



Managing Emergency Department Utilization

Emergency Department (ED) visits in the United States have increased dramatically over the last decade, topping the 110 million mark on an annual basis. Despite this increase in ED visits, there are 14% fewer EDs in this country to provide these services. Many of these ED visits are for non-emergent medical conditions which can be effectively treated in the primary care office setting. Inappropriate use of the ED leads to fragmented, episodic care which is significantly more expensive, and does not lend itself to the promotion of the “patient centered medical home”.

Primary Care Physicians (PCPs) can assist in the appropriate usage of the EDs in a number of ways. First, patients can be counseled on inappropriate usage of the ED for minor non-emergent conditions. Second, PCPs are best suited to instruct patients regarding self care and preventive behaviors. Third, PCP offices can establish more convenient access for patients, including same-day appointments, extended evening office hours, and expanded phone availability. Finally, PCPs can inform Molina Healthcare members of the Molina Healthcare Nurse Advice Line (1-888-275-8750), for after hour's health-related information/questions, including the most appropriate setting regarding their particular health issue.

Additionally, Molina Healthcare has developed an ED Case Management Program in an effort to educate members on appropriate ED use and “case manage” those members who demonstrate excessive ED use for non-emergent conditions. This Program also strives to create a line of communication between the member, Molina Healthcare, and the PCP in order to provide the member with care in the most appropriate setting. As part of the Program, on a quarterly basis, Molina Healthcare will provide PCPs with a list of assigned members who are on the Molina Healthcare ED frequent utilization list to assist in the delivery of healthcare to these members and also help coordinate regular office visits. Together, PCPs and health plans alike can help ensure patients receive the most appropriate care and also help ensure America's health safety net does not unravel.

In This Issue

Managing Emergency Utilization	pg 1
Complex Case Management	pg 3
Drug Formulary Update	pg 4
Prior Authorization Form	pg 5
Claims Adjustment Instructions	pg 6
Claims Adjustment Form	pg 7
E-Prescribing	pg 8
Continuing Medical Education	pg 8
What's New on Eportal	pg 9
What's New on Eportal – <i>Continued</i>	pg 10
Dr. Kenneth Debyle Retires	pg 12

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 Healthcare's Complex Case Management Program

Molina Healthcare offers providers and Molina Healthcare members the opportunity to participate in our Complex Case Management Program. Members appropriate for this voluntary program are those that have the most complex service needs such as multiple medical conditions, high level of dependence, conditions that require care from multiple specialties and/or have additional social, psychosocial, psychological and emotional issues that exacerbate the condition, treatment regime and/or discharge plan.

The purpose of the Molina Healthcare Complex Case Management Program is to:

- Conduct a needs assessment of the member, member's family, and/or caregiver
- Provide intervention and care coordination services within the benefit structure across the continuum of care
- Empower our members to optimize their health and level of functioning
- Facilitate access to medically necessary services and ensure they are provided at the appropriate level of care in a timely manner
- Provide the member and practitioner with a comprehensive and ongoing care plan for continuity of care in coordination.

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 Department Use

If you would like to learn more information, speak with a Complex Case Manager and/or refer a member for an evaluation, please call our Utilization Management Department at 1-888-898-7969.



Drug Formulary Update

Medicaid

The Molina Healthcare of Michigan formulary has been updated for 2009. These changes are effective June 1st 2009.

The following medications have been ADDED

Chantix – Please encourage your patients to sign up for iCanQuit-a free support program at 1-800-480-QUIT. Medication use along with a support program has the most success. Twelve weeks covered. Further use requires support program.

Fluticasone nasal spray- Preferred nasal steroid is available without any paperwork.

The following medications have been ADDED and require STEP THERAPY

Micardis – a three month trial of an Ace Inhibitor is required

The Following Medications have been ADDED and require a Prior Authorization

Astepro- Documented failure on Astelin

Gelclair- Documented failure on Triple Mix

Pristiq- added by state

Simcor- Documented failure on statin

The Following Medications have been REMOVED

Diovan – Use ACE Inhibitor, Micardis and Benicar

Nasacort AQ and Rhinocort AQ- Use fluticasone (Flonase generic) nasal spray

Plendil – use another calcium channel blocker such as amlodipine

If you have any questions please contact Molina Healthcare Pharmacy Services at 1-888-898-7969

MIChild Formulary

Differences between Molina MIChild Drug Formulary and Molina Medicaid Drug Formulary:

Antibiotics - Antibiotic suspensions are covered without age limitations. Quantity limits still apply.

Asthma Therapy - Molina Healthcare encourages the use of inhaled corticosteroids (QVAR preferred, Azmacort, Asmanex, etc). However, if necessary, Singulair chew tabs and tablets are covered without age limitations. Quantity limits still apply

Medications not covered - Estrogen replacement therapy

Digoxin - Covered without age limitations

Diabetes treatment - All generic medications are covered without Prior Authorization required. Prior Authorization is required for all brand name medications such as Actos and Byetta. All insulin vials are covered without Prior Authorization. For MIChild members, insulin pens are covered without age limitations. Quantity limits still apply.

Community Mental Health Prescriptions - Prescriptions written by Community Mental Health providers are not covered by Molina Healthcare MIChild. This would include medications such as ADHD, Anticonvulsant and antidepressants. Therefore, these medications require Prior Authorization.

Narcotics - Prescriptions for narcotics require Prior Authorization



Drug Prior Authorization Form

Phone: (888) 669-4322

Fax: (888) 373-3059

Please make copies for future use.

Date of Request:			
**Pt. Name (Last):	**Pt. Name (First):	**Pt's DOB:	
**Pt. ID (Medicaid or MICHild ID):		Name of Person Completing form:	
Provider's Name		Provider's Specialty:	
Phone #: (Area Code)	(Number)	Fax #: (Area Code)	(Number)

(*Information is required for review of request. Please print clearly.*)

- Patient being discharged from Hospital
- Reauthorization Request

Requests for certain medications will require additional information be provided. To expedite the authorization process, please include the following information when requesting these types of medication:

- Caremark Specialty Injectables/Non-Formulary Medications: Progress notes
- Cholesterol lowering (ie. Crestor, Vytorin, Zetia, Lovaza): Lipid Panel drawn within the last 90 days
- Diabetes (ie. Actos, Januvia): A1c Report drawn within the last 90 days
- Proton Pump Inhibitor (BID dosing only): Endoscopy Report
- Pain Management: Medication Log, Progress Notes

- Drug Requested: (Name, strength, dose, sig, quantity) **MAX 1 DRUG PER FORM**
- Estimated length of need:
- Diagnosis/medical indications for RX:
- Previous medications prescribed and outcome:

Prior Authorization form and Formulary booklet may be found at www.MolinaHealthcare.com

Claims Adjustment Request Form Instructions

Please indicate the Line of Business

SECTION 1: General Information

1. If preferred, save the form to your own computer
2. Complete each box in Section 1
3. Use one form per claim number
4. If submitting multiple claim adjustments for the same adjustment type, then complete only one Claims Adjustment Request Form, and leave the following fields blank (these fields will be on each of the claims):
 - Claim Number (can be indicated on each claim or submit the RA)
 - Member Name
 - Member ID #
 - Date of Service
5. Please do not alter this form, as it will not be accepted

SECTION 2: Type of Claim Adjustment

PLEASE CHECK THE MOST APPROPRIATE BOX

1. **Appeals:**
 - CCI Edits and Timely Filing must be submitted with supporting documentation.
2. **Coding:**
 - All changes to the original submitted claims must be resubmitted with a corrected claim.
 - Indicate the reason for the corrected claim changes by checking the appropriate box. If the change is not listed, check the other box, then indicate the change for the corrected claim in the comments section of the form.
3. **COB:**
 - Requires a copy of primary payer EOP (explanation of payment).
 - Requires effective date and/or term date, contract/policy number, and name of primary carrier.
4. **Member:**
 - Indicate processed under incorrect member of the provider practice.
5. **Payment Amount**
 - Requires supporting documentation of the calculation/formula used to determine amount of under/overpayment.
 - Indicate if a request for a reversal is to be completed for overpayments.
 - Requires a copy of the claim and supporting documentation for all duplicate claims.
 - Requires a copy of authorization for all auth issues.

Please use additional paper attachments if necessary to document comments. Fax form and documentation attention: **Claims Department** at (248) 925-1768 or mail to:

Molina Healthcare of Michigan
100 W. Big Beaver Rd, Suite 600
Troy, MI 48084-5209

Claims Adjustment Request Form – *Note: Failure To Complete This Form Will Result In A Delay Of Processing Your Request. Please allow 45 day to process this adjustment request.*

Medicaid Line of Business Medicare Line of Business MIChild Line of Business

Please return this complete form and any supporting documentation to: Molina Healthcare of Michigan, 100 W. Big Beaver Road, Suite 600 Attn: Claims, Troy, MI 48084-5209 Or Fax to: (248) 925-1768

Section 1: General Information

Today's Date	No. of Claims	Claim Number	
Member Name		Member Id#	
Provider Name		Date of Service	
Provider ID (TIN)	NPI	Provider Phone #	Contact Person

Section 2: Type of Claim Adjustment

Based upon the following reasons, we are requesting reconsideration of this claim. Provider: Please check applicable reason(s) and attach all supporting documentation.

Appeals

CCI Edits (documentation required)
Attn: CCI Edits Appeal
Fax to: 248-925-1768

Use to appeal claims denied past one year filing limit.
Attach claim & supporting documentation showing claim was filed in a timely manner.

Coding (Corrected bill required)

Added / Deleted Charges
 Date of Service Correction
 Diagnosis (Dx) Correction
 CPT Procedure / Revenue Code Correction
 ICD-9 Procedure (UB04-Box 80) Correction
 Missing or Change in DRG

Coordination of Benefits Information

Alternate Insurance Information / EOP Attached
 COB-Related Adjustment

Primary Insurance Carrier Information: _____

Provider: _____

Tax Id: _____

Comments _____

Member

Processed under incorrect member

Payment Amount

Under / Overpayment – Explain the reasoning

TIMELY FILING:

Service is not a duplicate-Explain the reasoning

Pre-Authorization now on file - # _____

Claims Reversal Needed: Reason _____

Coding (Corrected bill required)

Place of Service Correction
 Quantity Correction
 Modifier Correction
 Anesthesia Time Correction
 15-day Readmit
 Other (please note reason in comment section)

Provider

Processed under incorrect provider/provider tax identification number. (W-9 required) Should be:

For Internal Use Only:

Completed by: _____ Date: _____ Letter Sent: (circle one) Yes or No Date Letter was sent: _____

Additional Comments: _____

_____ C/T HC-Corp

Revised on 5/5/09

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

Continuing Medical Education (CME)

Molina Healthcare's goal is to deliver excellent service to all we serve—including providers. In order to reach this goal, Molina Healthcare has created three (3) Continuing Medical Education (CME) courses, accredited for CME credit (AAFP Prescribed credits approved.)

The following CME materials are free to providers:

First Smiles Oral Health Education and Training – 1 Prescribed credit

The purpose of this CME is to improve the oral health and overall pediatric health of children, birth to 5 years old, including those with disabilities and other special needs. The CME instructs primary care providers on how to screen, assess, refer children, and provide anticipatory guidance on oral health for young children and their families.

Vietnamese Culture - Influences and Implications for Healthcare - .75 Prescribed credit

The purpose of this CME is to help facilitate an

understanding of Vietnamese culture, beliefs, and practices with an emphasis on views towards healthcare.

Asian Indian Culture- Influences and Implications for Healthcare - .75 Prescribed credit

The purpose of this CME is to help facilitate an understanding of Asian Indian Culture, beliefs, and practices with an emphasis on views towards healthcare.

You may download the CME Credit Request Form from our website at www.molinahealthcare.com Please download the CME that you would like to take and the CME Credit Request form. Once complete, fax this form and the completed post test to Molina Healthcare, Inc. Research and Innovation Department. Fax number 562-628-2402.

If there are any questions regarding the Molina Healthcare's CME please contact the CME coordinator toll free at 888-562-5442 extension 114347.

Here is What's New On Eportal!

Member Eligibility Improvements

- The new Member Eligibility and Benefits page now includes:
 - Medicare and Medicare/Medicaid eligibility
 - Eligibility history, including benefit plans and PCPs
 - Enrollment restrictions
 - Coordination of Benefits (COB) information
- New search options make it easier to narrow your search.
- Family Search gives you new options to find infants and other family members using the mother's, father's or sibling's information.

Multiple Provider Accounts

- ePortal account Administrators can now add multiple providers with different Provider and Tax ID's to one active ePortal account from the "Manage Providers" link.
- Switching between providers under one ePortal account is easily managed by a drop-down menu located on the homepage.
 - **NOTE:**
 - **The user can use the "Manage Office User" links to add as many users as they wish.**
 - **They can also add multiple providers under one account.**
 - **The only restriction there is would be that the record they add must be a pay-to provider in QNXT, not an individual physician or a tax identification number (TIN) owner record, etc.**

Office User - Role-Based Access

- ePortal Administrators can assign specific user roles to each Office User from the "Manage Office Users" link.

Revised User Lock-Out Policy

- Accounts not accessed for more than sixty (60) consecutive days will no longer be automatically locked out of ePortal. Instead, users will be asked to change their password and then allowed to log in to the ePortal.
- User accounts will now be locked after three (3) unsuccessful password attempts.
- Account Administrators can unlock their own accounts by completing the secret security questions chosen by them during their first login. This feature is available only to Administrators.
- Office Users will be directed to contact their Account Administrator at their location to unlock their account; not Molina Healthcare.

For technical issues the Administrator should contact the Provider Service Department. For questions or suggestions to improve the ePortal email MHI.ePortal.Enhancement.Request@Molinahealthcare.com

Continued on next page...

Molina Healthcare offers many health and wellness program for new mothers, infants and children like the “Mothers-to-Be” Program to assist new moms with prenatal and postpartum services. Molina Healthcare partners with Maternal and Infant Health Providers (MIHP) to ensure our members, your patients, receive all the quality services they need. The following is a list of MIHP Providers. Together we can make Molina Healthcare the right choice.

Coordinator -Full Name	MIHP Provider	County(ies) Served	Phone	Email
Aleasia Hall	Mom And Babes Too	Oakland, Wayne, Macomb	(313) 961-8908	ahallmbt@aol.com
Donna Jacobs	Midland County Health Department	Midland	(989)832-6651	djacobs@hline.org
Monique Gray	Best Services Inc	Oakland	(248)905-5022	dynamic1mgray@yahoo.com
Melanie Jones	Crystal Home Healthcare	Wayne, Oakland, Macomb	(313)493-4900	mjones@crystalhc.com
Susan Gough	Priority Health Services Inc	Macomb, Wayne, Oakland, City of Detroit	(586)979-2267	priorityhealth@sbcglobal.net
Pauline Bryant	Silverspoon Home Services	Wayne, Oakland, Macomb	(248) 663-0038	silverspoonshs@aol.com
Vicki L Herron	City of Detroit Department Of Health & Wellness Promotion	Detroit	(313)876-0865	herronvhealth.ci.detroit.mi.us

MOLINA HEALTHCARE CLAIMS MAILING ADDRESSES

COB & Corrected Claims
 Molina Healthcare of MI
 PO Box 22668
 Long Beach, CA 90801

Molina Payor ID
 Payor ID #38334
 For Electronic Submission

Molina Healthcare Appeals
 Molina Healthcare of MI
 100 W. Big Beaver - Suite 600
 Troy, MI 48084
 Attention: UM Appeals (Medical Review Decision)
 Fax: 800-594-7404

Or
 Attention: Claims Appeals
 Fax 248-925-1763

Refund Checks
 Molina Healthcare of Michigan
 100 W. Big Beaver - Suite 600
 Troy, MI 48084

Medicare paper claims should be mailed to:
 Molina Medicare Options Claims
 PO Box 22811
 Long Beach, CA 90801

Dr. Kenneth Debyle Retires

Congratulations, Kenneth DeByle, MD of Goddard Clinic c/o Madison Medical PC on your retirement from Molina Healthcare in June 2009. We thank you for your many years of dedicated service to our members and as a network partner with Molina Healthcare. We wish you continued success, good health and many more prosperous years with your family.

From the Molina Family

Editor: Brenda Lever
Director, Provider Services

Co-editor: Leann Conway
Administrative Assistant to Provider Services

