



409 E. Jefferson, Suite 600
Detroit, MI 48226

Member Name
Address
City, St Zip

Molina Healthcare Contact Information

The following is a list of contact information to assist you in making the appropriate contact with the Service Departments of Molina Healthcare.

| | |
|---|--|
| Claims Status Inquiry | 1-888-898-7969, Option 1 then 2 |
| CompCare (Behavioral Health Benefit) | 1-800-435-5348 |
| Eligibility | 1-888-898-7969 |
| Member Services | 1-888-898-7969 Option 1 then 2 |
| Interactive Voice Response (IVR) | 1-888-898-7969 Option 1 then 1 |
| ePortal (Provider Self Services) | www.molinahealthcare.com |
| Netwerkes.com | www.netwerkes.com |
| Fraud and Abuse Prevention | 1-877-372-5361 |
| Fax Number..... | 1-248-925-1780 |
| March Vision | 1-888-493-4070 |
| Pharmacy Services | 1-888-898-7969, Option 1 then 5 |
| Fax Number..... | 1-888-373-3059 |
| Compliance Hotline..... | 1-877-372-5361 |
| Compliance email address | MOLINA HEALTHCAREcompliance@molinahealthcare.com |
| Provider Services | 1-888-898-7969, Option 1, then 7 |
| Utilization Management | 1-888-898-7969, Option 1, then 4 |
| Fax Number..... | 1-800-594-7404 |



WHAT'S NEW

Michigan Newsletter • August 2008



The Importance of Accurately Reporting Encounters for Chronic Illnesses

Each year more than 125 million Americans require care for a chronic illness or disability. Molina Healthcare understands that managing chronic illness and disability is one of the biggest problems facing our health care system today. Unfortunately, the face of patients dealing with chronic illnesses isn't always easy to detect or treat sight unseen.

As Molina Healthcare's frontline contacts, providers play a significant role because they must see chronically ill patients at least two to three times a year in order to manage their healthcare sufficiently. That is why Molina Healthcare has undertaken several initiatives to encourage physicians to make a concerted effort to see their Aid to the Blind and Disabled (ABAD) patients identified from the State with chronic diagnoses.

Molina Healthcare primary focus is on executing evidence-based reporting of encounters (claims) so that physicians can receive maximum payments and patients can receive optimal care. From managing Hematological conditions, Renal failure, Cardiovascular disease, Diabetes management and many more illnesses classified as chronic, the most important key to addressing this growing healthcare problem is to promote accuracy in reporting and managing the patient's symptoms.

The care of the chronically ill differs greatly from the care of those with an acute illness. Physicians can assist Molina Healthcare in tracking and recording information for chronically ill patients by accurately documenting and submitting encounters. If a patient has been seen in your office, it is important that during the billing process, chronic illness diagnoses be documented in the patient's chart and reported accurately.

For more information on accurate reporting processes or to request an educational visit from the Chronic Illness and Disability Payment System Provider Service Representative, please contact 1-866-449-6828, ext. 155377.

We are Pleased to Announce!!!!!!!

"Your new 2008 Molina Healthcare drug formulary books have been mailed out. You should be receiving them beginning the week of July 21, 2008"

In This Issue

| | |
|---------------------------------|------|
| Accurately Reporting Encounters | pg 1 |
| We are Pleased to Announce! | pg 1 |
| Claims Submission Requirements | pg 1 |
| Utilization Management | pg 2 |
| Medicare Options | pg 3 |
| ePortal | pg 3 |
| Non-Emergency Transportation | pg 4 |
| Molina Events | pg 4 |
| Sterilization Consent Form | pg 4 |
| Immunization Schedule | pg 5 |
| Active Infusion | pg 5 |
| Health Care Fraud & Abuse | pg 6 |
| Save the Date | pg 7 |
| Contact Information | pg 8 |

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.

Utilization Management (UM)

Authorization Requirements Grid

The Authorization Requirements grid was updated June 1, 2008. A modification occurred in the Authorization Not Required column, for non emergent transportation call 1-888-898-7969 (Option 2, Option 3).

Case Management Programs

Registered Nurse Case Managers and Medical Social Workers are available to assist Molina Medicaid and Medicare members and practitioners in the management of chronic or complex acute conditions through our Case Management Program, this is a voluntary program for any member that has a complex medical condition. Case Managers are available to provide information and assist members to navigate the care system and obtain necessary services in an optimal setting that will adequately meet medical needs. Molina Healthcare has specialized Case Managers for the following conditions:

- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- End Stage Renal Disease
- High Risk Obstetrics
- Pediatrics
- Skilled Nursing Facility and Rehabilitation
- Transplant / Oncology
- Social Work Services
- Frequent Emergency Room Use

If you would like more information about the program or would like to refer a member, please call us at 1-866-449-6828 Ext. 151317.

Outpatient Treatment of DVT and Cellulitis

Molina Healthcare has an outpatient treatment program for deep vein thrombosis and cellulitis.

Molina Healthcare's UM staff is available 24 hours per day 7 days per week to facilitate discharge home from the Emergency Department or physician office and avoid an inpatient admission:

- Arrange post discharge services
- Refer to a Home Care and/or Home Infusion agency 24 hours per day 7 days per week

- Facilitate approval of medications requiring authorization
 - Coordinate a 7 day supply of Lovenox
 - Contact with the member at home
- Molina Healthcare's staff are available to assist by calling 1-888-898-7969.

Faxes

Molina Healthcare's UM Department has implemented a new electronic fax system to improve the processing of authorization requests. Please fax all authorization requests, including hospitalizations to 1-800-594-7404.

UM Department Availability

As a reminder, Molina Healthcare's clinical UM staff is available 24 hours a day, 365 days a year by calling 1-888-898-7969.

- Regular business hours are Monday-Friday 8:30am-5:00pm, excluding weekends and holidays. Voice messages received after regular business hours will be returned the following business day.
- The On-Call Nurse program takes calls during non-business hours Monday-Friday 5:00pm-8:30am as well as Saturdays, Sundays and holidays for 24 hours.
- The UM staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

Nurse Advice Line

Molina Healthcare provides assistance to members through the Nurse Advice line (NAL). The NAL provides healthcare advice and education by telephone to Molina Healthcare members. The service is open 24 hours a day, 7 days a week and is serviced by RNs. The NAL nurses can be reached at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish). This service is not intended to replace the physician.

UM Decisions

It is important to remember that:

- UM decision making is based only on appropriateness of care and services and existence of coverage
- Molina Healthcare does not specifically reward practitioners or other individuals for issuing denials of coverage or care
- Financial incentives for UM decision makers do not encourage decisions that result in under-utilization.

Utilization Management (UM) Cont'd

Criteria for UM Decisions

Molina Healthcare utilizes written criteria based on sound clinical evidence to make utilization decisions. Molina Healthcare has adopted the use of InterQual® CareEnhance, which is a nationally recognized clinical decision support tool, used to establish medical appropriateness for outpatient treatment and acute inpatient admissions. Molina Healthcare has also adopted the use of Solucient's® Length of Stay guidelines by Diagnosis and DRG to assist in the evaluation of appropriate length of stay for inpatient hospitalizations.

Medicare Options

Molina Healthcare entered into a contract with Medicare to service Genesee, Kent, Macomb, Oakland and Wayne Counties. Today, there are two Molina Healthcare Medicare products, called Molina Options and Molina Options Plus (formerly called Molina Advantage). Molina Options is offered to all Medicare beneficiaries who are enrolled in Medicare Parts A and B. Molina Options offers a low premium of \$0 - \$29 per month, depending on LIS eligibility, \$10 co-pay for PCP visits, and \$20 co-pay for specialists. The prescription drug co-pays are \$5 for generic, \$15 for preferred brand drugs, and \$50 for non-preferred brand drugs. There is a limited enrollment period that applies to the Molina Options plan.

Molina Healthcare Options Plus is a Special Needs Plan for those who have Medicare Parts A and B, and Full

ePortal

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

- Submit 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**

Practitioners may call the UM Department at 1-888-898-7969 to:

- Request a copy of the UM criteria
- Speak to a UM staff member regarding UM issues
- Speak to a physician reviewer regarding any UM request.

Appeals to UM Decisions

As the requesting practitioner, you will receive a written notification of a denial. The notification will always include the name and telephone number of the Molina Healthcare physician that made the decision. He or she will welcome the opportunity to discuss the case with you.

Medicaid services. Members who enroll with Molina Options Plus receive their Medicare benefits and Prescription Drug benefits under this plan. In addition, members are entitled to additional benefits at no extra cost to its members. Some of these additional benefits include 52 one-way trips for covered services every year, 12 routine podiatry visits per year, Disease Management programs, 24-hour Nurse Advice Line, and 1 hearing test per year. There are no premiums for prescription drugs and the co-pays are \$0 for generic, \$3.10 for preferred brand drugs and \$5.60 for non-preferred brand drugs. Some qualifications do apply to these additional Benefits. For more information on these Medicare plans, please contact your Molina Healthcare Provider Representative or call 1-800-665-3072.

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

Locked Status Update:

Passwords must be changed every 90 days, users are locked out of the system after 30 days without access and pop-up alerts are generated 14 days prior to when a password must be changed. If you have not logged into the ePortal you will not see the pop-up alert.

Your health plan Provider Services Representative can provide assistance on ePortal functionality questions. The Molina Healthcare Help Desk can assist with Technical related or Log-on issues by calling 1-866-449-6848.

Non-Emergency Transportation

Non-emergent transportation is one of the many services that Molina Healthcare provides to its members as a plan paid benefit. Transportation is provided to members who have no other means to get to doctor appointments, x-rays, lab tests, or other medical care. Non-emergent transportation is provided for in-network services.

To arrange transportation call Molina Healthcare at 1-888-898-7969, press 2, and then press 3 during regular business hours, 8am – 6pm, Monday – Friday. It is important to call 4 days in advance of the appointment to schedule the transportation.

Molina Healthcare members can get non-emergency transportation services by following these easy steps:

- Call for a ride four (4) days before your appointment
- Have their Molina Healthcare ID number ready when they call
- Be on time for the ride drop off and pick up
- Call 1-888-898-7969, press 2, then press 3 if they need to cancel their appointment

Molina will be Participating in the Following Events

- **August 1, 2008**
Golfing Outing to support Matrix Human Services
- **August 13, 2008**
Project Connect- Alcona Elementary School -One Stop Shop for Health & Human Services (Open to Public) 9am-3pm
- **August 14, 2008**
Downriver Community Health Fair - New Haven facility 58144 Gratiot New Haven, MI (Open to Public) 1pm-6pm
- **August 16, 2008**
Color Me Healthy Community Expo and Health Fair Matrix Human Services 13560 E. McNichols Detroit, MI (Open to Public) 10am-5pm

- **August 21-23, 2008**
Soul Food Taste Festival Great Faith Ministries 10735 Grand River Detroit, MI 11am-8:00pm (Open to the Public) Featuring Mobile Unit providing Immunizations and Lead Testing on site
- **August 28, 2008**
Wayne County Department of Health Health Fair Administration Bldg. 33030 Van Born Rd. Wayne, MI 48184 (Open to Public)10am-3pm Featuring Dental, vision and hearing screenings for children
- **September 14, 2008**
Community Awareness Safety Event Spectrum Hospital Reed City Campus 5991 95th Ave. Ewart, MI 10am-2pm (Open to Public)
- **September 27, 2008**
Breast Cancer Awareness Walk Belle Isle Park Jefferson Ave. Detroit 8am-2pm (Open to Public)

Sterilization Consent Form Processing

Effective 9-1-2008, providers must submit a hardcopy bill for sterilization services along with a copy of the Consent to Sterilization form. The form must be dated 30 days before the service. Please mail your claims to:

Molina Healthcare
PO Box 22668
Long Beach, CA 90801

Please direct questions about this process to your Provider Services Representative.

Immunization Payment Schedule

Molina Healthcare pays for immunizations administered according to the Healthcare Effectiveness Data and Information Set (HEDIS). This means immunizations must be given in accordance with the performance criteria on the schedule below. Payments will be shown on your remittance advice on the appropriate immunization CPT code line.

Please feel free to contact your Provider Services Representative if you have questions or require clarification.

| Service | Gender/Age | Procedure | CPT Codes | Performance Criteria |
|--------------------------|---------------|---------------|--|--|
| Immunizations-Childhood | Before Age 2 | 4 DTP or DTaP | 90700, 90702, 90703, 90721, 90723 | Reimbursement is paid upon completion of immunizations before 2 years old |
| | | 3 IPV/OPV | 90713, 90723 | Reimbursement is paid upon completion of immunizations before 2 years old |
| | | 1 MMR | 90707, 90710 | Reimbursement is paid upon completion of immunization given between 1st and 2nd birthday |
| | | 2 HIB | 90645, 90647, 90648, 90721, 90748 | Reimbursement is paid upon completion of immunizations with at least 2 falling on or between 1st and 2nd birthday |
| | | 3 Hepatitis B | 90744, 90747, 90748, 90723, 90740 | Reimbursement is paid upon completion of immunizations with at least 1 of the 3 falling between the 6th month and 2nd birthday |
| | | 1 VZV | 90710, 90716 | Reimbursement is paid upon completion of immunizations on or between the 1st and 2nd birthday |
| Immunizations-Adolescent | Before age 13 | 2nd MMR | 90704-90710 | Reimbursement is paid upon completion of immunization A or B: A) 1 MMR on or between the 4th and 13th birthdays. B) 2 MMRs between 1st and 4th birthdays |
| | | 3 Hepatitis B | 90723, 90731, 90740, 90744, 90746, 90748 | Reimbursement is paid upon completion of immunization with at least 1 falling on or between 2nd or 13th birthdays |
| | | 1 VZV | 90710, 90716 | Reimbursement is paid upon completion of immunization with at least 1 falling on or between 2nd or 13th birthdays |

Announcement for Active Infusion

Molina Healthcare has entered into a Single Source Agreement for Home Infusion services with Active Infusion. Effective September 1, 2008, Molina members will be transitioned to Active Infusion for all Home Infusion services (Home Infusion, Enteral Feeding Supplies, Baby Formula etc.).

This Single Source provider is now able to provide services to our members in all of our covered counties. Please call your Provider Services Representative for any additional information or questions.

Active Infusion can be reached at 1-800-666-0706

Help Molina Healthcare Prevent Health Care Fraud & Abuse

Health care fraud and abuse is a significant problem for the health insurance industry. Molina Healthcare is committed to preventing such activities whenever possible. As a Provider, you can assist Molina Healthcare in its efforts to prevent fraud and abuse by watching for activities that appear to be fraudulent or abusive in nature.

Health care fraud is:

Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law (42 CFR § 455.2).

Examples of Fraud and Abuse

| By a Member | By a Provider |
|---|--|
| Lending an ID card to someone else. | Billing for services, procedures and/or supplies that have not been actually been rendered. |
| Altering the quantity or number of refills on a prescription. | Providing services to patients that are not medically necessary. |
| Making false statements to receive medical or pharmacy services. | Balance billing a Medicaid member for Medicaid covered services. |
| Using someone else's insurance card. | Double billing or improper coding of medical claims. |
| Including misleading information on or omitting information from an application for health care coverage or intentionally giving incorrect information to receive benefits. | Intentional misrepresentation of manipulating the benefits payable for services, procedures and or supplies, dates on which services and/or treatments were rendered, medical record of service, condition treated or diagnosed, charges or reimbursement, identity of Provider/Practitioner or the recipient of services, "unbundling" of procedures, non-covered treatments to receive payment, "upcoding", and billing for services not provided. |
| Pretending to be someone else to receive services. | Concealing patients misuse of Molina Health card. |
| Falsifying claims. | Failure to report a patient's forgery/alteration of a prescription. |

Other Provider Crimes:

- Knowingly and willfully solicits or receives payment of kickbacks or bribes in exchange for the referral of Medicare or Medicaid patients.
- A physician knowingly and willfully referring Medicare or Medicaid patients to health care facilities in which or with which the physician has a financial relationship. (The Stark Law)
- Balance billing – asking the patient to pay the difference between the discounted fees, negotiated fees, and the provider's usual and customary fees.

Reporting Health Care Fraud

If you suspect fraud and abuse report it right away. Remember health care fraud takes money away from health care programs, which leaves less money for true medical care. For anonymous, confidential and private reporting, you may use one of the following methods:

By Mail:

Molina Healthcare of Michigan
Attn: Compliance Director
100 W. Big Beaver Rd., Suite 600
Troy, MI 48084

By Telephone or Email:

Molina Healthcare Compliance Hotline:
1-877-372-5361
E-mail: MHMCompliance@MolinaHealthcare.com

You may also report suspected fraud and abuse to the Michigan Department of Community Health Program Investigation Section at:

Michigan Department of Community Health (MDCH)
Program Investigation Section
Capital Commons Center Building
400 South Pine, 6th Floor
Lansing, MI 48909
Report Line: 1-866-428-0005

All reports will be thoroughly investigated, and verified instances will be reported to the proper authorities.

For more information on fraud and abuse and Molina Healthcare's policy on Deficit Reduction Act including False Claims Act and Whistleblower provisions, please visit our website at www.molinahealthcare.com.

The Molina Healthcare Grand Rapids Provider Services Representative's Transitioned to Home Based Offices Effective June 9, 2008

CONTACT INFORMATION

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1-313-963-5451 (f)
Katrice.Shannon@molinahealthcare.com

Provider Service Manager

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1-313-963-5451 (f)
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Administrative Assistant

Leann Conway 1-866-449-6828 X155822



Save the Date!!

Molina Healthcare's Quarterly Provider Meeting

For The Southeast Michigan Area
September 17, 2008; 5:30pm

Marriott Detroit Southfield
Conference Center

Please RSVP to Leann Conway at
1-866-449-6828, Ext 155822

Door Prizes