime, we encourage you to visit www.cms.gov/ICD10 to learn more and stay on top of this important initiative.

Preparing for ICD-10

CMS encourages providers to begin preparing now by taking the following steps:

- Talk with your billing service, clearinghouse, or practice management software vendor
- Identify ICD-9 (and presumably ICD-10) touch points in your systems and business processes
- Identify needs and resources, such as training, printing, etc.
- An ICD-10 transition plan should take into account specific practice or organization needs, vendor readiness, and staff knowledge and training.
- Providers should check with their billing service, clearinghouse, or practice management software vendor about their readiness plans.
- Providers who handle billing and software development internally, should plan for medical records/coding, clinical, IT, and finance staff to coordinate on ICD-10 transition efforts.

Work collaboratively. A successful transition to ICD-10 will be vital to transforming our nation's health care system and essential to maintaining business operations.