

# The 2007 Michigan Cancer Consortium (MCC) Spirit of Collaboration Award

By Marianne Thomas Brown, RN

Molina Healthcare of Michigan in collaboration with Karmanos Cancer Institute and sponsors of the **Pamper Party for Breast Health** received the 2007 Michigan Cancer Consortium (MCC) Spirit of Collaboration Award! The reviewers were very impressed with the collaborative project and its contribution to cancer control in Michigan.

“The Pamper Party is an event in which we invite members to enjoy a few hours of pampering by receiving a manicure, mini massage and lunch before/after getting a mammogram via the Karmanos mobile mammography van”, said Jocelyn Rickard, Health Education Coordinator.

Special recognition goes out to Ms. Rickard who is responsible for developing this project and coordinating all of the pampering activities members can receive at this event. The Spirit of Collaboration Awards will be presented during the MCC annual meeting on October 31, 2007 at the Lansing Center.

## SPECIAL ANNOUNCEMENT

Thank you for your feedback regarding refunds VS. takebacks. In an effort to operate more efficiently we will implement the take back process within the next 60 days. A complete notification will be sent out when the implementation process is complete. For further information, please contact your provider services representative.

### WE ARE HERE AND PLEASED TO ANNOUNCE....

Wright & Fillipis' new **Cadillac Location** is now open to provide services to Molina members. Please pass along this message to those on your teams who should know about this.

**Here is the contact info:**

1911 N. Mitchell Street Cadillac, MI 49601  
 Phone (231) 775-7961  
 Fax (231) 775-7954



100 W Big Beaver Road, Suite 600  
 Troy, MI 48084

## 2007 Provider Dinner Meeting

Invitations have gone out to our providers in the Eastern Michigan area for the upcoming **Molina Healthcare of Michigan Provider Meeting**

**Bavarian Inn Lodge**  
 1 Covered Bridge Lane  
 Frankenmuth, MI 48734  
 (989) 652-7200

Friday, November 16, 2007  
 Registration begins at 5:30 P.M.  
 Dinner/Meeting at 6:00 P.M.

### HOPE TO SEE YOU THERE!!!

\* DINNER MEETING FOR PROVIDERS LOCATED IN OTHER AREAS OF THE STATE COMING SOON \*

# What's New

Molina Healthcare of Michigan



In This Issue

A Publication for Molina Healthcare Providers • Fall 2007

	Page
MAHP Pinnacle Awards .....	1
Claims Submissions .....	1
Pharmacy Bulletin .....	2
MSA Bulletin .....	3
Patient-Physician Relationship.....	4
MCC Award .....	5
Special Announcement.....	5
2007 Provider Dinner.....	6

## MAHP Pinnacle Awards

By Marianne Thomas Brown, RN

Molina Healthcare of Michigan received two awards at the 2007 Michigan Association of Health Plans Pinnacle Award for Best Practices reception on September 18, 2007 in Lansing.

In the category of Clinical Service Improvement, the Pinnacle Award was received for the program titled What to Do When Your Child Gets Sick. In June 2004 MHM implemented this program which was designed to educate parents on how to treat their child's minor illnesses at home, when possible, as opposed to utilizing the Emergency room.

MHM also received a Pinnacle Award in the category of Community Outreach/Partnerships for the Have a Book and a Health Exam Too project. MHM partnered with Henry Ford Health System and the Detroit Public Library's Main branch to provide well child exams. The library was converted to a temporary clinic where children ages 3 - 14 years of age were able to obtain a well child exam, lead testing and immunizations.

Congratulations to the Health Education Department and others who were involved with the MAHP Pinnacle Award winning programs!

## Claims Submission Requirements

**Please mail all initial claims to:**  
 Molina Healthcare, Inc.  
 PO Box 22668  
 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.

© 2007 Molina Healthcare, Inc.  
 All rights reserved.

Part# 2048Rev1007



# PHARMACY BULLETIN TAMPER RESISTANT PRESCRIPTION PADS 09/2007

By Jim Clarke, R. Ph MS

Excerpts from DCH Bulletin Number: MSA 07-51

Effective April 1, 2007 Medicaid is mandated by federal law (public act 110-28 section # 7002 (b)) to require prescribers and pharmacies to use tamper resistant prescription pads if writing a prescription for a Medicaid beneficiary **EXCEPT:**

#### **Medicaid Health Plan (MHP)**

Except for point of sale (POS) carve out drugs

MI – atypical anti-psychotics, HIV medications, miscellaneous medicines

Which **must** be written on tamper resistant prescription pads.

Please see MDCH PBM website at [www.michigan.fhsc.com/providers/druginformation/otherinformation](http://www.michigan.fhsc.com/providers/druginformation/otherinformation)

#### **Medicaid Fee-For-Services (FFS)**

Beneficiaries receiving prescription drugs not separately reimbursable to a pharmacy. This includes drugs provided incident to or part of, another service, or as a part of a per diem payment in the following settings:

- Nursing facilities
- Intermediate care facilities for the mentally retarded (ICF/MR)
- Inpatient/Outpatient hospitals
- Critical settings (hospice, dental, physician office/clinic, laboratory and x-ray, renal dialysis)

**In the event a pharmacy relieves a non-compliant emergency prescription, the prescribed drug may be dispensed, however the prescriber must provide to the pharmacy a compliant prescription, within 72 hours of the date of the emergency prescription was filled.**

As you are likely aware, most major health care organizations have urged senators Max Baucus, Charles Grassley and representatives John Dingell and Joe Barton to delay the enactment of section 7002 (b) of PL 110-28. Given the short notice it would be prudent to prepare for the October 1, 2007 implementation date.



Michigan Department of Community Health

**Bulletin Number:** MSA 07-54  
**Distribution:** All Providers  
**Issued:** October 1, 2007  
**Subject:** Beneficiary ID Numbers  
**Effective:** November 13, 2007  
**Programs Affected:** Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS, Plan First!

The purpose of this bulletin is to alert providers of a change in identification number format for beneficiaries enrolled in Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS, Plan First!, and other healthcare programs administered by the Michigan Department of Community Health (MDCH).

As part of the Michigan Department of Human Service's (MDHS) new eligibility determination and case management system (called Bridges), beneficiary identification (ID) numbers are being reformatted from eight digits to 10 digits. Use of the new format will begin November 13, 2007. After that date, providers may be presented **mihealth** cards with either an eight-digit or 10-digit number.

It is important that providers review their automated claims/accounting systems to assure they can accommodate the 10-digit number.

#### **ELIGIBILITY VERIFICATION**

Beginning November 13, 2007, providers should enter a 10-digit beneficiary ID number when using the beneficiary ID search method. Eight-digit IDs should be entered with two leading zeroes. The 834 enrollment transaction received by MDCH enrolled health plans will report 10-digit ID numbers (eight-digit ID with two leading zeroes).

#### **BENEFICIARY ID NUMBERS ON CLAIMS**

Providers should report a 10-digit beneficiary ID number for both paper and electronic claim formats. Eight-digit IDs should be entered with two leading zeroes. A 10-digit ID will be reported to providers on their paper and/or electronic (835) Remittance Advice, as well as the health plan premium payment (820) remittance file.

Pharmacy providers should continue to report 10-digit beneficiary IDs in the NCPDP claim format. No leading zeroes will be required for beneficiaries with MDHS issued 10-digit IDs.

#### **ENCOUNTER DATA**

Health plans should provide 10-digit beneficiary IDs in their encounter reporting. Eight-digit IDs should be entered with two leading zeroes.

#### **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

#### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliations, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

#### **Approved**

Paul Reinhart, Director  
Medical Services Administration

## Patient-Physician Relationship

By Queen Balazs

Primary Care Physicians are contractually obligated to provide primary health care services to his and/or her assigned members at the start of the effective date until the end of the eligibility period, unless notified by Molina Healthcare. When barriers exist that prevents a positive patient/physician relationship we expect the Primary Care Physicians to notify Molina. We can assist the office and member to overcome barriers through Case Management, Member Education, and through other support arrangements. Our goal is to ensure that Molina member's care is being managed throughout their entire eligibility period.

**WHAT TO DO:** When a physician feels they can no longer provide care to an assigned member, **they must notify the member in writing of intent to discharge patient from practice prior to communicating to Molina in writing they wish to terminate the relationship.**

There are several irreversible reasons that may cause a patient-physician relationship to end. For instance, relocation of the member, physician retirement, or unanticipated provider termination. When anyone of these reasons arises, Molina members are notified immediately at the plan level. **Non-compliance, verbally abusive language and inappropriate behavior incidence should be reported in writing to Molina.**

**WHAT NOT TO DO:** It is increasingly becoming an office practice **to terminate members through written or verbal communication and then notifying Molina after the incident occurs.** This practice is not encouraged and is against Molina policy. Molina's member termination policy is outlined in the provider manual, which can be downloaded from our website [www.molinahealthcare.com](http://www.molinahealthcare.com). Proper procedural steps to disenroll a member from your care and the required supporting documentation can be viewed on Molina's website. A member who exhibits life threatening behavior and endangers the PCP or office staff can be terminated immediately, however plan notification and documentation is required. For assistance with this process, please contact your Provider Service Representative.

