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Attention Providers: Refer Your Patients to the Nurse Advice Line

1-888-275-8750 (English)
1-866-648-3537 (Spanish)

The Nurse Advice Line is staffed by bilingual Registered Nurses to serve your patients 24 hours a day, seven days a week. If your patients have any concerns about their health, our specially trained triage nurses are available to listen to their symptoms, provide nursing care advice, and make referrals to an appropriate care setting. **Encourage your patients to call our Nurse Advice Line for assistance with their healthcare concerns.**



ePortal

Molina Healthcare's ePortal is an online self services tool for Providers located at www.molinahealthcare.com. ePortal may be utilized to:

- Submitt National Provider Identification number(s) (NPI).
- Verify member eligibility
- View and print patient listings
- Submit and status prior authorizations
- Status and submit claims
- Print claim summaries
- View the provider directory



And

- **View HEDIS missed services reports**

ePortal is a FREE internet application available to all Molina Healthcare Providers. To sign up for ePortal, please contact the Provider Services Department.



Let's Improve Our Lead Testing Rates!

Many families find it difficult to find the time to take their children to a laboratory for lead testing. That is why filter paper capillary screening will help guarantee children are receiving their necessary blood tests. The blood sample is obtained in the office using a finger poke and the supplies for the testing are free from the Michigan Department of Community Health laboratory.

Getting Started

A capillary blood specimen is typically collected for initial lead screening. Provider sites must first obtain a CLINIC CODE number and supplies from Jeff Dupler (517) 335-8244. For more detailed information, visit Michigan.gov and search: Collection Procedures for Capillary Blood Lead Specimens.



Fees

Medicaid: These blood lead specimens are tested with no charge to the submitter as long as the client Medicaid number is provided on the Blood Lead sampling Request.

Non-Medicaid: The fee for testing a blood lead specimen for clients who are not Medicaid eligible is \$16.91, which includes supplies. In the case of clients at high risk with extreme hardship, the fee can be waived, but only with pre-approval. Contact the MDCH laboratory, (517) 335-8058 for exemptions.

The following supplies are supplied by MDCH as part of the testing fee:

- ✓ Capillary blood tubes (Micro-sampling)
- ✓ Filter paper collection kit with envelope for each card
- ✓ Venous blood tubes
- ✓ Mailing supplies
- ✓ DCH 0696 March 2006, Blood Lead Test Requisition Form
- ✓ Requisition for Clinical Specimen Shipping Units (DCH-0568)

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Features at www.molinahealthcare.com:

- Clinical Practice and Preventive Guidelines
 - Disease Management Programs for Asthma, Diabetes and Pregnancy
 - Quality Improvement Programs
 - Member Rights & Responsibilities
 - Privacy Notices
 - Claims/Denials Decision Information
 - Provider Manual
 - Formulary
 - UM Affirmative Statement
- (re: non-incentive for under-utilization)
- How to Obtain Copies of UM Criteria

Molina Healthcare of Michigan

Please contact Molina Provider Services for written copies of all information on the website or if you need more information please call Provider Services at 1-888-898-7969.

Disease Management Programs Improve Member Health

Molina Healthcare offers focused disease management programs that can significantly influence the health of our members and provide a variety of helpful services for those with chronic conditions such as asthma and diabetes.

Molina Healthcare offers the following disease Management Programs to our members:

Breathe with Easesm (asthma): 2-56 years of age

Healthy Living with Diabetessm: 18-75 years of age

Heart Healthy Livingsm: 18 years of age & over

Healthy Living with COPDsm: 35 years of age and over

All disease management program interventions are targeted to the specific needs of each member. Program materials include condition specific pamphlets and brochures, workbooks, patient logs, action plans, newsletters and other tools that educate the patient on how to manage their condition. In addition, nurses or health educators reach out to patients and provide case

management to those who will benefit the most from more frequent, in-depth follow-up. Physicians receive results of their patient's self assessments and updates describing interventions and education offered to members. In addition, practitioners receive notifications and patient profiles on all members enrolled in any of the disease management program.

At each point of contact, members are encouraged to discuss their care with their provider and follow their plan of treatment. Other services available to members include having access to the 24 hour nurse advice line. Members can call and speak to a nurse for advice on any health problems. **If you have a Molina patient you think will benefit from receiving educational materials or talking with a Care Manager, please refer them to our Disease Management Programs by calling our Member Services Department at 1-888-898-7969.**

You can find more information about our programs on the Molina website at www.molinahealthcare.com



Quality Improvement Program

“Quality Matters”. That is the title of the members’ Quality Improvement section on the Molina Healthcare website. The word “matters” has two meanings. As a noun, it is the documents, forms and other components of our quality improvement programs. I must admit, some of these “matters” can be overwhelming. They are often mandated by the highly regulated environment of healthcare. However, the second meaning of “matters” is the verb. We use that because quality really does “matter” to us.

We still do track “adverse events”, such as unplanned readmissions. However, we are more interested in building quality into the healthcare that we provide. Molina Healthcare conducts physician and member satisfaction surveys, trends complaints and preventive service rates in efforts to best understand how we can work with you to provide quality health care and better service to our patients. We use your referrals, member calls and claims information to identify people with conditions that require education and support.

To find out more about our programs and how quality matters, you can visit our website at www.molinahealthcare.com. or call us at **1-888-898-7969 option “3”**, to obtain printed material.

Member Rights and Responsibilities

Optimal provision of health care requires a partnership between patient, provider and payer. Patients need to understand their critical role in a successful health care process. Government entities, accreditation bodies and health plans have codified the patient role as “Member Rights and Responsibilities”. Molina Healthcare vigorously educates our members about their role in the system using the Member Handbook, new member orientation, member newsletters, Member Services Department and the member page of the Molina Healthcare website. Your office, clinic or medical group may have a statement of Patient Rights and Responsibilities. We encourage providers to notify and educate our members regarding the provider’s statement of Patient Rights and Responsibilities.

Specific Member Rights and Responsibilities vary somewhat between states as defined by state law and health department or insurance department regulations. However, all follow principles outlined by the National Committee for Quality Assurance. You can find the Molina Healthcare statement of Member Rights and Responsibilities for your state on the Provider page of our website www.molinahealthcare.com.

Member Rights and Responsibilities:

- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
- A right to be treated with respect and recognition of

their dignity and right to privacy.

- A right to participate with practitioners in making decisions about their healthcare.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the organization or the care it provides.
- A right to make recommendations regarding the organization’s member rights and responsibilities policy.
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- A responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.

Written copies and more information can be obtained by contacting the Molina Healthcare Provider Services Department. Patients who are Molina Healthcare members may obtain more information regarding Member Rights and Responsibilities by contacting our Member Services Department. The phone number for the Provider Services Department can be found in the sidebar of this newsletter.

Attention Providers

FYI: We know it can be hard to get a member in for a yearly check-up. So, Molina Healthcare will pay for one EPSDT visit per year for children ages 3 years and up, and it **does not** have to be on the anniversary of the last Well Child visit. If a member ages 3 years and up is seen in your office for any reason, and is due for a Well Child Visit that year, please feel free to administer the visit on that day and bill accordingly. For example, if John Doe was given a Well Child visit on October 23, 2007 and is now in your office on May 3, 2008 (for whatever reason), a Well Child visit can be given that day. Please use your discretion to ensure enough time has elapsed between the Well Child visits. Hopefully this will help in making sure all children and adolescents are receiving their necessary check-ups.

