



A New Brand Identity for Molina Healthcare



New Molina Billboard Design

After months of extensive research and planning, an exciting, colorful and family-focused brand identity will be unveiled for Molina Healthcare this week. Through the visual concept of a family tree and a new “*Your extended family*” themeline, the Molina brand revitalization will unify the company’s family-centered history with its service-driven mission of providing access to quality health care services for the underserved. In 2007, our company embarked on a comprehensive brand-revitalization effort with the primary objective of providing consistency in the messaging and materials we use across all of our health plans.

Community Outreach 2008 Upcoming Events

- Kids Night Out - Molina Sponsors 40 children to attend Pistons Game February 10
- Molina Community Champions Awards - April 10, Roostertail
- Project Healthy Living Health Fairs- kick off April 19, Southfield Civic Center
- Diabetes Update series Kick Off Northpointe Christian High School, 3101 Leonard St., Grand Rapids - April 19
- World Asthma Day - May 1, Charles Wright African American Museum

In This Issue

A New Brand Identity	pg 1
2008 Upcoming Events	pg 1
Claims Submission	pg 1
Keeping Our Kids Healthy	pg 2
Utilization Management	pg 2
Utilization Management Cont'd	pg 3
Demographic Changes	pg 4
Medicare Options	pg 4
Authorizations	pg 5
ePortal	pg 5
Quality Improvement	pg 6
Save The Date	pg 6

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.

Keeping Our Kids Healthy

Molina Healthcare continues to encourage parents and guardians to schedule timely well care appointments for their children. But in today's fast paced world, many members fall behind with important preventative care services. That is why it is so important for providers to make every visit count. If a child comes in for a minor complaint or sick visit, take a few extra minutes to provide well care services. If you perform all appropriate components, you can bill for a well care visit.



Components of a well care visit include:

- A Physical Exam
- Age appropriate assessment of physical and mental development
- Health education/Anticipatory guidance counseling
- Assessment/administration of needed immunizations and lab testing

As a reminder, HEDIS guidelines require all of these components to be documented in the medical record to count as a Well Care Visit. When any component is missing, you can expect your HEDIS rates to decline.

To obtain Health Maintenance Exam forms, brochures, post cards, and other information visit www.ihcs.msu.edu, select the Maternal Child Health Initiatives link, and then chose EPSDT Tool Kit.

Utilization Management (UM)

New Authorization Requirements

The new authorization requirements were effective January 1, 2008 and include modifications that simplify the authorization process. The specific changes are listed on the "Summary of Authorization Changes". Please take a few minutes to become familiar with the differences. To locate the Authorization Requirements, go to Molina's website at: www.molinahealthcare.com/mhm/.

Faxes

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

- Regular business hours are Monday-Friday 8:30 am-5:00 pm, 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 5:00 pm-8:30 am 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.

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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 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 888-275-8750 (English) or 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 offer UM decision makers financial incentives to encourage decisions which result in underutilization.

Criteria for UM Decisions

Molina Healthcare of Michigan (MHM) utilizes written criteria based on sound clinical evidence to make utilization decisions. MHM 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.

Practitioners may call the UM Department at 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 physician that made the decision. He or she will welcome the opportunity to discuss the case with you.

Effective in October 2007, Molina Healthcare of Michigan (MHM) implemented a policy change that affected the practitioner/provider appeal process for medical review decisions (medical necessity denials). To review the appeal process, go to the Molina website at <http://www.molinahealthcare.com/mhm/>.

Complex Case Management

Members who experience a critical event or diagnosis should receive timely case management services. Molina Healthcare offers a Complex Case Management Program. This is a voluntary program for any member that has a complex medical condition. Complex 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 the member's medical needs. Molina Healthcare has Complex Case Managers for the following specialty conditions:

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

Demographic Changes

Please inform Molina Healthcare whenever you move or change any information related to your practice. Molina Healthcare requires a written notice of any provider changes, including but not limited to the following:

- Practice or billing address
- Practice name change
- Open or closing a practice to new membership

- Tax ID changes
- Telephone or facsimile changes

Please send your notice of change to the Molina Healthcare Provider Services Department via fax (313) 963-5451 or call your Provider Services representative with any questions to (866) 449-6828.

Molina Medicare Serves Michigan

Beginning January 2008, Molina Medicare begins serving persons eligible for Medicare in Genesee, Kent, Macomb, Oakland and Wayne Counties through its two new Medicare Plans, Molina Medicare Options and Molina Medicare Options Plus. The program was formerly known as Molina Advantage.

Molina Medicare Options is offered to all Medicare beneficiaries who are enrolled in Medicare Parts A and B. The plan 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 Medicare Options plan.

Molina Medicare Options Plus is a Special Needs Plan for those who have Medicare Parts A and B, and Full Medicaid services. Members who enroll with Molina Medicare Options Plus receive Medicare benefits and prescription drug benefits under this plan. In addition, members are entitled to additional benefits at no extra cost. Some of these additional benefits include 52 one-way trips to plan-approved locations 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 Molina Medicare plans please contact your Molina Provider Representative or call 1-800-665-3072.



Authorizations

Molina Healthcare's Authorization Requirements Help Streamline Office Processes

Molina Healthcare does not require authorizations or referrals for most preventative and routine services, such as in network specialist provider visits and mammograms. While neither an authorization number nor a referral form are required for these services, Primary Care Physicians (PCP) are still responsible for directing the care of the Molina members assigned to them and are encouraged to write orders for these services.

Molina Healthcare does require prior notification for services such as physical therapy (first 8 visits). We also require clinical review and authorization for admissions and outpatient surgeries. A complete listing of services and authorization requirements is located on the Molina Healthcare website at www.molinahealthcare.com/mhm.

Making notification or obtaining an authorization is not restricted to the PCP. Any provider performing a service that requires prior notification or authorization may obtain the authorization number.

Since the PCP is responsible for managing the care of their assigned members, specialty and ancillary providers should be sure to communicate outcomes and treatment plans with the PCP. Communication is the major outpatient referral issue. The PCP should be involved when their patient accesses care outside of the PCP's office even for services that do not require notification or authorization and specialists should always communicate findings with the PCP.



ePortal

In order to get your eligibility reports, you must access Molina Healthcare ePortal. This is a FREE Internet application available to all Molina Healthcare Providers. Through ePortal, enrolled providers may submit and status claims, search for specialists, verify member eligibility and much more. Please contact the Provider Services department and sign up today!

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 Help Desk can assist with Technical related or Log-on issues by calling 1-866-449-6848.

Quality Improvement

Lead

A statewide campaign was launched in 2006 in an effort to make communities aware of the effects of lead. As part of the campaign, health plans in high risk regions reached out to those high risk areas to spread the word about the dangers of lead poisoning. All Medicaid children must be screened for poisoning at 12 and 24 months of age. If the child is 25 – 72 months of age and there is no record of a screening blood test, a lead toxicity screening must be performed using the CPT code 83655.

Lead can be found in soil, dust, paint chips, cosmetics, folk remedies, glazed pottery and tap water. The most serious threat comes from the lead used in paint in homes



built prior to 1978. Chipping and peeling paint exposes the older paint which is highly toxic if eaten or breathed in with house dust.

There is no safe blood lead level. All children must be tested during this statewide initiative for better health.

HEDIS is Coming!

Each year, NCQA requires accredited health plans to review patient records for HEDIS® reporting. This year Molina Healthcare of Michigan has contracted with Med Assurant a review organization providing professional researchers to conduct HEDIS® medical record reviews. We realize this can be a cumbersome process, and we continually seek ways to improve it. Also, Molina will utilize their Quality Improvement staff to retrieve medical records. We anticipate contacting your office by early March. The process will conclude mid-May. We will try very hard to improve communication and reduce the interruptions to your office during the data collection process.

Thank you in advance for your patience and cooperation.

Molina Healthcare.
Your Health. Our Commitment.

Save the Date!!

Molina's Quarterly Provider Meeting

For The Grand Rapids Region
Coming in March 2008

