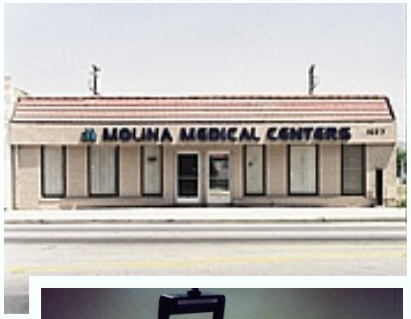
MOLINA® HEALTHCARE

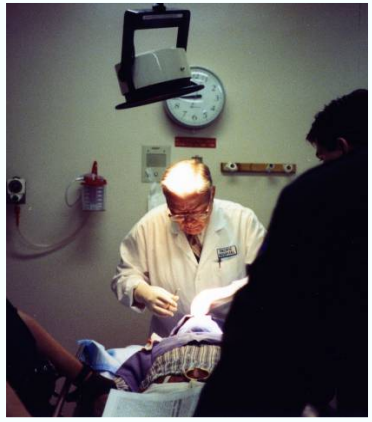
Your Extended Family

Molina Healthcare of Ohio
Provider Orientation - Medicaid

Our Story

In 1980, the late Dr. C. David Molina founded Molina Healthcare with a single clinic and a commitment to provide quality healthcare to those most in need and least able to afford it. This commitment to providing access to quality care continues to be our mission today, just as it has been for the last 30 years.





Mission Statement

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs.

Vision Statement

Molina Healthcare is an innovative national health care leader, providing quality care and accessible services in an efficient and caring manner.

Core Values

We strive to be an exemplary organization:

- We care about the people we serve and advocate on their behalf.
- We provide quality service and remove barriers to health services.
- We are health care innovators and embrace change quickly .
- We respect each other and value ethical business practices .
- We are careful in the management of our financial resources and serve as prudent stewards of the public's funds.

This is the Molina Healthcare Way

Recognized for Quality, Innovation and Success

MOLINA HEALTHCARE

Molina Healthcare Among the Nation's Best

Molina Healthcare, Inc.

- Molina Healthcare plans have been ranked among America's top Medicaid plans by *U.S. News & World Report* and NCQA.
- FORTUNE 500 Company by *Fortune Magazine*
- *Business Ethics* magazine 100 Best Corporate Citizens
- Alfred P. Sloan Award for Business Excellence in Workplace Flexibility in 2011
- Ranked as the 2nd largest Hispanic owned company by *Hispanic Business* magazine in 2009
- Recognized for innovation in multi-cultural health care by The Robert Wood Johnson Foundation
- Dr. J. Mario Molina, CEO of Molina Healthcare, recognized by *Time Magazine* as one of the 25 most influential Hispanics in America

Molina Healthcare of Ohio

- NCQA Accredited Health Plan
- Recipient of two Ohio Association of Health Plans Pinnacle Awards in 2012
- *Columbus Business First* Corporate Caring Award Recipient in 2012 – Finalist in 2008, 2009, 2010

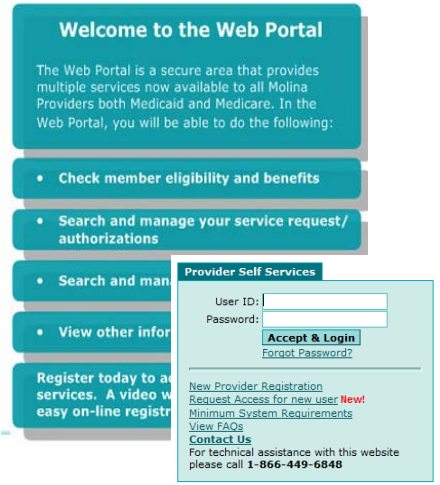
Molina Healthcare of Ohio

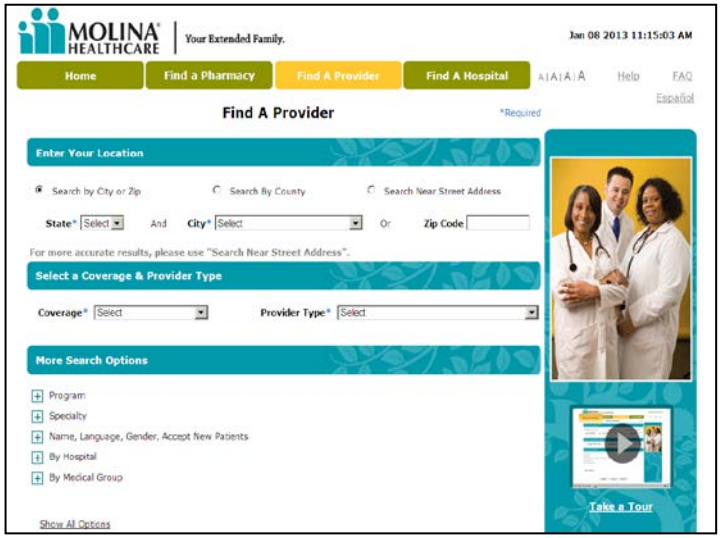
- Molina Healthcare serves **Medicaid Managed Care Members** in all of Ohio's 88 counties
- Molina Medicare currently serves the **Medicare population in 15 counties.** Molina Medicare offers **Molina Medicare Options Plus HMO –** Medicare Advantage Special Needs Prescription Drug program (MA SNP)
- Molina Healthcare will begin serving the **Integrated Care Delivery System (ICDS) for Dual Eligibles or "Duals"** in 2013

Highlighted	Molina Medicaid Service Area
Red Text	Molina Medicare Service Area
Striped Fill	Molina ICDS "Duals" Service Area

Provider Online Resources

- Provider Manuals
- Provider Online Directories
- Web Portal
- Preventative & Clinical Care Guidelines
- Prior Authorization Information
- Advanced Directives
- Claims Information
- Pharmacy Information
- HIPAA
- Fraud Waste and Abuse Information
- Frequently Used Forms
- Communications & Newsletters
- Member Rights & Responsibilities
- Contact Information





www.MolinaHealthcare.com

www.MolinaMedicare.com

Provider Manual and Highlights

Molina Healthcare of Ohio's Provider Manual is written specifically to address the requirements of delivering health care services to our members, including your responsibilities as a participating provider. Providers may view the manual on our provider website, at:

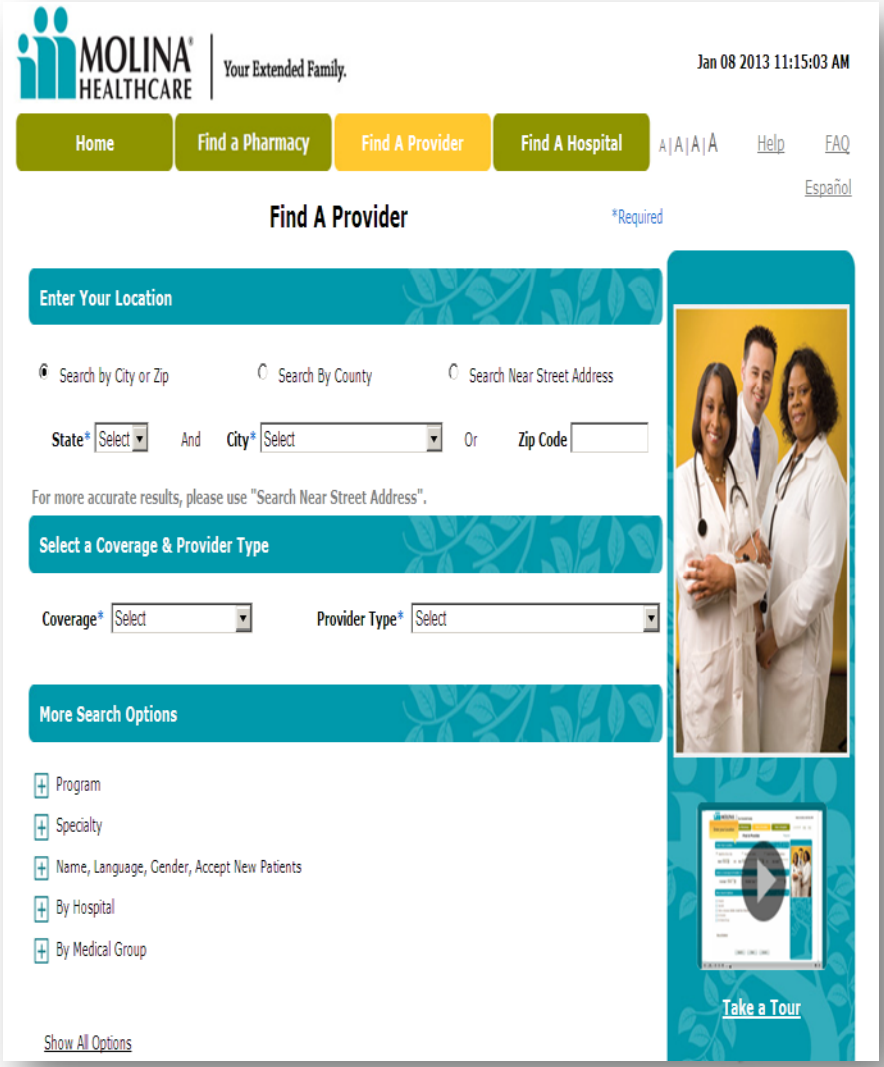
- Medicaid Provider Manual – www.MolinaHealthcare.com

Provider Manual Highlights	
▪ Benefits and Covered Services Overview	▪ Interpreter Services
▪ Claims, Encounter Data and Compensation	▪ Member Grievances and Appeals
▪ Compliance and Fraud, Waste, and Abuse Program	▪ Member's Rights and Responsibilities
▪ Contacts	▪ Preventive Health Guidelines
▪ Credentialing and Re-credentialing	▪ Provider Responsibilities
▪ Delegation Oversight	▪ Quality Improvement
▪ Eligibility, Enrollment, and Disenrollment	▪ Transportation Services
▪ Healthcare Services	▪ Utilization Management, Referral and Authorization
▪ Health Insurance Portability and Accountability Act (HIPAA)	

Provider Online Directory

Molina Healthcare providers are encouraged to use the Online Provider Directory located on our website to find a Molina Healthcare Medicaid Provider.

Molina Healthcare Medicaid providers can be found by visiting us at www.MolinaHealthcare.com, and clicking “Find a Provider,” “Find a Hospital” or “Find a Pharmacy”.



Web Portal

The Web Portal is a secure website that allows our providers to perform many self-service functions 24 hours a day, seven days a week. Molina Healthcare participating providers must register for access to our Web Portal. Some of the services available on the Web Portal include:

Web Portal Highlights	
▪ Member eligibility verification and history	▪ Claims status inquiry
▪ View Coordination of Benefits (COB) information	▪ View Nurse Advice Line call reports for members
▪ Update provider profile	▪ View HEDIS® missed service alerts for members
▪ View PCP Member Roster	▪ Status check of authorization requests
▪ Submit online service/prior authorization requests	▪ Submit claims online

Self Service registration instructions as well as training guides and videos for the Web Portal are located online.

Register at https://eportal.MolinaHealthcare.com/Provider/login.

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Web Portal

MOLINA HEALTHCARE

Provider Self Services

Home | Member Eligibility | Claims | Service Request/Authorization | Provider Search | Member Roster New! | Download | Account Tools | Logout

Newsletter

Newsletters

Messages

No New Message

Medicare is available for Member Eligibility searches, Service Request/Authorization Submission, Service Request/Authorization Inquiry, Claim Submission and Claim status Inquiry. Please click Contact Molina to locate the Molina Medicare Member Services telephone numbers

Recent Service Requests/Authorizations*

Show Recent Service Requests/Authorizations

* Displays the last 30 days' most recent Service Requests/Authorizations based on Submission Date

Recent Claims *

Show Recent Claims

* Displays the last 30 days' most recent 5 Claims based on Date of Service

Recent Claim files

You have no claim files in last 30 days.

View more Claim files

Nurse Advice Reports

You have no Nurse Advice Reports in last 30 days.

View more Nurse Advice Reports

Welcome

- Contact Molina
- View FAQs
- NPI Submission
- What's New Video!
- Training Materials

Forms

- Service Request
- More Forms
- Prior Authorization cpt codes
- Prior Authorization drug classes when administered in a provider office
- Prior Authorization provider behavioral healthcodes
- LCD's and NCD's
- State Billing Guidelines

Links

- View Nurse Advice Reports
- HIPAA 5010
- Formulary
- Find a Pharmacy

Survey

GIVE US YOUR FEEDBACK

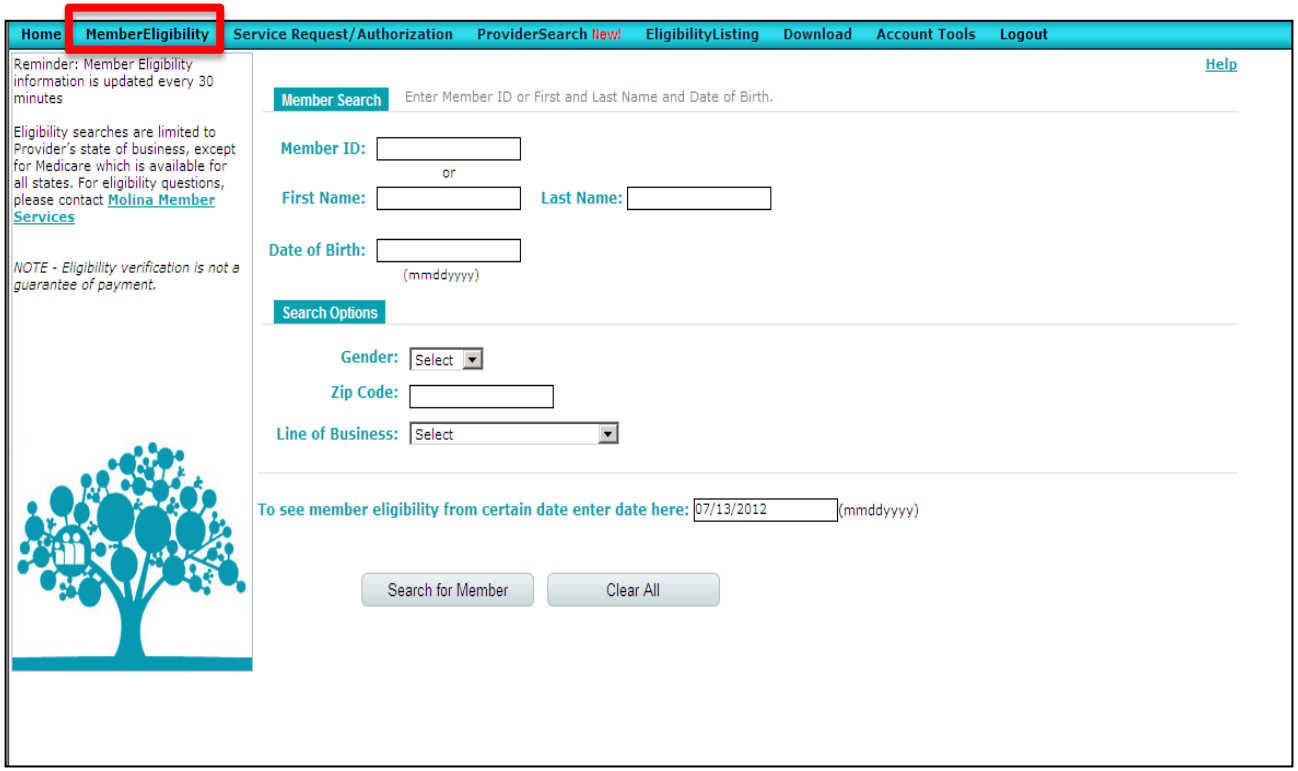
- Take the Web Portal Survey!
- Take the Provider Online Directory Survey

Member Eligibility Search

Click *Member Eligibility from the main menu.*

Search for a Member using Member ID or First Name, Last Name and Date of Birth.

When a match is found the web portal will display the member's eligibility and benefits page.



MOLINA HEALTHCARE

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Verifying Member Eligibility

Molina Healthcare offers various tools to verify member eligibility. Providers may use our online self-service Web Portal, integrated voice response (IVR) system, eligibility rosters or speak with a Customer Service Representative.

Please note - At no time should a member be denied services because his/her name does not appear on the eligibility roster. If a member does not appear on the eligibility roster please contact Molina Healthcare for further verification.

Web Portal: https://eportal.MolinaHealthcare.com/Provider/login

Molina Medicaid Customer Service/IVR Automated System: 1-866-402-3467

The State of Ohio IVR: 1-800-686-1516

MOLINA HEALTHCARE

Your Extended Family

Molina Healthcare Sample Member Identification (ID) Cards

Molina Medicaid ID Card- Front

MOLINA HEALTHCARE

CFC

Member
VINCENT TEST

Identification #	Date of Birth:	Effective Date:
108123499099	02/02/1962	07/01/2009

Primary Care Provider: LEROY B. TEST

Primary Care Provider Phone: (937)223-1781

MMIS # **108123499099** BIN **#610473** Issue Date: **06/25/2009**

Molina Medicare ID Card- Front

Molina Medicare Options Plus (HMO SNP)
Member:
Member #:

MOLINA MEDICARE

PCP: GARCIA, RAFAEL
PCP Phone: (305)246-2221
Medical Copays:
Office Visits: $0
Specialist Visits: $0
Urgent Care: $0
ER Visits: $0

RxBIN:
RXPCN:
RxGrp:
RxID:

MedicareRx

Issue ID:
Issued Date: 11/2/2010

H8130-001

Molina Medicaid ID Card- Back

MEMBERS: To reach Member Services please call **(800) 642- 4168** or for hearing impaired, call the TTY/Ohio Relay Service at **(800) 750-0750 or (711)** Monday to Friday, 7 a.m. to 7 p.m.

To schedule transportation please call **(866) 642-9279**.

Emergency Services: Call **911** (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP) at the number on the front of this card for instructions. You may also contact our 24-Hour Molina Healthcare Nurse Advice Line at **(888) 275-8750** or **(866) 648-3537 (Español)**. For hearing impaired, call TTY **(866) 735-2929**. Follow up with your PCP after all emergency room visits.

PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorization, post stabilization, eligibility, claim or benefit information call **(800) 642-4168**. Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.

PHARMACISTS: For pharmacy questions, please call **(800) 642-4168**.

Claims Submission: P.O. Box 22712, Long Beach, CA 90801 - EDI Claims: WebMD-Payor #20149

www.MolinaHealthcare.com

Molina Medicare ID Card- Back

Member Services: 1-866-553-9494 or TTY at 1-800-346-4128
Monday – Sunday, 8:00 AM to 8:00 PM local time
24-Hour Nurse Advice Line: 1-888-275-8750
24-Hour Nurse Advice Line TTY: 1-888-735-2929
For Spanish Please Call: 1-866-648-3537.
Providers/Hospitals: For prior authorization, eligibility and general information, please call Member Services
Submit Claims To:
Medical/Hospital:
PO BOX 22811, Long Beach, CA 90801 please call Member Services (see above)
Pharmacy:
7050 Union Park Center, Suite 200, Midvale UT 84047
please call Member Services (see above)
www.molinamedicare.com

MOLINA HEALTHCARE

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PCP Assignment and Changes

PCP Assignment – Members have the right to choose their PCP. If the Member or his/her designated representative does not choose a PCP, one will be assigned using the following considerations:

- Proximity of the provider
- Member's last PCP, if known
- Member's age, gender and PCP needs
- Member's language preference
- Member's covered family members, in an effort to keep family together and maintain established relationships

PCP Changes – Members may change their PCP at any time. All changes completed by the 25th of the month will be in effect on the first day of the following calendar month. Any changes on or after the 26th of the month will be in effect on the first day of the second calendar month. The "Request to Change Provider Form" can be found at **www.MolinaHealthcare.com** under the "Forms" section.

Members should not be turned away because the PCP name on their Member ID card does not match the Provider they wish to see. The "Request to Change Provider Form" may be filled out and returned to Molina Healthcare or the Member can call Molina Healthcare at the time of the appointment to change the PCP. Claims will not be denied because provider assignment mismatch.

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Referrals and Prior Authorization

Referrals

Referrals are made when medically necessary services are beyond the scope of the PCPs practice. Molina Healthcare **does not** require referrals for our members to be seen by any specialty providers. However, some specialty providers do require a referral in order to see patients. In this case, information should be exchanged between the PCP and Specialist to coordinate care of the patient.

Prior Authorization

Prior Authorization is a request for prospective review. It is designed to:

- Assist in benefit determination
- Prevent unanticipated denials of coverage
- Create a collaborative approach to determining the appropriate level of care for members receiving services
- Identify Case Management and Disease Management opportunities
- Improve coordination of care

Requests for services are evaluated by licensed nurses and trained staff that have authority to approve services.

A CPT codified list of services and procedures that require prior authorization can be found on our website and within the Web Portal. This list should be used in conjunction with the Molina Healthcare of Ohio Service Request Form.

www.MolinaHealthcare.com

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Prior Authorization

- Information generally required to support decision making includes:
  - Current (up to six months), adequate patient history related to the requested services
  - Physical examination that addresses the problem
  - Lab or radiology results to support the request (Including previous MRI, CT, Lab or X-ray report/results)
  - PCP or Specialist progress notes or consultations
  - Any other information or data specific to the request

- Molina Healthcare will process all “non-urgent” requests in no more than 14 business days of the initial request. “Urgent” requests will be processed within 72 hours of the initial request.

- If we require additional information we will pend the case and provide written communication to you and the Member on what we need.

- Providers who request prior authorization approval for patient services and/or procedures can request to review the criteria used to make the final decision. Providers may also request to speak to the Medical Director who made the determination to approve or deny the service request.

- Upon receipt of prior authorization, Molina Healthcare will provide you with a unique authorization number. This authorization number must be used on all claims related to the service authorized.

- Our goal is to ensure our members are receiving the Right Services at the Right Time AND in the Right Place. You can help us meet this goal by sending all appropriate information that supports the member’s need for services when you send us your authorization request. Please contact us for any questions/concerns.

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Service Request/Prior Authorization

MOLINA HEALTHCARE

Provider Self Services

Home | Member Eligibility | Claims | Service Request/Authorization | Provider Search | Member Roster New! | Download | Account Tools | Logout

Service Request/Authorization | **Provider Search** | **Member Roster**

- Service Request/Authorization Status Inquiry
- Create Service Request/Authorization
- Open Incomplete Service Request/Authorization
- Create Service Request/Authorization Template
- Create Service Request/Authorization using Clear Coverage new

Newsletter

Newsletters

Messages

No New Message

Medicare is available for Me... the Molina Medicare Member...

...us Inquiry. Please click Contact Molina to locate

Recent Service Requests/Aut...

* Displays the last 30 days' mos...

Recent Claims *

* Displays the last 30 days' mos...

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You have no claim files in last 30 days.

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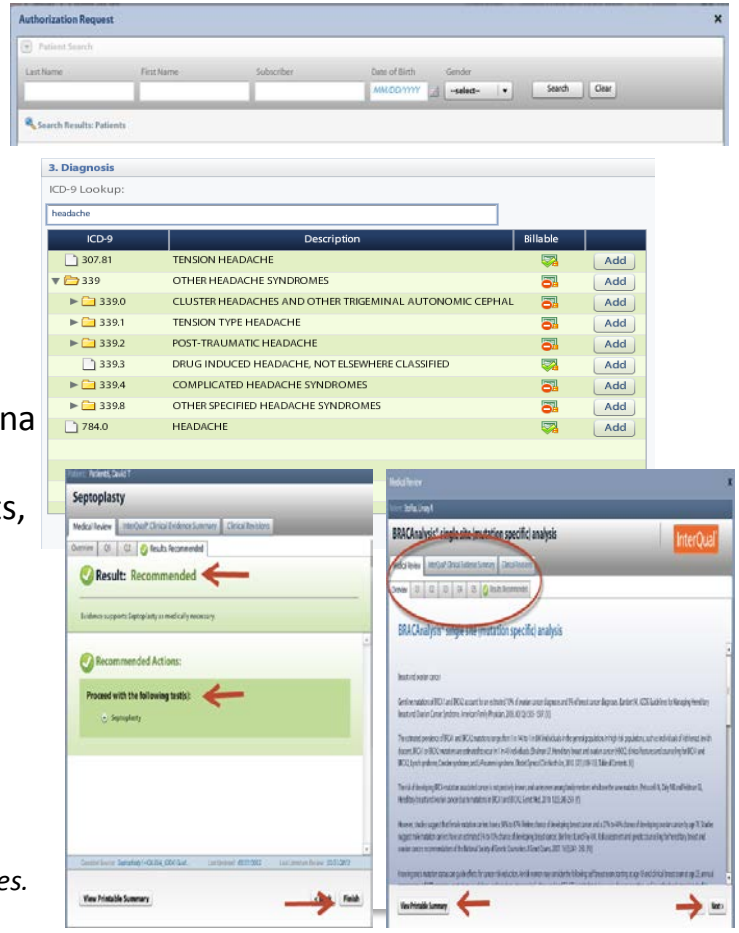
Service Request - Clear Coverage™

To improve the prior authorization process for our providers, Molina Healthcare of Ohio has implemented Clear Coverage, a web-based application that can be accessed through the Molina Web Portal.

As a Molina Healthcare provider, you are able to enter a prior authorization service request and receive automatic authorization for specific services. The process includes an interactive medical review based on Molina Healthcare specific guidelines and InterQual® clinical criteria. You also can upload medical records as needed, verify member eligibility and benefits, view authorization status, and print proof of authorization.



Clear Coverage is available to our entire provider network, and you are able to access self-training materials for the application within the Molina Web Portal or request in-person training from your External Provider Relations Representative. Clear Coverage brings a wide range of benefits, including lower administrative costs, more consistent policy adherence, and time savings.

Web Portal :
https://eportal.MolinaHealthcare.com/Provider/Login

Service Request Form

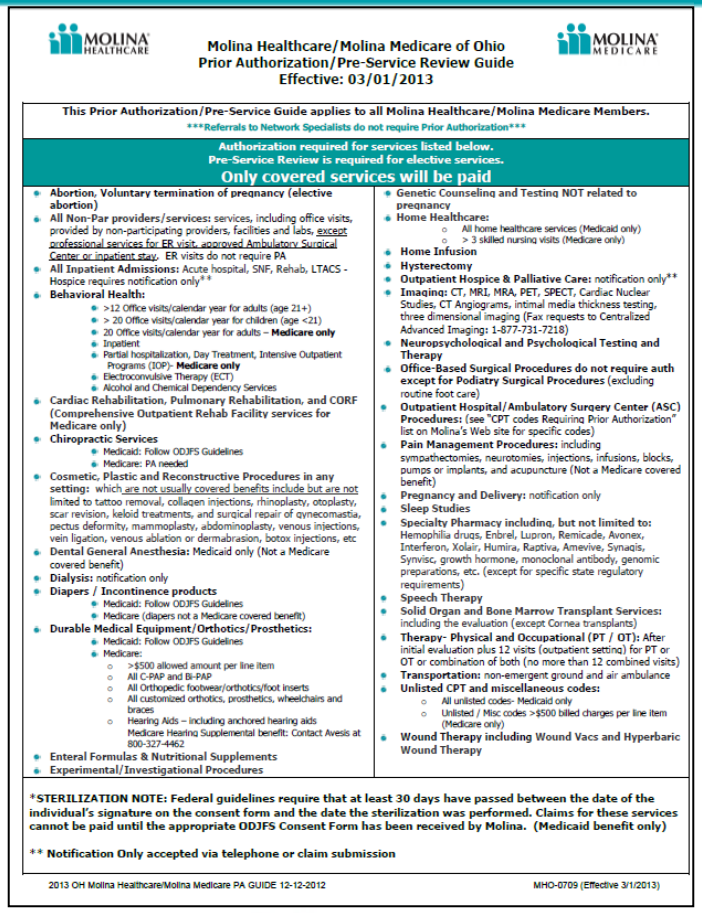
Providers should send requests for prior authorizations to the Utilization Management Department using the Molina Healthcare Service Request Form, which is available on our website, at:

Medicaid: www.MolinaHealthcare.com

Service Request Forms may be faxed to the Utilization Management Department to the numbers listed below, or submitted via our Provider Web Portal.

Web Portal :
https://eportal.MolinaHealthcare.com/Provider/Login

Medicaid: Phone: (800) 642-4168
Fax: (866) 449-6843



MOLINA HEALTHCARE

Molina Healthcare/Molina Medicare of Ohio
Prior Authorization/Pre-Service Review Guide
Effective: 03/01/2013

MOLINA MEDICARE

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare/Molina Medicare Members.
Referrals to Network Specialists do not require Prior Authorization

Authorization required for services listed below.
Pre-Service Review is required for elective services.
Only covered services will be paid

- **Abortion, Voluntary termination of pregnancy (elective abortion)**
- **All Non-Par providers/services:** services, including office visits, provided by non-participating providers, facilities and labs, except professional services for ER visits, approved Ambulatory Surgical Center or inpatient stay. **ER** visits do not require PA
- **All Inpatient Admissions:** Acute hospital, SNF, Rehab, LTACS - Hospice requires notification only**
- **Behavioral Health:**
  - >12 Office visits/calendar year for adults (age 21+)
  - > 20 Office visits/calendar year for children (age <21)
  - 20 Office visits/calendar year for adults – **Medicare only**
  - Inpatient
  - Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP)- **Medicare only**
  - Electroconvulsive Therapy (ECT)
  - Alcohol and Chemical Dependency Services
- **Cardiac Rehabilitation, Pulmonary Rehabilitation, and CORF (Comprehensive Outpatient Rehab Facility services for Medicare only)**
- **Chiropractic Services**
  - Medicaid: Follow ODJFS Guidelines
  - Medicare: PA needed
- **Cosmetic, Plastic and Reconstructive Procedures in any setting:** which are not usually covered benefits include but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, and surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation or dermabrasion, botox injections, etc
- **Dental General Anesthesia:** Medicaid only (Not a Medicare covered benefit)
- **Dialysis:** notification only
- **Diapers / Incontinence products**
  - Medicaid: Follow ODJFS Guidelines
  - Medicare (diapers not a Medicare covered benefit)
- **Durable Medical Equipment/Orthotics/Prosthetics:**
  - Medicaid: Follow ODJFS Guidelines
  - Medicare:
    - >$500 allowed amount per line item
    - All C-PAP and Bi-PAP
    - All Orthopedic footwear/orthotics/foot inserts
    - All customized orthotics, prosthetics, wheelchairs and braces
    - Hearing Aids – including anchored hearing aids Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462
- **Enteral Formulas & Nutritional Supplements**
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing NOT related to pregnancy**
- **Home Healthcare:**
  - All home healthcare services (Medicaid only)
  - > 3 skilled nursing visits (Medicare only)
- **Home Infusion**
- **Hysterectomy**
- **Outpatient Hospice & Palliative Care:** notification only**
- **Imaging:** CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, intimal media thickness testing, three dimensional imaging (Fax requests to Centralized Advanced Imaging: 1-877-731-7218)
- **Neuropsychological and Psychological Testing and Therapy**
- **Office-Based Surgical Procedures do not require auth except for Podiatry Surgical Procedures** (excluding routine foot care)
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** (see "CPT codes Requiring Prior Authorization" list on Molina's Web site for specific codes)
- **Pain Management Procedures:** including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Not a Medicare covered benefit)
- **Pregnancy and Delivery:** notification only
- **Sleep Studies**
- **Specialty Pharmacy including, but not limited to:** Hemophilia drugs, Enbrel, Lupron, Remicade, Avonex, Interferon, Xolair, Humira, Raptiva, Amevive, Synagis, Synvisc, growth hormone, monoclonal antibody, genomic preparations, etc. (except for specific state regulatory requirements)
- **Speech Therapy**
- **Solid Organ and Bone Marrow Transplant Services:** including the evaluation (except Cornea transplants)
- **Therapy- Physical and Occupational (PT / OT):** After initial evaluation plus 12 visits (outpatient setting) for PT or OT or combination of both (no more than 12 combined visits)
- **Transportation:** non-emergent ground and air ambulance
- **Unlisted CPT and miscellaneous codes:**
  - All unlisted codes- Medicaid only
  - Unlisted / Misc codes >$500 billed charges per line item (Medicare only)
- **Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy**

***STERILIZATION NOTE:** **Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. Claims for these services cannot be paid until the appropriate ODJFS Consent Form has been received by Molina. (Medicaid benefit only)**

** **Notification Only accepted via telephone or claim submission**

2013 OH Molina Healthcare/Molina Medicare PA GUIDE 12-12-2012 MHO-0709 (Effective 3/1/2013)

MOLINA HEALTHCARE

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PCP Member Roster

MOLINA HEALTHCARE

Provider Self Services

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GIVE US YOUR FEEDBACK

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Take the Provider Online Directory Survey

Member Roster Help

Select a Primary Care Provider :

All

Select a letter to find a Member by Last Name

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Clear Filters

Click on an underlined column header to sort or hover over a ? for help with that column

Select	Last Name	First Name	Date Of Birth	Member ID	Line Of Business	PCP Effective Date	Status	PCP Name
					Select		Select	

PCP Member Roster

Molina Healthcare is introducing its new Member Roster application. Taking you from a static Member Eligibility Listing to a flexible tool that makes your member management easier for you!

The Member Roster application will help you to:

View an up-to-date member list.
No more monthly member lists. Knowing a provider's member roster in real-time helps reconcile accounts. This list applies to any provider with assigned Molina Healthcare members.

Customize your search with built-in filters.
Search for members any way you like - by line of business, first name, last name, and more.

View various statuses for multiple members.
Be informed about new members, inpatients that are or will be in a hospital, and if any member has missing services through HEDIS alerts.

Check member eligibility directly from the roster.
Click on your member's name and view member details at a glance.

Easier access to other applications.
Jump directly from the roster to claims and service request/authorizations.

MOLINA® HEALTHCARE
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Quality Improvement

Quality is a Molina Healthcare core value and ensuring members receive the right care in the right place at right time is everyone's responsibility. Molina Healthcare's quality improvement department maintains key processes and continuing initiatives to ensure measurable improvements in the care and service provided to our members. Clinical and service quality is measured/evaluated/monitored through the following programs:

- Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS®), CMS STARs, Health Outcomes Survey (HOS) data and other quality measures
- Provider Satisfaction Survey
- Health Management Programs:
  - Breathe with Ease asthma program, Healthy Living with Diabetes, Chronic Obstructive Pulmonary Disease program, Heart-Healthy Living Cardiovascular program, motherhood matters℠ pregnancy program to support and educate members and to provide special care to those with high-risk pregnancy
  - For more information on Molina Healthcare's Health Management Program, please call: Health Education at (800) 642-4168
- Preventive Care and Clinical Practice Guidelines

For additional information about Molina Healthcare's Quality Improvement initiatives, please call (800) 642-4168 or visit our website at **www.MolinaHealthcare.com**

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Access Standards

Molina Healthcare monitors compliance and conducts ongoing evaluations regarding the availability and accessibility of services to members. Please ensure adherence to these regulatory standards:

Category	Type of Care	Access Standard
Primary Care Provider (General Practitioners, Internist, Family Practitioners, Pediatricians)	Preventive/Routine Care	Within 6 weeks
	Urgent Care	By the end of the following work day
	Emergent Care	Triaged and treated immediately
	After Hours	Available by phone 24 hours a day, 7 days a week
OB/GYN	Pregnancy (initial visit)	Within 2 weeks
	Routine Visit	Within 6 weeks
Allergist	Routine Visit	Within 8 weeks
Dental	Routine Visit	Within 6 weeks
Dermatologist	Routine Visit	Within 8 weeks
Endocrinologist	Routine Visit	Within 8 weeks
Neurologist	Routine Visit	Within 8 weeks
Orthopedist	Routine Visit	Within 8 weeks
Otolaryngologist (ENT)	Routine Visit	Within 6 weeks
Behavioral Health	Routine Care	Within 10 business days
	Urgent Care	Within 48 hours
	Non-Life Threatening Emergency	Within 6 hours
All other Non-Primary Care	Routine Care	Within 8 weeks
All	Office Wait Time	Maximum of 30 minutes

All physicians must have back-up coverage after hours or during absence/unavailability. Molina Healthcare requires providers to maintain a 24-hour telephone service, seven days a week. This access may be through an answering service or a recorded message after office hours. The after-hours telephone answering machine and/or answering service must instruct the member as follows: If this is a life threatening emergency, hang up and call 911.

Pharmacy/Drug Formulary

The Molina Healthcare Drug Formulary was created to help manage the quality of our Members' pharmacy benefit. The Formulary is the cornerstone for a progressive program of managed care pharmacotherapy. Prescription drug therapy is an integral component of your patient's comprehensive treatment program. The Formulary was created to ensure that Molina Healthcare of Ohio members receive high quality, cost-effective, rational drug therapy. The Molina Healthcare of Ohio Drug Formulary is available on our website at:

Medicaid Formulary: www.MolinaHealthcare.com

Prescriptions for medications requiring prior approval or for medications not included on the Molina Healthcare Drug Formulary may be approved when medically necessary and when Formulary alternatives have demonstrated ineffectiveness. When these exceptional needs arise, providers may fax a completed Prior Authorization/Medication Exception Request.

Medicaid Prior Authorization Fax: (800) 961-5160

The Prior Authorization/Medication Exception Request is available on our website.

MOLINA HEALTHCARE

Your Extended Family

Claims Address

- **EDI Claims Submission – Medicaid & Medicare**
  Emdeon Payor ID# 20149
  Emdeon Telephone (877) 469-3263

- **Medicaid Claims Submission Address**
  Molina Healthcare of Ohio
  PO Box 22712
  Long Beach, CA 90801

Online submission of claims is also available through the Web Portal at: www.MolinaHealthcare.com

MOLINA HEALTHCARE
Your Extended Family

Claims

Claims Processing Standards: Claim payment will be made to contracted providers in accordance with the provisions set forth in the provider's contract. Further, payment is subject to the following minimum standards as set forth by the Ohio Department of Medicaid (ODM):

- Ninety (90%) percent of the monthly volume of clean claims will be adjudicated within 30 calendar days of receipt by Molina Healthcare.
- Ninety-five (95%) percent of the monthly volume of claims shall be paid or denied within sixty (60) calendar days of receipt by Molina Healthcare.
- Ninety-nine (99%) percent of all claims shall be paid or denied within ninety (90) calendar days of receipt by Molina Healthcare.

A clean claim is a claim that has no defect or impropriety, contains all required substantiating documentation and does not involve circumstances that require special treatment that could prevent timely payment. The receipt date of a claim is the date that Molina Healthcare receives either written or electronic notice of the claim. All hard copy claims received by Molina Healthcare will be stamped with the date of receipt.

Claims Submission Options

1. Providers contracted with an IPA will submit claims (electronic/paper) to their contracted IPA.
2. Submit claims directly to Molina Healthcare of Ohio
3. Clearinghouse (Emdeon)
   - Emdeon is an outside vendor that is used by Molina Healthcare of Ohio
   - When submitting EDI Claims (via a clearinghouse) to Molina Healthcare of Ohio, please utilize the following payer ID 20149.
   - EDI or Electronic Claims get processed faster than paper claims
   - Providers can use any clearinghouse of their choosing. Note that fees may apply.

Claims Customer Service

EDI Claim Submission Issues

- Please call the EDI customer service line at (866) 409-2935 and/or submit an email to EDI.Claims@MolinaHealthcare.com
- Contact your provider services representative

Corrected Claims

- The "Corrected Claims Form" can be found on our website at www.MolinaHealthcare.com
- Participating providers have 120 days from the date of the original remittance advice to submit corrected claims.
- The completed form and corrected claim may be mailed to:

  Molina Healthcare
  PO Box 22712
  Long Beach, CA 90801

Claims Reconsiderations

- The Claims Reconsideration Form can be found on our website at: www.MolinaHealthcare.com
- Requests must be received within 120 days of date of original remittance advice.
- The competed form and documentation can be faxed to: (614) 781-4464; or mailed to:

  Molina Healthcare of Ohio
  Attn: Provider Services
  PO Box 349020
  Columbus, Ohio 43234-9020

MOLINA HEALTHCARE
Your Extended Family

Electronic Funds Transfer & Remittance Advice (EFT & ERA)

Molina Healthcare has partnered with our payment vendor, Alegeus ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Access to the Alegeus ProviderNet portal is FREE to our participating providers and we encourage you to register after receiving your first check from Molina Healthcare.

New Alegeus ProviderNet User Registration:

1. Go to https://ProviderNet.Alegeus.com
2. Click "Register"
3. Accept the Terms
4. Verify your information
   a. Select Molina Healthcare from Payers list
   b. Enter your primary NPI
   c. Enter your primary Tax ID
   d. Enter recent claim and/or check number associated with this Tax ID and Molina Healthcare
5. Enter your User Account Information
   a. Use your email address as user name
   b. Strong passwords are enforced (eight or more characters consisting of letters/numbers)
6. Verify: contact information; bank account information; payment address
   a. Note: any changes to payment address may interrupt the EFT process
   b. Add any additional payment addresses, accounts, and Tax IDs once you have logged in.

If you are associated with a Clearinghouse:

1. Go to "Connectivity" and click the "Clearinghouses" tab
2. Select the Tax ID for which this clearinghouse applies
3. Select a Clearinghouse (if applicable, enter your Trading Partner ID)
4. Select the File Types you would like to send to this clearinghouse and click "Save"

If you are a registered Alegeus ProviderNet user:

1. Log in to Alegeus ProviderNet and click "Provider Info"
2. Click "Add Payer" and select Molina Healthcare from the Payers list
3. Enter recent check number associated with your primary Tax ID and Molina Healthcare

BENEFITS

- Administrative rights to sign-up/manage your own EFT Account
- Ability to associate new providers within your organization to receive EFT/835s
- View/print/save PDF versions of your Explanation of Payment (EOP)
- Historical EOP search by various methods (i.e. Claim Number, Member Name)
- Ability to route files to your ftp and/or associated Clearinghouse

If you have questions regarding the actual registration process, please contact Alegeus ProviderNet at: (877) 389-1160 or email: ProviderNet@alegeus.com

MOLINA HEALTHCARE

Your Extended Family

Transportation Services

Molina Healthcare of Ohio provides non-emergent medical transportation for our members.

If one of your patients is in need of this service, please have he or she contact Logisticare or our Member Services Department to see if he or she qualifies. Note: It is important to have your patient(s) call two (2) days in advance of the appointment to schedule the transportation.

Logisticare: (888) 475-5423; TTD/TTY: (866) 288-3133
Member Services: (800) 642-4168; TTY/Ohio Relay: (800) 750-0750 or 711

Transportation Benefits

Molina Healthcare provides 15 round-trip visits (30 one-way trips) for each member per 12-month rolling period to any Molina Healthcare provider, WIC or CDJFS re-determination appointment.

Molina Healthcare also provides transportation to members if they must travel 30 miles or more from their home to receive medically necessary Medicaid-covered services that are not available from a provider closer to their home. This benefit does not count against the member's 15 round-trip visits per 12-month rolling period outlined above.

MOLINA HEALTHCARE
Your Extended Family

Cultural & Linguistic Competency

National census data shows that the United States' population is becoming increasingly diverse. Molina Healthcare has a thirty-year history of developing targeted health care programs for a culturally diverse membership and is well-positioned to successfully serve these growing populations by:

- Contracting with a diverse network of community-oriented providers who have the capabilities to address the linguistic and cultural needs of our members;
- Educating employees about the differing needs among Members; and
- Developing member education material in a variety of media and languages and ensure that the literacy level is appropriate for our target audience.

Providers are required to participate in and cooperate with Molina Healthcare's provider education and training efforts as well as member education and efforts. Providers are also to comply with all health education, cultural and linguistic, and disability standards, policies, and procedures.

Additional Cultural and Linguistic Resources are available to providers such as:

- Low-literacy materials
- Translated documents
- Accessible formats (i.e. Braille, audio or large font)
- Cultural sensitivity trainings and cultural/linguistic consultation

- If you have a deaf or hard of hearing members, please contact us through our dedicated TTY line, toll-free, at (800) 750-0750 or by dialing 711 for the Ohio Relay Service.

- Molina Healthcare provides twenty four (24) hours/seven (7) days a week Nurse Advice Services for members. The Nurse Advice Line provides access to 24-hour interpretive services. Members may call Molina Healthcare's Nurse Advice Line directly (English line (888) 275-8750) or (Spanish line at (866) 648-3537) or for assistance in other languages. *The Nurse Advice TTY is (866) 735-2929.* The Nurse Advice Line telephone numbers are also printed on membership cards.

MOLINA HEALTHCARE

Your Extended Family

Community Mental Health Center Health Homes (CMHC Health Homes)

Who is eligible for CMHC Health Home services (must meet one of the following):

Serious and Persistent Mental Illness (SPMI): Must be 18 years of age or older

- Must meet criteria for any of the DSM-IV TR diagnoses, except the exclusionary diagnoses (DD, AOD, V Codes & Dementia)
- Treatment history criteria
- GAF Score of 50 or below

Serious Mental Illness (SMI) : Must be 18 years of age or older

- Must meet any of the DSM-IV TR diagnoses, except the exclusionary diagnoses (DD, AOD, V Codes & Dementia)
- Treatment history criteria
- Assessment of impaired functioning measured by the Global Assessment of Functioning scale (GAF) (score of 40 to 60)

Serious Emotional Disturbance (SED): Must be 17 years of age or younger

- Must meet criteria for any of the DSM-IV TR diagnoses, except the exclusionary diagnoses (Developmental disorders, Substance use disorders, and V Codes)
- Duration of the mental health disorder has persisted or is expected to be present for six months or longer
- Assessment of impaired functioning as measured by the Global Assessment of Functioning scale (GAF Score of below 60)

MOLINA HEALTHCARE

Your Extended Family

Community Mental Health Center Health Homes (CMHC Health Homes)

Comprehensive Assessment include;

- Medical, behavioral, long-term care and social service needs
- Reassessment of the consumer and review of the existing assessment at least every 90 days
- Updates as needed

ODMH Mental Health Assessment service standards still apply.

Single Integrated Care Plans are:

- Based on the results of the comprehensive assessment
- Include consumer and family participation
- Reviewed at least every 90 days
- Updated as needed

ODMH Individualized treatment plan standards still apply.

Crisis and Contingency Plan are:

- Developed for select consumers who are at risk of hospitalization or decompensating

Communication Plan are:

- Developed for all consumers
- Include and be shared with family, significant others, other service and treatment providers

MOLINA HEALTHCARE

Your Extended Family

Anti-Discrimination Regulations

Americans with Disabilities Act (ADA)

The ADA prohibits discrimination against people with disabilities, including discrimination that may affect: employment, public accommodations (including health care), activities of state and local government, transportation, and telecommunications. The ADA is based on three underlying values: equal opportunity, integration, and full participation. Compliance with the ADA extends, expands, and enhances the experience for ALL Americans accessing health care and ensures that people with disabilities will receive health and preventive care that offers the same full and equal access as is provided to others.

Rehabilitation Act of 1973 - Section 504

A civil rights law that prohibits discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance. Section 504 forbids organizations and employers, such as hospitals, nursing homes, mental health centers and human service programs, from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. Protected individuals under this law include: any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment or (3) is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. Some examples of impairments which may substantially limit major life activities, even with the help of medication or aids/devices, are: AIDS, alcoholism, blindness or visual impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness.

MOLINA® HEALTHCARE

Your Extended Family

Member Rights and Responsibilities

Member Rights

- To receive all the services that Molina Healthcare must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally okayed to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care, unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure that others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To ask, and get a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.
- To be able to say "yes" or "no" to having any information about you given out unless Molina Healthcare has to by law.
- To be able to say "no" to treatment or therapy. If you say "no", the doctor or MCP must talk to you about what could happen and they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See pages 29-31 of the Member Handbook for information.

Member Rights and Responsibilities

Member Rights

- To be able to get all MCP written member information from the MCP:
  - At no cost to you;
  - In the prevalent non-English languages of members in the MCP's service area;
  - In other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from Molina Healthcare and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will). See page 34 of the Member Handbook, which explains about advance directives. You can also contact Molina Healthcare Member Services for more information.
- To file any complaint about not following your advance directives with the Ohio Department of Health.
- To change your Primary Care Provider (PCP) to another PCP on Molina Healthcare's panel at least monthly. Molina Healthcare must send you something in writing that says who the new PCP is and the date the change began.
- To be free to carry out your rights and know that the MCP, the MCP's providers or ODJFS will not hold this against you.
- To know that the MCP must follow all federal and state laws and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.

Member Rights and Responsibilities

Member Rights

- If you are a female, to be able to go to a women's health provider on Molina Healthcare's panel for covered women's health services.
- To be able to get a second opinion from a qualified provider on Molina Healthcare's plan. If a qualified provider is not able to see you, Molina Healthcare must set up a visit with a provider not on our panel.
- To get information about Molina Healthcare from us.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services Bureau of Civil Rights at the addresses listed below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran status, ancestry, health status, or need for health services.

Office of Civil Rights
United States Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, Illinois 60601
1-312-886-2359 1-312-353-5693 TTY

Bureau of Civil Rights
Ohio Department of Job and Family Services
30 East Broad Street, 37th Floor
Columbus, Ohio 43215-3414
1-614-644-2703, 1-866-227-6353
1-866-221-6700 TTY
Fax: 1-614-752-6381

Member Rights and Responsibilities

Member Rights

Members also have the right to:

- Receive information about Molina Healthcare, covered benefits and the providers contracted to provide services.
- Openly discuss your treatment options, regardless of cost or benefit coverage, in a way that is easy to understand.
- Receive information about your member rights and responsibilities.
- Make recommendations about Molina Healthcare's member rights and responsibilities policies.
- Get a second opinion from a qualified provider on Molina Healthcare's panel. Molina Healthcare must set up a visit with a provider not on our panel at no cost to you if a qualified panel provider is not able to see you.

MOLINA® HEALTHCARE

Your Extended Family

Member Rights and Responsibilities

Member Responsibilities

- Always carry your Molina Healthcare ID card, and do not let anyone else use your ID card.
- Keep appointments, and be on time.
- If you require transportation, call Molina Healthcare at least 48 hours in advance whenever possible.
- Call your provider 24 hours in advance if you are going to be late or if you cannot keep your appointment.
- Share important health information with Molina Healthcare and your providers so that they can give you appropriate care.
- Understand your health conditions and be active in decisions about your health care.
- Work with your provider to develop treatment goals and follow the care plan that you and your provider have developed.
- Ask questions if you do not understand your benefits.
- Call Molina Healthcare within 24 hours of a visit to the emergency department or an unexpected stay in the hospital.
- Inform Molina Healthcare if you would like to change your PCP. Molina Healthcare will verify that the PCP you select is contracted with Molina Healthcare and is accepting new patients.
- Inform Molina Healthcare and your county caseworker if you change your name, address or telephone number or if you have any changes that could affect your eligibility.
- Let Molina Healthcare and your health care providers know if you or any of the members of your family have other health insurance coverage.
- Report any fraud or wrongdoing to Molina Healthcare or the proper authorities.

Fraud, Waste, & Abuse

Molina Healthcare seeks to uphold the highest ethical standards for the provision of health care services to its members, and supports the efforts of federal and state authorities in their enforcement of prohibitions of fraudulent practices by providers or other entities dealing with the provision of health care services.

“Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary costs to the Medicare and Medicaid programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicare and Medicaid programs. (42 CFR § 455.2)

“Fraud” means an 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)

MOLINA HEALTHCARE

Your Extended Family

Examples of Fraud, Waste, & Abuse

Health care fraud includes but is not limited to the making of intentional false statements, misrepresentations or deliberate omissions of material facts from any record, bill, claim or any other form for the purpose of obtaining payment, compensation or reimbursement for health care services.

By a Member	By a Provider
Lending an ID card to someone who is not entitled to it.	Billing for services, procedures and/or supplies that have not 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 patient's misuse of Molina Healthcare card
Falsifying claims	Failure to report a patient's forgery/alteration of a prescription

- Providers can report suspected fraud, waste and abuse by calling our tip line at (866) 366-5462

MOLINA HEALTHCARE

Your Extended Family

No Balance Billing

Per 2.8 b of your contract with Molina Healthcare of Ohio, Health Plan shall pay Provider for Clean Claims for Covered Services provided to members, including Emergency Services, in accordance with applicable law and regulations and in accordance with the compensation schedule set forth in Attachment D.

Providers shall not balance bill Members for any Covered Services.

Please refer to Ohio Administrative Code 5101:3-26-05(D) (10) which prohibits subcontracting providers from charging members.

Please refer to Ohio Administrative Code 5101:3-26-05(D) (9) (b) (i- iii) for circumstances when it is appropriate to bill a member for non-covered services.

MOLINA HEALTHCARE

Your Extended Family

Frequently Used Phone Numbers

DEPARTMENT	NUMBER
Case Management	(800) 642-4168 (follow phone prompts)
Claims	(800) 642-4168
Claims Inquiry – Customer Service	(800) 642-4168 (follow phone prompts)
Community Outreach	(800) 642-4168
Fraud, Waste, and Abuse Tip Line	(866) 366-5462
Molina Member Eligibility IVR	(866) 402-3467
Member Services – Medicaid	(800) 642-4168
Pharmacy	(800) 642-4168
Prior Authorization (Inpatient)	(800) 642-4168 / fax: (866) 449-6843
Prior Authorization (Outpatient)	(800) 642-4168 / fax: (866) 449-6843
Provider Services	(800) 642-4168 / fax (614) 781-1537
Web Portal Help Desk	(866) 449-6848
Utilization Management	(800) 642-4168
24 Hour Nurse Advise Line	(888) 275-8750 / TTY: (866) 735-2929

Main Phone (800) 642-4168
TTY (800) 750-0750

8:00am-5:00pm Monday-Friday

MOLINA® HEALTHCARE

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Questions and Comments

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