State Demonstration to Integrate Care for Medicare-Medicaid Enrollees

Many Molina Medicare providers serve both Medicaid and Medicare enrollees. Currently, the most vulnerable part of this population, the fully dual eligible Medicare-Medicaid enrollees are receiving fragmented care through the separate Medicaid and Medicare systems with limited coordination. Some of these members are currently enrolled in a Medicare Advantage – Dual Special Needs Plans, such as Molina’s Options Plus, to receive their Medicare benefits. Some of these individuals are being served under various Waiver programs offered by the State for Home and Community Based Services or Nursing Home residents.

The Centers for Medicare and Medicaid Services (CMS) are accepting applications from interested health plans to join a 3-year demonstration program to integrate the care and benefits for these dual eligible individuals.

The Ohio Department of Jobs and Family Services (ODJFS) did submit a proposal to CMS for Ohio to participate in this demonstration program. This proposal outlines an Integrated Care Delivery System (ICDS) to integrate care for Medicare and Medicaid dual enrollees in Ohio. This model will use managed care concepts to provide highly-specialized, individual care to dual enrollees. The State released a Request for Application (RFA) on April 24, 2012. According to timelines shared by the State, health plans will be chosen in 2012, and enrollment in the dual integration pilot program will be effective 2013. Molina Healthcare looks forward to responding to this RFA. For more information, click here.

As we prepare our response, we would like to take this opportunity to ensure you are familiar with the goals of the program and your vital role as a provider of care to these individuals. The goals include:

- Improving the delivery of quality care
- Reducing health disparities
- Improving health and functional outcomes
- Reducing costs by avoiding preventable hospital stays, nursing facility admissions, and emergency room utilization
- Improving the transitions across care settings

Molina looks forward with continuing to work with you to service this important population. Molina is prepared to demonstrate our comprehensive approach to care management, consumer engagement and unique payment models that will help drive the efficiencies necessary to meet these goals. Please use Molina as your resource to stay informed about this important program by contacting your Provider Services Representative.
Announcing a New Medicare Member Incentive Program

Molina Medicare is pleased to announce a member incentive program, **Passport to Wellness**, to encourage utilization of preventive services for Medicare members. The members will be mailed a Passport to Wellness booklet that includes comprehensive care reminders and promotes multiple preventive tests and screenings. We need your help to ensure patients take an active role in their healthcare and receive the appropriate preventive health screenings and rewards they are eligible to receive.

Important Notes on the Incentive:

- We are asking your patients to bring this booklet and/or form with them to their office visits and discuss with you which health screenings are needed.
- Patients are eligible for a gift card reward based on needed services received by December 31, 2012.
- When the member receives the screening, please include the date of the screening, the provider name and signature, phone number and the result of the screening, if required.
- **The form and/or medical records can be faxed to (562)437-9315 or can be mailed to Molina Medicare, Attn: MHI Quality Improvement, 200 Oceangate, Suite 100, Long Beach, CA 90802. Upon receipt, the gift card/reward will be mailed to your patient.**

Passport Screenings include:

- Breast Cancer Screening (Mammogram)
- Colorectal Cancer
- Glaucoma
- Flu Vaccine
- Pneumococcal (Pneumonia)vaccine
- Well Visit

We appreciate your continued support in keeping our members healthy. If you have any questions about the program, please contact Lori Losacco, Health Educator, at 614-781-4470 or Lori.Losacco@MolinaHealthcare.com.

**Medicare Diabetes Flyer**

In addition to the Passport to Wellness Program, Molina Medicare implemented a Medicare diabetes incentive program for our members with diabetes in April. Members with diabetes who are in need of one or more of the following screenings will receive a flyer encouraging them to see their provider. The diabetes flyers were sent to members in April. The member will schedule their recommended diabetes screenings and will bring the form they received to their appointment for the provider to complete. A $10 Walmart gift card incentive is offered if one or more of the following diabetes screenings are completed:

- A1c Testing
- Cholesterol (LDL) Screening
- Dilated Retinal Exam
- Microalbumin Testing

All screenings must be completed by December 31, 2012. Completed forms must be received by January 30, 2013.
Special Needs Plan (SNP) for the Dual Eligible Population

Molina Medicare offers a Special Needs Plan (SNP) for the dual eligible population. Medicare SNPs are a type of Medicare Advantage plan for people who receive both Medicare and Medicaid sometimes referred to as dual eligible. These programs may also be grouped for individuals with chronic conditions or individuals who are institutionalized or individuals eligible for nursing home care. The Center for Medicare and Medicaid Services (CMS), through its research and strong budgetary incentive to understand what is driving the cost of healthcare, has developed guidelines for effective care management for those that are dual eligible and join a Medicare SNP. These guidelines are known as the SNP Model of Care. To that end, Molina Healthcare has developed a Model of Care designed for the population that it serves who qualify for the SNP. Primary care providers (PCP) who participate in the SNP will receive SNP Model of Care information on how to access these services for the member.

CMS outcome data demonstrates that this most vulnerable population is best serviced by a model of care that promotes the collaboration between those who provide and manage healthcare for the member. Molina believes that translating research into improved practice methods and collaboration can achieve improved outcomes at lower cost. Outlined below is the doctor’s role in the SNP Model of Care and how Molina Healthcare can support you by providing care management services. Care management is a set of services that expands the primary care physician’s (PCP) reach and information about the member/patient. Case management is one of the main functions of care management, which includes physical and psycho-social assessments, evaluations, team conferences, medication reconciliation, Nurse Advise Line, discharge planning and face to face visits in the home and/or office by the nurse. The case management guidelines include:

- Empowering members to contribute as much as possible to their own care
- Capturing accurate information about members and their conditions
- Educating and supposing /care givers
- Coordinate appropriate medical, behavioral and/or community recourses

Molina Medicare SNP Model of Care offers the opportunity for us to work together for the benefit of our member and your patient to enhance communication between health plan and provider, to focus on member special needs, to participate in the coordination of members care with other professionals and to reinforce the establishment of medical home for the member. We are forming a delivery system to make effective team care, including improved transitions across sites of care a requirement. With your help we think we have the keys to success, which are identification of members at risk for major health events, face-to-face interventions and home/hospital visits, interdisciplinary team’s participation and education and self management coaching of member and caregivers.

Provider Manual – New Version Now Available

Fighting Fraud, Waste and Abuse
Proper member identification is vital to reduce fraud, waste and abuse (FWA) in government health
care programs. The best way to verify a member’s identity is by obtaining a copy of the member’s ID
card and a form of picture ID. This is especially important for members that are not established within
your practice or may be seeking emergency care. If a photo ID cannot be provided, another way to
determine the patient’s identity is to confirm the member’s age by asking their date of birth. Together
we can help prevent and deter FWA.

Join our Email Distribution List and Connect with Us
If you prefer to receive this bulletin via email, please email us the provider group name, TIN, service
location address, contact name, contact phone number and email address at
ProviderServices@MolinaHealthcare.com.

Connect with Us. Molina Healthcare is on Facebook and Twitter. Like us at
www.facebook.com/MolinaHealth and follow us at www.twitter.com/MolinaHealth. Email us your
Facebook URL and Twitter handle at ItMatters@MolinaHealthcare.com so we can like your Facebook
page and follow you on Twitter, too.

Questions?
For more information about Molina Medicare, visit our website at www.MolinaMedicare.com or call
Provider Services at 1-800-642-4168. Representatives are available to assist you from 8 a.m. to 5 p.m.
Monday through Friday.