

Coming Soon: Automatic Authorization on Many Services!

Molina Healthcare has partnered with McKesson to bring our providers **Clear Coverage**, a point-of-care utilization management platform. You will be able to submit authorizations online and receive real-time statuses, including automatic approvals for many services. You can also upload medical records, verify member eligibility and benefits, and print proof of authorization. Authorization requests that are not automatically approved will “pend” for review by Molina clinical staff for approval or denial. At any time, you can view the real-time status of your pending requests within Clear Coverage.

Stay tuned for more information in 2014! Please contact your Provider Services Representative for more information.

Community Connectors

September was the kick-off month for a new Molina Healthcare program called Community Connectors. Community Connectors are a high touch extension of an RN or Social Worker Case Manager who will literally meet the member in their home, PCP’s office or in the community; they are the eyes and ears in the field. Community Connectors provide outreach to locate and/or provide support for disconnected members with special needs. They educate members and are advocates engaging and assisting the member in managing and navigating the healthcare system.

Community Connectors provide non-clinical paraprofessional services and are thoroughly familiar with the member’s community and available resources. Community Connectors assist members with all aspects of their health and wellness by collaborating with Molina Healthcare staff, primary care providers, social services and community resources.

If you have a member that could benefit from the services of a Community Connector please call Member Services at (888) 898-7969.

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Claims Submission Requirements

If you do not file electronically:

Please mail all initial Medicaid/MIChild 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 (888) 898-7969.

Electronic Fund Transfer (EFT) Registration

ATTENTION: Providers and Office Managers

Molina is encouraging all practices to register for EFT. If you have not had an opportunity to register, please either do so via website or phone at the following:

<http://ProviderNet.Alegeus.com>

Phone: (877) 389-1160

Molina's EFT will provide faster and more efficient claims processing for our provider network.

Benefits as easy as 1, 2, 3:

1. You can receive payment faster, within three (3) business days of claim submission.
2. You can search/view/print/download/save the PDF electronic version of your Explanation of Payment (EOP) – also known as Remittance Advice (RA).
3. You will have the ability to have your 835 files routed to your File Transfer Protocol (FTP) and/or your associated clearinghouse.

Registration is fast and easy!

1. Go to <https://ProviderNet.Alegeus.com>, click Register & Accept the Terms.
2. Verify your information:
Select Molina Healthcare from the Payers List; enter your primary NPI, your primary Tax ID and then enter a recent Claim Number and/or Check Number associated with this Tax ID and Molina Healthcare.
3. Enter your User Account Information:
Use your email address as your user name. Strong passwords are enforced (at least 8 characters consisting of letters and numbers)
4. Verify your Contact Information, your Bank Account Information, and your Payment Address.
(Note: Any changes to this address may interrupt the EFT process).
5. Print and sign the ACH authorization form and fax to Alegeus Provider Net.

Once you have completed your registration process, you will no longer receive a paper EOP/Remittance Advice. Be sure to add any additional payment addresses, accounts, and tax IDs once you have log in access.

WE ARE GOING GREEN IN 2014!



To Better Serve You New Molina IVR System is Arriving in Michigan

Molina has a new design of our Interactive Voice Response (IVR) system to route your call to the appropriate department.

In addition, Molina is adding a dedicated Provider 800 number. The new Provider 800 number will:

- Make it easier for you to do business with Molina
- Decrease the number of transfers needed to answer your call
- Enable Molina to route the call to the correct group with as few menu layers in the IVR as possible
- Provide a simple and consistent user experience

The new IVR redesign will also include a Case Management menu option for providers to have prompt and consistent access to the Case Management Department.

What to Expect?

- Easy-to-understand, sequenced menu options
- Order of urgency considered (i.e. behavioral health crisis at beginning of menu)
- Elimination of unnecessary menu options

For quicker service, please press the following prompts:

New Provider Number is: (855) 322-4077

0	Provider General Services (Member Eligibility)
2	Provider Pharmacy Menu
3	Provider Claims Menu
4	Provider Authorizations Menu
5	Provider Case Management Menu
6	Provider Network Menu (Contracting & Credentialing)

Molina Healthcare Receives Recognitions

Molina Healthcare received three recognitions at the 2013 Michigan Association of Health Plans Pinnacle Award reception on September 17, 2013. The Pinnacle Awards recognize Michigan health plans for innovative programs to improve patient health care to lower costs and increase service to Michigan citizens. Ten Michigan health plans submitted 30 innovative programs for consideration. The award selection was done by a panel of judges that included key legislators and MDCH Director Jim Haveman. Here is a brief description of Molina's two winning submissions and recognition award:

2013 Care Management for Medicare Populations – Special Needs to Molina Healthcare of Michigan for “Transitions of Care Program.” Medicare Special Needs patients are frail and disabled individuals who are more likely to have multiple chronic illnesses, and often receive care in multiple settings. The transition between settings – hospital to home care or nursing home, for instance – needs to be carefully managed. Molina's Transitions of Care program confirms and reestablishes the member's connection to his or her medical home by supporting continuity and coordination of care as the health status changes. The program has helped reduce unplanned hospital readmission rates from 20.77 percent to 15.85 percent in 2012.

2013 Community Outreach by a Single Plan to Molina Healthcare of Michigan for “Molina Gives Back Through Volunteer Time Off.” Molina sought to better connect its employees with the communities it serves by encouraging volunteering in those communities. Employees are paid for hours of volunteer work, and in 2012, more than 75 employees volunteered 1,475 hours in the program. This connection of employees to the population Molina serves gives insight into the daily limitations and plight of those receiving Medicaid benefits.

Michigan Department of Community Health Cancer Genomics Program. Molina was recognized along with four other plans for written policies related to genetic screening and reactions to screening that can predict breast cancer risks.



Special thanks to the Pinnacle Award Committee led by **Dr. Keith Tartar** and **Heidi Mcglinnen** created this year to develop a new collaborative approach for developing our Pinnacle Award submissions. The workgroup demonstrated great teamwork and effort in developing submissions that best represent the excellent, high quality work we do each and every day –such as our Care Transitions Team and those that actively participate in the VTO Program.

How-To-Register

First select either Medicaid or Medicare.

If you selected Medicaid, please select state.

Role Type – Individual Physician

If you are an Individual Physician, A Provider ID is required.

If you do not know your Provider ID, enter 3 out of 5 of the following information on the corresponding fields:

- NPI
- State License
- Medicaid Number
- Medicare Number
- DEA

Role Type – Billing Organization

If you are part of a Billing Organization, enter your Tax ID, not the Tax ID of the accounts that you bill for, and Provider ID. If you do not know your Provider ID, enter 3 out of 5 of the following information on the corresponding fields:

- NPI
- State License
- Medicaid Number
- Medicare Number
- DEA

Role Type – Facility or Group

This role type is especially for Hospital, Clinic, IPA/Group, or Agency staff and allows user to submit claims, view status of claims and other functionalities as well.

Note: First user registered will be the primary administrator on the account. The primary or their assigned administrator can invite other users to assist in the workings of the account, such as submission of claims, service requests/authorizations, viewing status etc. The administrator will have access to all the functionalities. The sub users (attached) will have access as per the access levels granted by the primary administrator

Enter your Tax ID and Provider ID.

If you do not know your Provider ID, enter 3 out of 5 of the following information on the corresponding fields:

- NPI
- State License
- Medicaid Number
- Medicare Number
- DEA

Authentication Details

Enter the following on corresponding fields:

First Name

Last Name

E.-mail Address (then enter again to confirm e-mail)

User ID and Password

User ID - Create a unique user ID using characters long with no spaces and using the following restrictions:

Must have at least 8 and no more than 15 characters. Combination of letters and numbers may be used, Special characters are now limited to ONLY Period "." and the Under score "_", Should not end with Period(.)

Enter User ID on the designated field. Click "Check Availability" to authenticate that User ID created is unique, after uniqueness of User ID is confirmed, user may proceed to create Password.

Password – Create a unique password following the rules below:

Must have at least 8 and no more than 12 characters. Must contain at least one uppercase and lowercase letter, at least one number, and at least one of the following special characters: ~ ! @ # \$ % ^ & * _ - + = ` | \ () { } [] ; : " ' , . ? .

Password cannot contain partial User ID, first name or last name.

Enter password again in "Confirm Password" field.

Security Questions

The security questions provide help in creating a more secure registration and login process. Select a question from the dropdown menu and input the answer in the corresponding fields. Note: All three security questions must be different from each other and answered to ensure a secure registration and login process.

Provider Online User Agreement

In order to proceed with the registration, users must accept the "Provider Online User Agreement" By clicking the checkbox "I accept the Provider Online User

Agreement" If you want to read the Agreement, click the link and users will be directed to the page with the full version of "Provider Online User Agreement"

CAPTCHA

The CAPTCHA code section of registration requires an input code from user to verify whether user is a human visitor and to prevent automated spam submissions. Enter the code in the designated field. User can choose to click refresh the Captcha box for a new code.

After filling all the fields for registration, click "Submit". And you will be directed to a new page.

Deficit Reduction Act (DRA)

The Deficit Reduction Act (DRA) of 2005 was enacted to combat increased healthcare fraud, waste and abuse associated with Medicaid programs.

Molina, and other healthcare entities receiving or disbursing at least \$5 million in Medicaid funds per year, must comply with DRA. As a trusted contractor of Molina, providers and staff have an obligation to monitor and report suspected or actual misappropriation of Medicare/Medicaid funds.

Entities must review compliance programs, written policies and handbooks to ensure employees, contractors, and agents are informed of the following:

- The Federal False Claims Act and state laws pertaining to submitting false claims (including civil and criminal penalties);
- How to detect, report and prevent fraud, waste, and abuse; and,
- Employee rights and protections as whistleblowers.

Both the Federal False Claims Act and the Medicaid False Claims Act encompass qui tam, or "whistleblower" provisions. These provisions encourage individuals to report misconduct of false claims to the government and afford protections for doing so.

Instances of known or suspected fraudulent healthcare activity can be reported anonymously:

Molina Healthcare

Attn: Compliance Director

100 W. Big Beaver Road, Suite 600

Troy, MI 48084

1-866-606-3889 (hotline)

<https://molinahealthcare.alertline.com/gcs/welcome>

or Michigan Department of Community Health

Attn: Office of Inspector General

PO Box 30479

Lansing, MI 48909

1-855-643-7283

www.michigan.gov/fraud

HELP STOP HEALTH CARE FRAUD!

Flu! - Think Fall, Think Flu!

It is never too early, in fact, it is time to think about flu vaccines. The Advisory Committee on Immunization Practices (ACIP) recommends everyone ≥ 6 months of age receive an influenza vaccine each year. This is the first and most important step in protecting against this serious disease. Now is a great time to begin protecting your patients as there is very little flu activity so far this fall, and it can take up to two weeks for protection to develop after the shot.

Please inform all of your patients the vaccine for this 2013-14 season is different. Flu vaccines are designed to protect against the influenza viruses that experts predict will be the most common during the upcoming season. Three kinds of influenza viruses commonly circulate among people today: Influenza A (H1N1) viruses, influenza A (H3N2) viruses, and influenza B viruses. Each year, these viruses are used to produce seasonal influenza vaccine.

The 2013-2014 trivalent influenza vaccine is made from the following three viruses:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011;
- a B/Massachusetts/2/2012-like virus.

As you discuss flu prevention with your patients, this also offers a good opportunity to discuss wellness in general, including routine prevention and screening along with children's immunizations.

The Centers for Disease Control and Prevention (CDC) also points out the special emphasis for those at highest risk: patients with medical conditions including asthma, diabetes, and chronic lung disease, pregnant women and people 65 years of age and older. Again, please take this opportunity to address the disease appropriate screening and evaluation of these at-higher risk populations.

Visit the CDC-Seasonal Influenza website as well as Morbidity and Mortality Weekly Report for additional seasonal flu information.

Molina strongly supports the vital roles that you the doctors play in the care and services of our mutual Molina members. So remember as you think fall, think flu!

James D. Forshee, MD, MBA
VP Medical Affairs and CMO

Molina Healthcare Employees Volunteer 1,475 Hours

Molina Healthcare of Michigan believes strongly in connecting with communities where we serve our members by volunteering on a regular basis. We launched the "Volunteer Time Off" (VTO) Program to support community-based organizations that address the daily life challenges our members face. Through VTO, Molina employees support the organizations in carrying out their mission and are paid for hours of volunteer work at their regular rate of pay.

VTO provides employees with a unique experience that positively impacts the way they approach their work. The Volunteer Time Off program fostered dialogue among Molina employees and the populations we serve at key community organizations with food, clothing and shelter. This connection of employee to the population we serve gave insight into daily limitations and the plight of those receiving Medicaid benefits.

In 2012, more than 75 Molina employees volunteered 1,475 hours in this program.



100 West Big Beaver Road, Suite 600
Troy, MI 48084

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Molina Patients with Questions About Their Health?

Call Our Nurse Advice Line!

English: (888) 275-8750

Spanish: (866) 648-3537

OPEN 24 HOURS!

Your family's health is our priority!
For the hearing impaired, please call

TTY (English): (866) 735-2929

TTY (Spanish): (866) 833-4703
or 711

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