



Coordination of Care

Molina Medicare is dedicated to providing quality care for our Medicare members during planned or unplanned transitions. A transition is when members move from one setting to another, such as when a Molina Medicare member is discharge from a hospital. By working together with providers, Molina Medicare makes a special effort to coordinate care during transitions. This coordination of specific aspects of the member's transition is performed to avoid potential adverse outcomes.

To appropriately coordinate the member's discharge, CMS requires Molina to work together with the providers to manage the member's transitions, coordinate care and benefits between various providers and payers involved in a patient's care. When multiple providers and settings are involved in a patient's care, complete and timely communication is key to ensure that care is coordinated and follow-up is adequate.

To ease the challenge with coordinating patient care, Molina Medicare has resources to assist you. Our Utilization Management nurses and Member Services staff are available to work with all parties and ensure appropriate care.

In order to appropriately coordinate care, Molina Medicare will need the following information in writing from the facility *within one business day* of the transition from one setting to another:

- Initial notification of admission within 24 hours of the admission
- Discharge plan when the member is transferred to another setting
- A copy of the member's discharge instructions when discharged to home

This information can be faxed to Molina Medicare at the number listed below.

To assist with the discharge planning of Molina Medicare members, please note the following important phone numbers:

Plan	Fax	Medicare Member Services & Pharmacy	Behavioral Health	Transportation
California	866-472-0596	800-665-0898	800-818-7235 619-528-4600 (San Diego)	866-475-5423
Florida	866-472-9509	866-553-9494	866-553-9494	866-475-5423
Michigan	800-594-7404	800-665-3072	800-541-3647	866-475-5423
New Mexico	888-802-5711	866-440-0127	888-825-9266	866-475-5423
Ohio	866-449-6843	866-472-4584	800-642-4168	866-475-5423
Texas	866-420-3639	866-440-0012	800-576-9666	866-475-5423
Utah	866-504-7262	888-665-1328	888-483-0760	866-475-5423
Utah – Healthy Advantage	866-472-9481	877-644-0344	866-472-9479	877-564-0577
Washington	800-767-7188	800-665-1029	800-745-4044	866-475-5423

The **Nurse Advice Line** is available to members 24 hours a day, 7 days a week at **1-888-275-8750**.

Important information you need to know about Molina Medicare Options Plus:

- All beneficiaries have rights that are defined in our provider manual and are available in the Molina Healthcare web-site www.MolinaHealthcare.com
- Molina Medicare Options Plus members have Medicare and Medicaid benefits designed to meet their special needs, therefore the state or its designated health plans have the responsibility for coordinating care, benefits, co-payments and coinsurance. Please be aware of your patients' status & Medicaid benefits and bill the correct entity.



- Health plans and providers can never charge these members more than they would have paid under Original Medicare and Medicaid. Members can also call the Medicaid agency for details and have specific rights with regard to their Medicaid benefits

Plan	QIO
CA	Health Services Advisory Group of California (HSAG) 700 N. Brand Blvd, Suite 370 Glendale, CA 91203 Phone: (800) 841-1602 FAX www.hsag.com
FL	FMQAI 5201 W. Kennedy Boulevard Suite 900 Tampa, Florida 33609-1822 Appeals: (866) 800-8768 Main Telephone Number: (813) 354-9111 Medicare Beneficiary Number: (800) 844-0795 Provider Access: (800) 564-7490
NM	New Mexico Medical Review Association (NMMRA) P.O. Box 3200 Albuquerque, NM 87190 Phone: (505) 998-9898 (Albuquerque Area) Phone: (800) 663-6351
MI	Michigan Peer Review Organization (MPRO) 22670 Haggerty Rd., Suite 100 Farmington Hills, MI 48335 Phone: (248) 465-7300 FAX (248) 465-7428 http://www.mpro.org
OH	KePRO Rock Run Center 5700 Lombardo Center Drive, Suite 100 Seven Hills, OH 44131 Phone: (216) 447-9604 www.ohiokepro.com
TX	TMF Health Quality Institute Bridgepoint I, Suite 300 5918 West Courtyard Drive Austin, TX 78730-5036 Phone: (800) 725-9216 Fax: (512) 327-7159 www.tmf.org

Plan	QIO
UT	HealthInsight 348 East 4500 South, Suite 300 Salt Lake City, Utah 84107 Phone: (801) 748-6773 Fax: (801) 892-0160 www.healthinsight.org
WA	Qualis Health PO Box 33400 Seattle, WA 98133-0400 Phone: (800) 949-7536 Fax: (206) 368-2419 www.qualishealth.org

- Providers are responsible for verifying eligibility and obtaining approval for services that require prior authorization as outlined in the Provider contract. Our Medicare Member Services department can assist you in this regard.

Continuity of Care and Provider-to-Provider Communication

As medical practice becomes more complex and demanding, coordinating care between various providers involved in a patient’s care is a challenge. When multiple providers are involved in a specific case, complete and timely communication is key to ensure that care is coordinated and follow-up is adequate.

It is not unusual to hear from patients, “my providers don’t seem to talk to each other.” Many PCPs tell us that they are unaware their patient received services from a specialist. These issues may be managed with effective systems for record review and feedback among practices.

Here are some simple steps that you can use to improve communications between your office and other specialists:

- PCP offices may use original referral for specialty consultation forms as a “tickler” system. This form is filed in a “pending” drawer and only removed when the associated report has been received. The tickler file is compared against daily mail and faxes.
- Referral “logs” can be used in a similar fashion. These can be put into an Excel spreadsheet for easier updates and tracking.
- Consultation reports as well as other diagnostic information should not be filed into the medical record until the provider initials it as reviewed and indicates desired follow-up.
- Some specialists call the referring PCP as they write or dictate visit notes to communicate that the patient has been evaluated. This typically is done through a messaging system, unless provider-to-provider contact is required for significant issues



requiring rapid response. A written response is still important after the phone call.

- PCPs are frequently unaware of the patient's mental health status, including prescriptions that have been ordered. This makes it extremely difficult to coordinate medical care and ensure safety. A report to the patient's provider, noting that the patient has been seen and medications ordered, is always important and will assist the PCP to manage other aspects of care.
- There is a major national focus on patient safety, in the hospital, the office, and at the pharmacy. Provider-to-provider communication plays an important role in patient safety and always enhances care. Please do your best to improve this type of communication in your office and keep your patients safe.

*Printed copies of information posted on our website are available upon request.