

This section provides an overview of the medical benefits and Covered Services for Molina Medicaid Members. Some benefits may have limitations. If there are questions as to whether a service is covered or requires Prior Authorization, please contact Molina at (800) 665-3072, seven (7) days a week, from 8:00 a.m. to 8:00 p.m. local time TTY/TDD users, please call 711.

[Link\(s\) to Summary of Benefits](#)

The following web link provides access to the Summary of Benefits guides for the Medicaid program offered by Molina in Michigan:

<https://www.molinahealthcare.com/members/mi/en-US/mem/medicaid/overvw/coverd/Pages/coverd.aspx>

Molina Healthcare of Michigan shall provide services listed below in accordance with Michigan Department of Health and Human Services (MDHHS) guidelines. Molina Healthcare shall comply with all state and federal laws pertaining to the provisions of such services.

Some services are covered only when a plan provider has obtained an authorization for care (advance approval) from Molina Healthcare of Michigan.

Providers should refer to the Molina Healthcare of Michigan PA Matrix and/or Guide for details at

<http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx>

For specific information about a covered service, please contact Provider Services at (855) 322-4077.

[Non-Preferred Drug Exception Request Process](#)

The Provider may request a prior authorization for clinically appropriate drugs that are not covered under the Member's Medicaid Plan. Using the FDA label, community standards, and high levels of published clinical evidence, clinical criteria are applied to requests for medications requiring prior authorization.

For a Standard Exception Request, the Member and/or Member's Representative and the prescribing Provider will be notified of Molina's decision within twenty-four (24) hours of receiving the complete request.

If the initial request is denied, a notice of denial will be sent in writing to the Member and prescriber within twenty-four (24) hours of receiving the complete request.

Members will also have the right to appeal a denial decision, per any requirements set forth by MS DOM.

Molina will allow a seventy-two (72)-hour emergency supply of prescribed medication for dispensing at any time that a prior authorization is not available. Pharmacists will use their professional judgment regarding whether or not there is an immediate need every time the seventy-two (72) hour option is utilized. This procedure will not be allowed for routine and continuous overrides.

Specialty Drug Services

Many self-administered and office-administered injectable products require prior authorization. In some cases they will be made available through a vendor, designated by Molina. More information about our prior authorization process, including a link to the Prior Authorization Request Form, is available in the Healthcare Services section of this Manual. Physician administered drugs require the appropriate 11-digit NDC with the exception of vaccinations or other drugs as specified by CMS.

Family planning services related to the injection or insertion of a contraceptive drug or device are covered at no cost.

Injectable and Infusion Services

Many self-administered and office-administered injectable products require Prior Authorization (PA).

In some cases they will be made available through a vendor, designated by Molina. More information about our Prior Authorization process, including a link to the PA request form, is available in the Pharmacy section of this Provider Manual.

Family planning services related to the injection or insertion of a contraceptive drug or device are covered at no cost.

Access to Behavioral Health Services

Members in need of Behavioral Services can be referred by their PCP for services or Members can self-refer by calling Molina's Behavioral Health Department at **(855) 322-4077**. Molina's Nurse Advice Line is available twenty-four (24) hours a day, seven (7) days a week for mental health or substance abuse needs. The services Members receive will be confidential. Additional detail regarding Covered Services and any limitations can be obtained in the Summary of Benefits linked above, or by contacting Molina.

Emergency Mental Health or Substance Abuse Services

Members are directed to call "911" or go to the nearest emergency room if they need Emergency Services mental health or substance abuse. Examples of emergency mental health or substance abuse problems are:

- Danger to self or others
- Not being able to carry out daily activities

- Things that will likely cause death or serious bodily harm

Out of Area Emergencies

Members having a behavioral health emergency who cannot get to a Molina approved

Providers are directed to do the following:

- Go to the nearest emergency room
- Call the number on ID card
- Call Member's PCP and follow-up within twenty-four (24) to forty-eight (48) hours

For out-of-area Emergency Services, plans will be made to transfer Members to an in-network facility when Member is stable.

Emergency Transportation

When a Member's condition is life-threatening and requires use of special equipment, life support systems, and close monitoring by trained attendants while in route to the nearest appropriate facility, emergency transportation is thus required. Emergency transportation includes, but is not limited to, ambulance, air or boat transports.

Non-Emergency Medical Transportation

For Molina Medicaid Members who have non-emergency medical transportation as a Covered Service, Molina covers transportation to medical facilities when the Member's medical and physical condition does not allow them to take regular means of public or private transportation (car, bus, etc.). This requires a written prescription from the Member's doctor. Examples of non-emergency medical transportation include, but are not limited to, litter vans and wheelchair accessible vans. Members must have Prior Authorization from Molina for ground and air ambulance services before the services are given. Prior Authorization not required for vans, taxi, etc. Additional information regarding the availability of this benefit is available by contacting Provider Services at (855) 322-4077.

Preventive Care

Preventive Care Guidelines are located on the Molina website. Please use the link below to access the most current guidelines:

<https://www.molinahealthcare.com/members/mi/en-US/mem/medicaid/overvw/coverd/Pages/coverd.aspx>

We need your help conducting these regular exams in order to meet the targeted State and Federal standards. If you have questions or suggestions related to well child care, please call our Health Education line at (855) 322-4077.

Immunizations

Adult Members may receive immunizations as recommended by the Centers for Disease Control and Prevention (CDC) and prescribed by the Member's PCP.

Child Members may receive immunizations in accordance with the recommendations of the American Academy of Pediatrics (AAP) and prescribed by the child's PCP.

Immunization schedule recommendations from the American Academy of Pediatrics and/or the CDC are available at the following website:

<https://www.cdc.gov/vaccines/schedules/hcp/index.html>

Molina Healthcare covers immunizations not covered through Vaccines for Children (VFC).

Well Child Visits and EPSDT Guidelines

The Federal Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit requires the provision of early and periodic screening services and well care examinations to individuals from birth until twenty-one (21) years of age, with diagnosis and treatment of any health or mental health problems identified during these exams. The standards and periodicity schedule generally follow the recommendations from the AAP and Bright Futures.

Michigan Medicaid: <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

The screening services include:

- Comprehensive health and developmental history (including assessment of both physical and mental health development)
- Immunizations in accordance with the most current Michigan Recommended (or Centers for Disease Control and Prevention Advisory Committee on Immunization Practices) Childhood Immunization Schedule, as appropriate
- Comprehensive unclothed physical exam
- Laboratory tests as specified by the AAP, including screening for lead poisoning
- Health education
- Vision services
- Hearing services
- Dental services

When a screening examination indicates the need for further evaluation, providers must provide diagnostic services or refer members when appropriate without delay. Providers must provide treatment or other measures (or refer when appropriate) to correct or ameliorate defects and physical and mental illness or conditions discovered by the screening services.

We need your help conducting these regular exams in order to meet the MDHHS targeted State standard. Providers must use correct coding guidelines to ensure accurate reporting for EPSDT services. If you have questions or suggestions related to EPSDT or well childcare, please call our Health Education line at (855) 322-4077.

Maternal Infant Health Program (MIHP)

MIHP is a home visiting program for Medicaid eligible women and infants to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. The preventative services provided in this program include social work, nursing services, breast feeding support, nutritional counseling, and advocacy services. Molina requires MIHP provider organizations must be certified by MDHHS and adhere to the program policies, procedures, and expectations outlined in the Medicaid Policy, the MIHP Program Operations Manual and Public Act 291 of 2012.

Molina establishes and maintains agreements with certified MIHP provider organizations. MIHP providers enter into a coordination agreement as well as a provider services agreement to address the following program requirements:

- Medical coordination, including pharmacy and laboratory coordination
- Data and reporting requirements
- Quality assurance coordination
- Grievance and Appeal resolution
- Dispute resolution
- Transportation
- Member referral to an MIHP provider organization with thirty (30) days of MIHP eligibility determination, if the member is not already enrolled in another evidence-based home-visiting program
- Sufficient number of MIHP providers to meet member service and visitation needs within the required response time according to MDHHS MIHP protocols
- Service delivery response times

Molina requires all MIHP-eligible members be referred to an MIHP provider organization for MIHP outreach, screening and care coordination within one (1) month of the effective date of MIHP eligibility determination. If an Enrollee is not already enrolled in another evidenced based home visiting program.

- MIHP services are voluntary. Members will be provided an opportunity to select an MIHP provider organization
- If the member does not choose an MIHP provider organization at the time of MIHP eligibility determination, Molina will refer the member to an MIHP provider organization within one (1) month of the effective date of MIHP eligibility determination

Molina incorporates the following provisions for MIHP for services and billing:

- Only one (1) assessment is allowed per pregnancy and per infant
- Reimbursement is allowed for one (1) professional visit per member per date of service, regardless of place of service
- Maternal members are only allowed up to nine (9) professional visits per pregnancy.

- Infant members are allowed up to nine (9) professional visits.
- Effective August 1, 2020, Molina will require notification with a physician’s order that includes a diagnosis of drug-exposed infant for additional visits. With notification, up to eighteen (18) visits may be billed, using the drug-exposed procedure code(s).

For more information, the MDHHS provider manual and MIHP Operations Guide can be found at: https://www.michigan.gov/mihp/0,5421,7-311-66378_66386_66387---,00.html

Prenatal Care

Stage of Pregnancy	How often to see the doctor
One (1) month – Six (6) months	One (1) visit a month
Seven (7) months – Eight (8) months	Two (2) visits a month
Nine (9) months	One (1) visit a week

Emergency Services

Emergency Services means Medicaid regulations define an emergency medical condition (including emergency labor and delivery) as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:

- Place the person’s health in serious jeopardy, or
- Cause serious impairment to bodily functions, or
- Cause serious dysfunction of any bodily organ or part

Hospital emergency services are covered by Molina without an authorization. This includes non-contracted Providers inside or outside of Molina’s service area.

Nurse Advice Line

Members may call the Nurse Advise Line anytime they are experiencing symptoms or need health care information. Registered nurses are available twenty-four (24) hours a day, seven (7) days a week, to assess symptoms and help make good health care decisions.

Nurse Advice Line (24 Hours)	
English Phone:	(888) 275-8750
Spanish Phone:	(866) 648-3537
TTY/TDD:	711 Relay

Molina is committed to helping our Members:

- Prudently use the services of your office
- Understand how to handle routine health problems at home
- Avoid making non-emergent visits to the emergency room (ER)

These registered nurses do not diagnose. They assess symptoms and guide the patient to the most appropriate level of care following specially designed algorithms unique to the Nurse Advice Line.

The Nurse Advice Line may refer back to the PCP, a specialist, 911 or the ER. By educating patients, it reduces costs and over utilization on the health care system.

Health Management Programs

Health Management

The tools and services described here are educational support for Molina Members. We may be changed at any time as necessary to meet the needs of Molina Members.

Health Education/Disease Management

Molina offers programs to help our Members and their families manage various health conditions. The programs include telephonic outreach from our clinical staff and health educators along with access to educational materials. You can refer Members who may benefit from the additional education and support Molina offers. Members can request to be enrolled or dis-enrolled in these programs at any time. Our programs include:

- Asthma management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management/Congestive Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD) management
- Depression management
- Obesity
- Weight Management
- Smoking Cessation
- Organ Transplant
- Serious and Persistent Mental Illness (SPMI) and Substance Use Disorder
- Maternity Screening and High Risk Obstetrics

For more information about these programs, please call: Provider Services Department at (855) 322-4077 (TTY/TDD at 711 Relay).

Visit www.MolinaHealthcare.com

Obtaining Access to Certain Covered Services

Telehealth and Telemedicine Services

Molina Members may obtain Covered Services by Participating Providers, through the use of Telehealth and Telemedicine services. Not all participating Providers offer these services. The following additional provisions apply to the use of Telehealth and Telemedicine services:

- Services must be obtained from a participating Provider.
- Services are meant to be used when care is needed now for non-emergency medical issues.
- Services are a method of accessing Covered Services, and not a separate benefit.
- Services are not permitted when the Member and Participating Provider are in the same physical location.
- Services do not include texting, facsimile or email only.
- Services include preventive and/or other routine or consultative visits during a pandemic.
- Member cost sharing associates to the Schedule of Benefits based upon the participating Provider's designation for Covered Services (i.e., Primary Care, Specialist or other Practitioner).
- Covered Services provided through store-and-forward technology, must include an in-person office visit to determine diagnosis or treatment.

Upon at least ten days prior notice to Provider, Molina shall further have the right to a demonstration and testing of Provider telehealth service platform and operations. This demonstration may be conducted either virtually or face-to-face, as appropriate for telehealth capabilities and according to the preference of Molina. Provider shall make its personnel reasonably available to answer questions from Molina regarding telehealth operations.

For additional information on Telehealth and Telemedicine Claims and billing, please refer to the Claims and Compensation section of this Provider Manual.

Member Newsletters

Member Newsletters are posted on the www.MolinaHealthcare.com website at least (two) 2 times a year. The articles are about topics asked by Members. The tips are aimed to help Members stay healthy.

Member Health Education Materials

Members are able to access our easy-to-read materials are about nutrition, preventive services guidelines, stress management, exercise, cholesterol management, asthma, diabetes and other topics. To get these materials, Members are directed to ask their doctor or visit our website. Program Eligibility Criteria and Referral Source

Health Management Programs are designed for Molina Members with a confirmed diagnosis. Members participate in programs for the duration of their eligibility with the plan's coverage or until the Member opts out. Identified Members will receive targeted outreach such as educational newsletters, telephonic outreach or other materials to access information on their condition.

The program model provides an "opt-out" option for Members who contact Molina Member Services and request to be removed from the program.

Multiple sources are used to identify the total eligible population. These may include the following:

- Pharmacy Claims data for all classifications of medications
- Encounter Data or paid Claim with a relevant CMS accepted diagnosis or procedure code
- Member Services welcome calls made by staff to new Member households and incoming Member calls have the potential to identify eligible program participants. Eligible Members are referred to the program registry
- Member Assessment calls made by staff for the initial Health Risk Assessments (HRA) for newly enrolled Members
- Provider referral
- Nurse Advice Line referral
- Medical Case Management or Utilization Management
- Member self-referral due to general plan promotion of program through Member newsletter, the Nurse Advice Line or other Member communication

Provider Participation

Contracted Providers are notified as appropriate, when their patients are enrolled in a health management program. Provider resources and services may include:

- Annual Provider feedback letters containing a list of patients identified with the relevant disease
- Clinical resources such as patient assessment forms and diagnostic tools;
- Patient education resources
- Provider Newsletters promoting the health management programs, including how to enroll patients and outcomes of the programs;
- Clinical Practice Guidelines
- Preventive Health Guidelines

Additional information on health management programs is available from your local Molina HCS Department toll free at (855) 322-4077.

Healthy Michigan Plan members must have a Health Risk Assessment

Individuals enrolled in the Healthy Michigan Plan must complete a Health Risk Assessment (HRA) annually based on the member's enrollment date. The HRA is a health survey that is used to provide individuals with an evaluation of their health risks and quality of life. It is designed to identify healthy behavior goals and is intended to be completed during a member's annual well care visit.

Molina does not utilize a CPT code on a claim to track HRA's. Lab results are valid up to one year of the current visit date.

Health Risk Assessment Submission Process:

Fax completed HRA's to:

Maximus at (517) 763-0200

Or

Molina Healthcare of MI at (855) 671-1283

CHAMPS via the Health Risk Assessment Questionnaire web page

Mail completed HRA's to:

Molina Healthcare of Michigan

Attn: Healthcare Services

880 W Long Lake Rd, Suite 600

Troy, MI 48098