



## Open Enrollment for Medicaid Patients

The entire month of May is open enrollment. Your Medicaid patients have the opportunity to change to the health plan that best suits their needs. We appreciate the support you have always provided Molina Healthcare and we are asking you to continue this support through this open enrollment period. For your patients that want to choose Molina Healthcare, please tell them to call 1-888-ENROLLS (1-888-367-6557) in May.

## Molina Healthcare launches new Outreach Department

Under the direction of Mr. Kenneth Barker, Director of Community Outreach, Molina Healthcare will launch a new Outreach Department that will focus on member Growth and Retention. We believe we can be instrumental to you and your staff in your efforts to grow your practice. Molina Healthcare will offer dedicated Outreach Coordinators to work with you to develop new strategies that will allow growth and retention of your members. Our efforts will include reviewing member /provider incentives, planning community outreach activities, and assisting with ideas to build your membership. For more information about this exciting new program please contact our Outreach Department at 1-248-925-1785.

## Utilization Management Overview

### AUTHORIZATION REQUIREMENTS GRID

The Authorization Requirements grid was updated November 1, 2008. The Authorization Requirements grid may be found online at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

### AUTHORIZATION REQUIREMENTS GRID MOLINA MEDICARE

The Authorization Requirements grid for Molina Medicare Options and Options Plus was updated January 1, 2009. The following two pages contain the Molina Medicare Authorization Requirements grid and the Molina Medicare Prior Authorization Request Form.

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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.

## Molina Medicare – 2009 Prior Authorization Instructions

### Molina Medicare Contact Information:

Telephone: 1-888-898-7969

Fax: 1-800-594-7404

### Mail:

Molina Healthcare of MI, Inc.

Attention: Utilization Management

100 W. Big Beaver, Suite 600

Troy, MI 48084

### Required Information:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>✓ Complete member, provider and service information as found on PA request form found on opposite side of this page</li><li>✓ Current (up to 6 months), adequate patient history related to requested service</li></ul> | <ul style="list-style-type: none"><li>✓ Relevant physical exam</li><li>✓ Relevant specialty consultation notes</li><li>✓ Relevant laboratory and imaging results (including results of previous x-rays, CT scans, MRI scans, etc.)</li></ul> |
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### Processing and Notification:

- Molina Healthcare will process any Standard “non-urgent” requests as quickly as required by the member’s condition but no later than 14 calendar days of receipt of a request. Expedited “urgent” requests will be processed as soon as possible but no later than 72 hours of receipt of the request.
- Upon approval the requestor will receive an authorization tracking number.
- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials also are communicated to the provider by telephone or fax. Verbal and fax denials are given within one business day of making the denial decision, or sooner if required by the member’s condition.
- Providers can request a copy of the criteria used to review requests for medical services or discuss the case with a Molina Healthcare physician reviewer by contacting the UM Department at **1-888-898-7969**.

\*\*\*Referrals to Network Specialists do not require Prior Authorization\*\*\*



### Services Requiring Prior Authorization

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• All non-participating providers</li> <li>• Alcohol and Chemical Dependency Treatment – Call CompCare at 1-800-541-3647</li> <li>• Behavioral Health Services (Inpatient, Partial hospitalization, Formal Outpatient Programs) Call CompCare at 1-800-541-3647</li> <li>• Cardiac Rehabilitation</li> <li>• Chiropractic Services</li> <li>• CPAP and BiPAP</li> <li>• CORF (Certified Outpatient Rehab Facility)</li> <li>• Dialysis (in and out of network)</li> <li>• Durable Medical Equipment and Supplies (if <math>\geq</math> \$500 per line item at contracted rate)</li> <li>• Enteral Formulas and Nutritional Supplements</li> <li>• Experimental or investigational procedures (excluded from coverage)</li> <li>• Genetic Counseling and Testing</li> <li>• Home Health Care, Home Infusion, Hospice Care</li> <li>• Hyperbaric Therapy</li> <li>• Imaging: MRA, PET, SPECT (no authorizations for US, plain films, most nuclear scans)</li> <li>• Injectable or Intravenous Medications and Immunoglobulins (examples: Enbrel, Lupron, Remicade, Avonex, Interferon, Xolair, Humira, Raptiva, Amevive, Synvisc, blood or blood factors)</li> </ul> | <ul style="list-style-type: none"> <li>• Inpatient Hospitalizations (acute, acute rehabilitative, LTAC, SNF)</li> <li>• Neuropsychological testing</li> <li>• Outpatient/ambulatory surgery performed in hospitals &amp; freestanding/ ambulatory surgery centers (Note: tonsillectomy, adenoidectomy and all outpatient endoscopic procedures do not require prior authorization)</li> <li>• Out-patient Rehabilitation Services (PT, OT, Speech Therapy, active wound care, Bio-feedback)</li> <li>• Pain Management Programs</li> <li>• Plastic, Reconstructive and Cosmetic Procedures</li> <li>• Podiatry Services: &gt; 12 routine office visits/calendar year</li> <li>• Prosthetic or Orthotic Devices</li> <li>• Pulmonary Rehabilitation</li> <li>• Sleep Studies</li> <li>• Transplant Services (Evaluations, Transplants and related procedures, HLA testing and donor search)</li> <li>• Transportation (Non-emergent ground and air ambulance excluding facility to facility) – Call MTM at 1-866-867-3208</li> <li>• Voluntary Termination of Pregnancy</li> </ul> |
|---|---|

Those procedures that are not a Medicare covered benefit may be covered under the member's Medicaid benefit.

Because Federal regulations and Medicare coverage determinations are subject to change, the authorization guideline document is also subject to change and may not include all services that require prior authorization. If there are questions regarding the need for prior authorization, it is strongly recommended that the service provider contact the Health Plan.

***Elective Admissions require prior authorization.***

***All emergent admissions require notification within 24 hours of admission or next business day.***

## Utilization Management Overview – *Continued*

### 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 Programs. 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 the medical needs. Molina Healthcare has specialized Case Managers for the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease
- 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.



### Faxes

Molina Healthcare's UM Department has an 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 8:30 am to 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.

### Nurse Advice Line (NAL)

Molina Healthcare provides assistance to members through the 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 under-utilization.

## Utilization Management Overview – *Continued*

### 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® Care Enhance, 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 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.

## E-Prescribing

Dial up phones, to beepers, to pagers, to bag phones, to cell phones, to Blackberries, we all have gone through major changes in how we communicate.

Prescribing has gone through a similar evolution as well. The latest electronic/technical improvement, E-Prescribing, has many advantages for all of us. Below is a brief list of benefits E-Prescribing can provide:

- **Safety** - is one of Molina Healthcare's highest priorities for our members in terms of care and services provided
- **Speed** - the ability to write a prescription once and have it delivered to the pharmacy almost instantaneously.
- **Tracking** - the ability to write a prescription once and directly deposit in an electronic medical record.
- **Efficiency** - the ability for the pharmacy to electronically notify you of refill requests.
- **Efficiency** - chance for technology to reduce work and decrease work flow time.
- **Accuracy** - there is no longer a handwriting issue for folks to overcome.
- **Tamper-proof** - there is an opportunity for unsavory people to change dosages or quantities.
- **Potential** - for prompt recognition of drug interaction related to prescriptions in the system.

Twenty billion dollars has been designated by the new administration for new technology and electronic medical records to improve healthcare and decrease cost in the United States' medical system.

Molina Healthcare would like to strongly encourage and promote you taking advantage of this future trend opportunity.

Thanks,  
James Forshee, MD, MBA  
Chief Medical Officer

## Emergency Department Management Program

In an effort to promote appropriate utilization of the Emergency Department (ED), Molina Healthcare has implemented a new ED Management Program. The Program is designed to provide primary care practitioners with Emergency Department utilization information for their assigned members with 10 or more ED visits in a six month period. The information will include member demographic, facility name, date of service and diagnosis.

## Provider Appointment Availability Survey

Each Year the Meyers Group (TMG), a National Committee for Quality Assurance (NCQA) certified Survey Vendor, conducts an Appointment Availability Survey for Primary Care Providers. The survey has been developed to determine if the providers in the network are adhering to the physician availability protocol that the health plan has developed.

Using a phone survey administration methodology, the Meyers Group completed 400 interviews for the Appointment Availability survey. Of the 400 completed surveys, 183 were for Family Practice providers, 18 were for General Practice providers, 111 were for Internal Medicine providers, 1 was for an OB/GYN provider, 86 were for Pediatric providers, and 1 was for a Geriatric provider. Results were collected in October of 2008.

The survey consists of three interviewer experience questions and appointment availability questions for four different appointment types: routine care visit, urgent care visit, emergency visit, and well care preventative visit. The interviewer experience questions measure the following:

- If the interviewer was put on hold
- If the interviewer was asked to hold
- How long the interviewer waited on hold

The table below provides a snapshot of your 2008 survey results. The Summary Rate is the sum of the proportion of respondents who meet the provider appointment availability requirements as defined by Molina Healthcare of Michigan.

Question	Appointment Availability Requirement	Summary Rate
		2008
Routine care visit	Within 10 business days	98.3%
Urgent care visit	Within 24 hours *	93.3%
Emergency visit	Hang up and dial 911/Go to an ER as soon as possible/Can be seen in the office immediately	89.0%
Well care preventative visit	Within 30 business days	99.7%

\* There were three providers who had appointment times thirty minutes beyond the 24-hour threshold. Because they were so close to being within 24 hours, they have been included in the 24-hour calculation. The Meyers Group

# Molina Medicare Prior Authorization Request Form

Phone Number 1-888-898-7969

Fax Number 1-800-594-7404

## Member Information

**Plan:**  Molina Medicare Options Plus Plan  Molina Medicare Options Plan

Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Member's ID#: \_\_\_\_\_

**Service Is:**  Elective/ Routine  Emergent/Urgent\*

*\*Definition of emergent/urgent is when the situation where the standard time frame or decision making process (up to 14 days per Molina Healthcare's process) could seriously jeopardize the life or health of the enrollee, or could jeopardize the enrollee's ability to regain maximum function.*

## Referral/Service Type Requested

**Inpatient**

- Surgical Procedures
- SNF
- Rehab

**Outpatient**

- Surgical Procedure
- Rehab (PT, OT, & ST)
- Diagnostic Procedure

 Home Health DME

ICD-9 Code &amp; Description: \_\_\_\_\_

CPT Code &amp; Description: \_\_\_\_\_

**Please send clinical notes and any supporting documentation**

## Provider Information

Requesting Provider Name: \_\_\_\_\_

Facility Providing Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Contact @ Requesting Provider's: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**For Molina Use Only:**



409 E. Jefferson Ave., Suite 600  
Detroit, MI 48226-4300

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## Automated Voice Response System (AVRS) Notice

(Michigan Department of Community Health Bulletin #MSA 09-04 Eligibility Verification system (EVS) – Automated Voice Response System (AVRS) Fee)

Effective February 1, 2009, the Michigan Department of Community Health (MDCH) will no longer fund the fees for the Automated Voice Response System (AVRS): 1-888-696-3510. Providers can continue to use this system to verify eligibility but will be obligated to pay a fee. Please contact Emdeon at 1-866-558-3581 for more information concerning the fee and payment instructions. This change is a result of Executive Order 2008-21.

Providers can continue to verify eligibility free of charge using web-DENIS. In order to access web-DENIS, please review the following instructions:

- **Participating Blue Cross/Blue Shield of Michigan (BCBSM) providers with current access to web-DENIS:** Refer to the attachment – Medicaid Eligibility via web-DENIS.

- **Participating and non-participating BCBSM providers without access to web-DENIS:** Visit the BCBSM website at [www.bcbsm.com](http://www.bcbsm.com) (Select the 'Providers' Tab, then 'Patient eligibility and benefits (web-Denis)', then 'Learn how to sign up') for access information including the web-DENIS application and agreement forms. Fax the completed forms to BCBSM at 248-486-2214 and they will return a web-DENIS user ID/password for each user.

For additional information on web-DENIS, refer to the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) Eligibility Verification System.