



Medicare Beneficiaries May Choose Molina Medicare as Their 2011 Medicare Plan

Medicare beneficiaries have an annual enrollment period (AEP) starting November 15, 2010 through December 31, 2010. During the AEP, Medicare beneficiaries have an opportunity to select one of Molina Healthcare Medicare health plans that best suit their needs. Molina Medicare offers Options Plus in Saginaw, Montcalm, Genesee, Kent, Wayne, Oakland and Macomb counties. Molina Medicare also offers Options in Wayne, Oakland and Macomb counties:

- **Options** – A Medicare Advantage Prescription drug plan
- **Options Plus** – A Medicare Special Needs Plan for dual-eligible's or individuals that are enrolled in Medicare and qualify fully for Medicaid

When joining Molina Medicare, they will enjoy the following benefits in addition to other Medicare covered benefits as a member of one of our plans:

- Preventive dental benefits for exams and x-rays
- Comprehensive Dental Benefits of \$1,200.00
- Transportation to and from medical appointments
- Vision exams and Eyewear benefits up to \$250.00

Molina Medicare is excited about having you as a participating provider. We value your participation and your commitment to providing quality care to our members.

Patients who want to learn more about our Medicare health plans should call (888) 275-8750.

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Claims Submission Requirements

Please mail all initial Medicaid claims to:
Molina Healthcare, Inc.
PO Box 22668
Long Beach, CA 90801

Please mail all initial Medicare claims to:
Molina Healthcare Options Claims
PO Box 22811
Long Beach, CA 90801

Please do not submit initial claims to the Troy address as this will delay the processing of your claims, and your claim may be returned. Please contact the Claims Department with any questions or concerns at 1-888-898-7969.

The following MQIC guidelines have been updated this year:

- Management of Diabetes Mellitus
- General Principles for the Diagnosis and Management of Asthma
- Management of Asthma in Children 0 to 4 Years
- Management of Asthma in Children 5 to 11 Years
- Management of Asthma in Youth 12 Years and Older Adults

Please update your guideline. For a complete list of the MQIC guidelines please visit the Molina Healthcare Provider Website and click on the MQIC link.

MAHP Connect streamlines physician contacts with major Michigan health insurers

For immediate release Nov. 2, 2010

Michigan Association of Health Plans and Covisint, a Compuware company, partner to create online system to reduce administrative costs

DETROIT – The Michigan Association of Health Plans and Covisint, a Compuware (NASDAQ: CPWR) company, today announced that several of Michigan's health plans are now using MAHP Connect, to make it easier and faster for health care providers to properly bill patient health insurance plans.

MAHP Connect simplifies the administrative burdens of providers by bringing secure online access to member eligibility, claims status, single-sign-on to all participating plans and other key collaboration tools for multiple health plans. The MAHP system, using Covisint ExchangeLink™, a leading platform-as-a-service offering connecting health care constituents to their information, will help Michigan meet requirements for administrative efficiency by the federal health care reform package ahead of federal mandates and without having to use federal resources.

Today, administrative staff in physicians' offices are forced to log into and out of each health plan's on-line system to check insurance coverages, claim statuses and other similar pieces of information, each requiring different user names, passwords and commands. For example, a practice employing 20 physicians and accepting eight different health plans translates into managing 160 unique user names and passwords.

Using MAHP Connect, physicians or their administrative staffs will be able to log on one time with one ID and password, quickly moving between participating health plans with similar screens and commands in real-time, simplifying the administrative process.

"This administrative simplification significantly reduces providers' costs by cutting the time and complexity involved in checking insurance status and billing properly," said Rick Murdock, executive director of MAHP. "If we can help reduce administrative costs, we should be able to hold down premium increases while letting providers

focus on delivering quality health care. That's an important requirement under federal health care reform, and a major goal for MAHP members. We expect to see additional insurance plans join MAHP Connect in the months ahead."

According to government studies, administrative costs represent nearly one-third of all health care dollars spent in the U.S. The U.S. spends about \$2.3 trillion annually on health care – about a sixth of the nation's Gross Domestic Product. Health plans are under increasing competition and pressure to find the most efficient and cost effective methods to work together with providers. MAHP Connect and Covisint directly address all of these needs with a solution that securely provides an information sharing backbone, online collaboration tools and other services in a non-disruptive way from a single point of access.

"Everyone in the healthcare ecosystem – payers, patients, physicians, health systems and others – wants the promise of better care delivered more economically," said Brett Furst, Covisint Vice President of Healthcare. "Covisint is helping MAHP take advantage of technology in the cloud to deliver on that promise for everyone – simply, securely and effectively."

Covisint ExchangeLink is a platform-as-a-service (PaaS) ecosystem providing a one-stop shop for health care organizations and caregivers to securely access applications and exchange information across the entire care delivery system. The Covisint solution already serves more than 1,100 health care organizations nationally--representing more than 290,000 physicians and care providers, including entire states, health information exchanges (HIEs), Medicaid programs, health systems and hospitals, as well as health plans.

Michigan Association of Health Plans

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Michigan Association of Health Plans

The Michigan Association of Health Plans is an industry voice for Michigan's health care plans. MAHP facilitates communication among members, government, and the industry regarding health care issues of common concern. The mission of the Michigan Association of Health Plans is to provide leadership for the promotion and advocacy of high quality, affordable, accessible health care for the citizens of Michigan.

Covisint

Covisint enables information ecosystems that quickly revolutionize organizations by providing secure communication and collaboration between people and systems in remarkably simple ways. Covisint is a recognized cloud computing pioneer driving the on-demand revolution that helps organizations connect, communicate

and collaborate with their partners – enabling anywhere, anytime information. Covisint's ExchangeLink platform provides industry-specific services for identity management, collaborative portals and data exchange, as well as a third-party application marketplace. Learn more at www.covisint.com.

Compuware Corporation

Compuware Corporation, the technology performance company, provides software, experts and best practices to ensure technology works well and delivers value. Compuware solutions make the world's most important technologies perform at their best for leading organizations worldwide, including 46 of the top 50 Fortune 500 companies and 12 of the top 20 most visited U.S. web sites. Learn more at: <http://www.compuware.com>.

Molina Medicare Options Plus

Dual Eligible Members and Billing Restrictions

Members who are eligible for both Medicare and Medicaid shall not be held liable for Medicare Part A and B cost sharing when the State Fee for Service Medicaid is responsible for paying such amounts. Providers who agree to accept payment from a Medicare Health Plan, do so as payment in full, or should bill the appropriate responsible party, for any Medicare Part A and B cost sharing that is covered by Medicaid.

A provider may not bill a Molina Medicare Options Plus Member for any unpaid portion of the bill or for a claim that is not paid with the following exceptions:

- The member has been advised by the provider that the service is not a covered benefit and the provider has documentation.
- The member has been advised by the provider that he/she is not contracted with Molina Medicare Options Plus and has documentation.
- The Member agrees in writing to have the service provided with full knowledge that they are financially responsible for payment.

- Denied emergency room claims: A Member is responsible for payment of a hospital outpatient emergency room visit if it is determined that an emergency did not exist at the time the service was provided. An exception would exist in those circumstances in which the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of medical attention could reasonably be expected by a prudent layperson to result in placing the Member's health in jeopardy, impairment or dysfunction. The Member may only be billed for the emergency room charges, but cannot be billed for the ancillary charges (e.g., laboratory & radiology services)

Please do not bill the Molina Medicare Options Plus Member for any unpaid portion of a claim and bill the appropriate responsible party. In the state of Michigan, dual eligible members are not enrolled in Medicaid Managed Care Plans; therefore, any unpaid Medicare portion of a bill must be submitted to Fee-for-Service Medicaid. If you would like to speak to one of our Provider Services Staff, please call 1-888-898-7969, option 1.

Reminder regarding: Molina Healthcare PCP Access to Care Standards

A Primary Care Provider (PCP) may be any of the following type of provider: family or general practice, internal medicine, OB/Gyn, pediatric, physician assistant and/or nurse practitioner.

A PCP must be accessible 24 hours a day, seven days a week, either personally or through coverage arrangements with a designated contracted PCP. After-hours coverage must meet the requirements below:

- ✓ Provides instructions for an emergency situation
- ✓ Provides means of reaching an on-call physician

The PCP must make every effort to schedule members for appointments using the following recommendations:

1. Office Hours. PCP must be available at least 20 hours per week. The PCP must provide staffing patterns, which are adequate for caseload, inclusive of healthcare support staff, paraprofessionals, and other healthcare professionals.
2. Emergent Appointments. Emergencies must be handled immediately or the member must be referred to a hospital emergency room.
3. Urgent Appointments. Urgent appointments scheduled on the same day or referred to urgent care facility.
4. Routine Appointments. Routine appointments scheduled within seven (7) to ten (10) days.
5. Health Assessment. Well examination and physical scheduled within four (4) to six (6) weeks after the initial request.
6. After-Hours Care. PCP must provide member access and availability to physician services, 24 hours per day, seven days a week and provide means of reaching an on-call physician.

The Importance of Effective Management and Reporting of Chronic Illness

While understanding of chronic illness has increased in recent years, the morbidity and mortality associated with certain chronic conditions continue to comprise a major health dilemma. Chronic disease is a long-lasting condition that can be controlled but not cured. Molina Healthcare tracks chronic illness by reviewing claims data that physicians and hospitals submit on behalf of patients who seek management and maintenance of their chronic condition. We are reaching out to our physicians *especially* to help us improve on the two most important elements –management and reporting. Without these elements, chronic disease data needed to show ‘good practice’ behavior can be lost.

We all need to stay abreast of new and better treatments for chronic illness and communicate them effectively to patients. Most important, however, is to communicate through encounter (claim) submission, the management and reporting provided to our members. Remember, missing or unreported ICD-9 codes associated with the identification and management of chronic illness can have the appearance of ineffective management of the disease. Please remember to report chronic conditions where present and always bill to the highest level of specificity.

Molina Healthcare - Caring for Women

Molina Healthcare’s benefits for women include coverage for mammograms, cervical screens and Chlamydia testing.

- Mammograms are covered for women age 40 years and older. Molina healthcare members are instructed to first make an appointment for an annual preventive exam which includes a clinical breast exam. Women will need a written order from the doctor for the mammogram (usually on a prescription pad) to present to the mammography facility.
- Coverage for sexually active women (age 18 years and older) includes an annual pap test and pelvic exam.
- Sexually active teens and young women 25 years of age and younger & asymptomatic women at increased risk for infection should be tested for Chlamydia and sexually transmitted infection (STI).

Transportation to medical appointments is available for Molina Healthcare members. Members simply call 1-888-898-7969, press 2, and then press 3 during regular business hours, 8AM – 6PM, Monday – Friday. It is important to call at least 4 days in advance of the medical appointment to schedule transportation.

Provider Change Notification Requirements

Providers must notify Molina Healthcare in writing at least 60 days in advance when possible of changes in physician staffing, after hours and/or vacation coverage, practice location changes, billing address and tax ID changes. Changes should be submitted on the “Molina Healthcare Provider Change Form”. The form is located at www.molinahealthcare.com in the Provider Forms section. Please submit completed forms *and* supporting documentation by mail, fax or email to:

Molina Healthcare of Michigan, Systems Configuration
100 W Big Beaver Rd Ste 600
Troy, MI 48084
Fax (248) 925-1757
MHMProviderChangeForm@molinahealthcare.com

For Questions, please call the Provider Call Center at (888)898-7969, Option 1.

Molina Healthcare Service Area Expansion!

Molina Healthcare is pleased to announce effective December 1, 2010 the Medicaid product line is available to Ingham County Residents. This expands our service area to 48 counties in Michigan.

Molina Healthcare understands how critical PCP's are to the health care delivery system and we appreciate your continued support and partnership with Molina Healthcare. If we can do anything to assist you in caring for our members or improving your practice please contact us at 1-866-449-6828, ext.155822.

Making Strides Against Breast Cancer | October 9, 2010

The American Cancer Society held its 9th annual 5 mile walk on Belle Isle Park in Detroit Michigan on October 9, 2010. Molina Healthcare of Michigan sponsored this event having a total of 36 walkers on the Molina Marvelous Marchers team!

The American Cancer Society raised \$775,000 with a total of 14,000 registered walkers! These are some of the ways we can unite to Make Strides Against Breast Cancer!

Molina Healthcare is continuously seeking ways to partner with our providers and community agencies for events. If you have any upcoming events please notify our Promotions Coordinator at 866-449-6828 ext 155822!





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Troy, MI 48084

6649MI1110



Questions about your health? Call Our Nurse Advice Line!

1-888-275-8750 English

1-866-648-3537 Spanish

OPEN 24 HOURS!

Your family's health is our priority!
For the hearing impaired please call

TTY/866-735-2929 English

TTY/866-833-4703 Spanish

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