

PARTNERS IN CARE

Ohio • Fall 2013



Molina Healthcare's 2013 HEDIS® and CAHPS® Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey that assesses Molina members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received the results of how our members scored our providers and our services.

“ In 2013, Molina Healthcare showed improvement on customer service. We also improved in making it easier to see a specialist or get tests and treatments for our members. We still need to improve on how well our doctors communicate with members as well as getting our members access to care as soon as needed. ”

Another tool used to improve member care is the Healthcare Effectiveness Data Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

“ In 2013, Molina improved on the HEDIS® measures related to shots for adolescents, breast cancer screening and assessing body mass index (for measuring body fat). We need to improve on making sure our members receive timely prenatal care. We also need to improve on helping members control high blood pressure and asthma. ”

You can look at the progress related to the goals that Molina Healthcare has set for the annual CAHPS® survey results and the annual HEDIS® measures in more detail on the Molina Website. You can also view information about the QI Program and print a copy if you would like one. Please visit the provider page on Molina's website at www.MolinaHealthcare.com.

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2013-2014 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older. It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications. For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2013-2014 flu season, please visit the Centers for Disease Control and Prevention at <http://www.cdc.gov/flu/professionals/vaccination/>.



Below are the covered locations for Molina Healthcare members to obtain a flu vaccine:

Medicare

- Adults (19+ years old)
 - Contracted pharmacy
 - PCP office

Medicaid

- Adults (19+ years old)
 - Contracted pharmacy
 - PCP office
- Children (6 months to 18 years old)
 - PCP office

**For Providers participating in the Vaccines for Children (VFC) Program please contact your Provider Service Representative to find out if you can be reimbursed for the administration of the flu vaccine.*

For additional questions, please contact your Molina Provider Service Representative.

Where to Find Answers to Drug Benefits

As a Molina provider, we encourage you to talk to your members about the medications they need. Information about the pharmacy benefits and formulary medications is on the provider page of the Molina website at www.MolinaHealthcare.com. On the website, you can find:

- A list of generic and brand name medications that we cover and do not cover (drug formulary)
- Limits on covered medications
- Changes and updates to the prescription drug list made during the year
- The process to ask for prior authorization or exception requests for medications not on the list
- The process to change a drug to generic medication
- The process for using different medications that have the same effects, like a brand name or a generic medication
- Rules to try certain drugs first before we cover another medication for the same condition
- How you can ask us for approval of certain medications
- How you can ask for the amount of a medication the member may need
- Information needed by Molina Healthcare to get approval for medications

Provider Introduction to CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improved satisfaction not only increases patient retention, but can also help increase patient compliance and improve patient outcomes. This survey gauges satisfaction with services provided by the health plan and how members perceive the access they have to their physicians, the patient-provider relationship and provider communication. This survey is conducted annually during the spring. Survey results are then compared with national benchmarks.

As a physician or other health care professional, you can help us improve the satisfaction of Molina health plan members. You can:

- Communicate openly and actively with each patient. The time you spend with your patients so that they understand their own health issues and related treatment and management plans will only help them become more active participants in their health care.

Specific Tips on Communication

- Ask each patient to list his or her key concerns at the start of the visit.
- Listen to each patient and make sure he or she understands each test, procedure and/or the follow-up actions you are asking him/her to take.
- Review all treatment options with each patient.
- Review all medications to ensure understanding for taking the medication and to encourage adherence.
- Offer resources such as interpreters and health education materials.
- Ask each patient at the end of the visit whether all of his or her questions and concerns have been addressed.
 - Most likely, there may be a couple of other questions that the patient wants to talk about but they don't want to ask! This gives each patient that chance.
- Show empathy and take all complaints seriously, and try to resolve them immediately.
- Submit all referrals and obtain authorizations for your patients on a timely basis.
- Talk with your patients about the preventive health tests and exams they need, such as flu and pneumonia shots. Even if your patient is in for a sick visit, remind him or her of any needed preventive health tests.
- Make sure your office staff members treat each and every patient with courtesy and respect.
 - Ask each patient how well he or she was treated when they walked in the door, when they set up the appointments and at other times they have called.
 - Any issues that they identify should be brought to your office manager to get those issues resolved.

Some Other Key Issues to Consider

- **Review appointment scheduling protocols and the Molina access to care standards for your state**
 - Call patients 48 hours prior to their appointment to remind them of the visit and anything they will need to bring.
 - Consider offering evening and/or weekend appointments.
 - Provide clear instructions on how to access care after office hours.

• **Maximize all visits**

- For those patients being seen for an office-based Evaluation and Management (E&M) service (a “sick” visit), consider performing a preventive health care visit if time and indications allow. Molina Healthcare will reimburse for both an E&M and preventive visit when:
 - The ICD-9 or ICD-10 diagnosis codes support payment of both types of visits.
 - The office-based E&M service (sick visit code) reported with modifier 25 documents both E&M services as significant and separately identifiable E&M services.
 - Clinical records may be submitted with the claim documenting the criteria listed above.
 - Reimbursement assumes that all other claim payment requirements are satisfied.
- **Enhance the patient triage process and office experience**
 - Consider assigning appropriate office staff to perform preliminary work-up activities (e.g. blood pressure, temperature, etc.).
 - While patients are waiting, consider providing something to keep their attention (e.g. current reading materials, health education information).
 - Give a brief explanation for any provider delays and provide frequent updates. Offer options to reschedule or to be seen by another provider (including a Physician Assistant or a Nurse Practitioner).

Additional Resources

- Make sure your Molina patients know about our **24 Hour Nurse Advice Line**:
 - **(888) 275-8750 (English)**
TTY: **(866) 735-2929**
 - **(866) 648-3537 (Spanish)**
TTY: **(866) 833-4703**

Welcome to the Health Insurance Marketplace

Just when you were getting comfortable with the term “Health Insurance Exchange,” they had to go and change the name on us. Going forward, exchanges will be called “Health Insurance Marketplaces.” The more consumer-friendly term is part of a broader U.S. Department of Health and Human Services effort to encourage consumers to use the new Marketplaces when enrollment begins in October 2013.

What is a Health Insurance Marketplace?

Health Insurance Marketplaces – part of a continuum of government-sponsored care that spans from Medicaid to Medicare – are one of two primary vehicles that the Affordable Care Act offers to help solve the problem of the uninsured in our country.

- For those below the federal poverty level, there’s an expansion of the Medicaid program.
- For everybody else, Marketplaces will be the online virtual stores (think of them as Expedia.com for health plans) where people and small businesses (those with 50 or fewer full-time-equivalent employees) can go to compare and buy heavily regulated health insurance with or without government subsidies.

To get a feel for what a Marketplace has to offer, we encourage you to check out [Covered California](#) or the Washington [HealthPlanFinder](#).

Blurring the Lines with Medicaid?

A key emerging trend is that states are increasingly integrating Medicaid and the Marketplaces to expand coverage. While Medicaid and the Marketplaces are meant to be distinct, it is likely that in the near future, especially in conservative states, the lines between them will blur.

Three Types of Health Insurance Marketplaces

A state can choose to operate its own Health Insurance Marketplace, partner with the federal government, or let the federal government facilitate its Health Insurance Marketplace.

Why Would Molina Participate in the Marketplaces?

Our goal is to serve people with low-incomes on both sides of the transition point when they move in and out of Medicaid eligibility. This enables members who transition to a Marketplace plan to keep their existing providers and receive continuity of care. It also gives us the opportunity to serve additional low-income people who share the same traits as our CFC (TANF) population, especially the uninsured parents of the Children’s Health Insurance Program (CHIP) members we cover today. Finally, given the emerging trend in conservative states to use the Marketplaces to cover Medicaid beneficiaries, our participation in the Marketplaces will help us better navigate change as things evolve in the coming years.

What Kind of Plans Will the Marketplace Offer?

Marketplace plans will be divided into four tiers: platinum, gold, silver and bronze. The benefits are standard across all four tiers, but member cost sharing will vary. Our products, pricing and provider networks will be geared towards folks with incomes between 133% and 250% of the federal poverty level.

2014 is Approaching Fast....

What You Should Know:

- Health Insurance Marketplaces are a primary vehicle that the Affordable Care Act offers to help solve the problem of the uninsured in our country.
- Think of them as the online virtual stores where people will go to compare and buy heavily regulated health insurance with or without government subsidies.
- Marketplaces can enable members who transition out of Medicaid to keep their existing providers and receive continuity of care. They can also keep families together by covering low-income people such as the uninsured parents of CHIP members.



Care for Older Adults

Many adults over the age of 65 have co-morbidities that often affect their quality of life. As this population ages, it is not uncommon to see decreased physical function and cognitive ability and an increase in pain. Regular assessment of these additional health aspects can help to ensure this population's needs are appropriately met.

- **Advance care planning** – Discussion regarding treatment preferences, such as advance directives should start early before the patient is seriously ill.
- **Medication review** – All medications that the patient is taking should be reviewed, including prescription and over-the-counter medications or herbal therapies.
- **Functional status assessment** – This can include assessments, such as functional independence or loss of independent performance.
- **Pain screening** – A screening may include notation of the presence or absence of pain.

Including these components into your standard well care practice

for older adults can help identify ailments that can often go unrecognized and increase their quality of life.



Molina Healthcare works with Alegeus... This means convenience for you!

We want to make sure you are aware of the FREE paperless electronic payment and remittance advice service available through Alegeus Technologies, our behind-the-scenes service provider working to process and distribute your payments and remittance advice.

Benefits of enrolling for electronic payments include:

- Receive payments more timely and improve cash flow
- Save time spent on manual processes such as depositing paper checks
- Eliminate lost EOPs and expedite filing to secondary payers
- Access to electronic RAs (available in a variety of formats to meet your needs) for 12 months via the ProviderNet portal
- Reduce the risk of lost or stolen checks
- Simplify payment reconciliation
- Reduce your carbon footprint and Go Green in 2013!

Enrolling is free, easy, and takes only a few minutes:

- 1 Visit <https://providernet.alegeus.com>
- 2 Enter your account information (Tax ID, NPI and banking information)
- 3 Begin viewing and receiving payments from Molina electronically!

Notify Us of Changes

It's important that we know about any changes to your practice as soon as possible.

We need demographic changes, such as a new address or phone number, to update our provider directory and systems.

- Members need to be notified of any address changes before their next appointment.
- New Members want to see a list of providers close to them.
- We need to update systems to ensure that we mail checks and correspondence to your correct address.

For changes, like PCP termination, provider affiliation and reassignment to a new PCP, CMS requires that we send a written notice or call the Member at least 30 calendar days before the effective date of the change.

So, whether you move to a new location, contract with a new medical group or retire, it's important that you give us at least 60 days written notice so that we can make the necessary changes, notify affected Members and remain in compliance.



Things to Look for When Checking Eligibility

Whether you use the Provider Web Portal or call our Member Services Department to check eligibility, be sure to ask if the Member has Molina Medicare only or both Molina Medicare and Molina Medicaid.

Most Members are dual eligible.

If the Member has both Molina Medicare and Molina Medicaid, check the effective date of his or her dual eligible coverage category for the date of service. This will help you know who to bill and who to contact if prior authorization is required.



Pharmacy Prior Authorizations and Exception Requests

Check the Member's eligibility first to determine if the Member is eligible for Medicare-only, Medicaid-only, or both Medicare and Medicaid. Then check to see if Medicare covers the drug and/or supply.

Medicare is primary over Medicaid, so when appropriate, submit your Medicare prior authorization (PA) and/or exception requests for pharmacy-related supplies and prescription medications to our Medicare Pharmacy Department.

If Medicaid only covers the medication or supply, submit your PA and/or exception request to our Medicaid Pharmacy Department.

All PA and exception requests should be submitted to the appropriate department. Submitting PA and exception requests to the correct department will minimize delays and denials.

CMS Prohibits Balance Billing

Members who obtain Plan-covered services while enrolled do not pay more than their cost-share. Balance billing is prohibited by both CMS Fraud, Waste, and Abuse regulations and your contract.

Medicare D-SNP Members cannot be liable for:

- Any sums owed by the Plan to the provider
- Medicare Part A/B cost-sharing when the state or another payer is responsible for paying such amounts.

Network providers have agreed to accept payment from the Plan as payment in full, or to bill the appropriate responsible party for any Medicare Part A/B cost-sharing that is covered by Medicaid.

Remember: Always ask the Member to show both their Plan and Medicaid ID cards at the time of service. Not collecting information from both cards is a source of most billing issues.

Refer Your Patients to Molina Healthcare's Nurse Advice Line

Molina Healthcare's **Nurse Advice Line** offers our members answers to common health care questions and concerns 24-hours a day, seven days a week. Registered nurses are available to talk about wide-ranging topics including questions about ongoing health conditions, sudden illnesses, accidents and injuries.

- These highly-trained nurses, many of whom are bilingual (Spanish), are licensed to practice nursing in all the states where Molina Healthcare has members. They use nationally recognized Nurse Advice Guidelines and health information from MedLine Plus when answering members' questions.
- Nurses do not diagnose medical conditions or make clinical recommendations. Rather, their role is to assist callers in making appropriate health care

choices by offering unbiased information about treatment options or helping patients access care.

- Nurses offer support and help members decide whether they or their sick child should go to the provider's office, an urgent care center or the emergency room.
- Nurses can frequently help alleviate anxiety and calmly aid members in avoiding unnecessary care, expense and confusion.
- Members are always encouraged to work closely with their provider. The Nurse Advice Line helps educate patients to follow their provider's treatment plan.

Refer your Molina Healthcare patients to our Nurse Advice Line when:

- Your office is closed or your schedule is full

- For general medical advice and answering questions
- For redirecting to appropriate services

Molina Healthcare members can call the Nurse Advice Line 24 hours a day, seven days a week:

- **English:** (888) 275-8750
TTY: (866) 735-2929
- **Spanish:** (866) 648-3537
TTY: (866) 833-4703

To find out if any of your patients have contacted the Molina Healthcare Nurse Advice Line, please log in to the Molina Healthcare web portal. Reports are posted weekly.



Updates to the Molina Healthcare Preferred Drug List

Molina Healthcare has updated our Preferred Drug List. Visit our website at www.MolinaHealthcare.com to view the changes. You can also view our Prior Authorization (PA) List.



Vaccinate Your Patients to Prevent the Flu

Each year, hospitals spend millions of dollars treating the seasonal influenza despite how easily it can be prevented with an annual vaccination. Molina Healthcare members receive their seasonal flu shot for free. Encourage your Molina Healthcare patients to receive their flu vaccination as early in the flu season as possible, especially child members, pregnant members and members who are over the age of 65.

Molina Healthcare members who are 18 years and older can also receive their seasonal flu shot for **free** through retail pharmacies that offer a certified flu shot program and are a part of the Molina Healthcare network. Network pharmacies include CVS, Kroger, Giant Eagle and Target.

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; and
- New Technology.

If you would like to receive any of the information posted on our website in hard copy, please call (800) 642-4168.





Protect Vulnerable Infants from Pertussis Immunize Mothers during Every Pregnancy

Young Infants at Highest Risk of Severe Pertussis

Infants younger than two months of age are most susceptible to hospitalization or death from pertussis, but immunization against pertussis is not recommended until at least 6 weeks of age. However, maternal antibodies that are transferred through the placenta can protect infants. Early evidence suggests that maternal immunization with tetanus, diphtheria and pertussis (Tdap) during the third trimester of pregnancy can prevent pertussis in young infants.

Optimal Timing of Maternal Tdap Administration

To maximize protection of young infants, the federal Advisory Committee on Immunization Practices (ACIP) recommends that all women should be administered Tdap during every pregnancy,

preferably between 27 and 36 weeks' gestation:

- Women immunized with Tdap during a prior pregnancy or during the first or second trimester of a current pregnancy appear to have low levels of pertussis antibodies at delivery.
- Transplacental transport of antibodies occurs mainly after 30 weeks' gestation.
- At least two weeks are needed for a maximal response to immunization.

If Tdap is not administered during pregnancy, it should be given immediately postpartum. This will not provide direct protection to the infant, but may prevent transmission of pertussis from mother to infant.

Other Close Contacts

Everyone (e.g., parents, siblings, grandparents, child care providers, and healthcare personnel) who

anticipates close contact with an infant younger than 12 months of age should receive Tdap if they have not already done so. ACIP is currently considering whether Tdap boosters are indicated for contacts of infants.

References

1. CDC. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine in Pregnant Women-Advisory Committee on Immunization Practices, 2012. MMWR, 2013; 62 (7): 131-135. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>
2. Healy CM, Rench MA, Baker CJ. Importance of timing of maternal Tdap immunization and protection of young infants. Clin Infect Dis 2013;56:539-44.