

President's Message:

Molina Healthcare of Wisconsin looks forward to all the new upcoming opportunities in 2014. Looking back, 2013 resulted in great success because of our solid relationship with our providers, members, and community partners. Thank you for being a member and partner on our team.

Over the past year, we saw an increase in our overall membership to 93,000 and continue to proudly partner with you to serve Wisconsin's BadgerCare Plus and Medicaid SSI population. 2014 will bring opportunities in Medicaid for all of us to begin serving a greater portion of our state's childless adults. Serving these individuals will bring new challenges in that many have not had insurance in several years, and many will come into the BadgerCare program with pent up demand. Molina has a strong integrated approach to care and we look forward to partnering with our providers to serve this population.

We are excited to enter into the Medicare D-SNP market in 2014, as well. Now we will be able to care for the entire family and cover the full spectrum, from children to seniors. Although our Medicare product is new in Milwaukee, we have 8 years of experience serving Medicare members in our other state health plans as well as taking care of more complex members in Wisconsin through the Supplemental Security Income program.

We are also on the forefront of healthcare reform and partnering with many of you, the state, and the Federally Facilitated Marketplace to serve as a Qualified Health Plan in the state of Wisconsin for 2014. We are focused on helping members bridge the gap between Medicaid and the Marketplace and want to be a consistent health care provider for them as they move back and forth.

We look forward to working closely with you in 2014 throughout these changes. Enclosed we have included material with updated information on our Medicaid, Medicare D-SNP, and Health Insurance Marketplace Products. We hope you will find this information valuable to you and your staff, and we will continue to provide updates on a quarterly basis in 2014.

Both Molina Healthcare and I wish you Happy Holidays and a prosperous New Year!

All the Best,

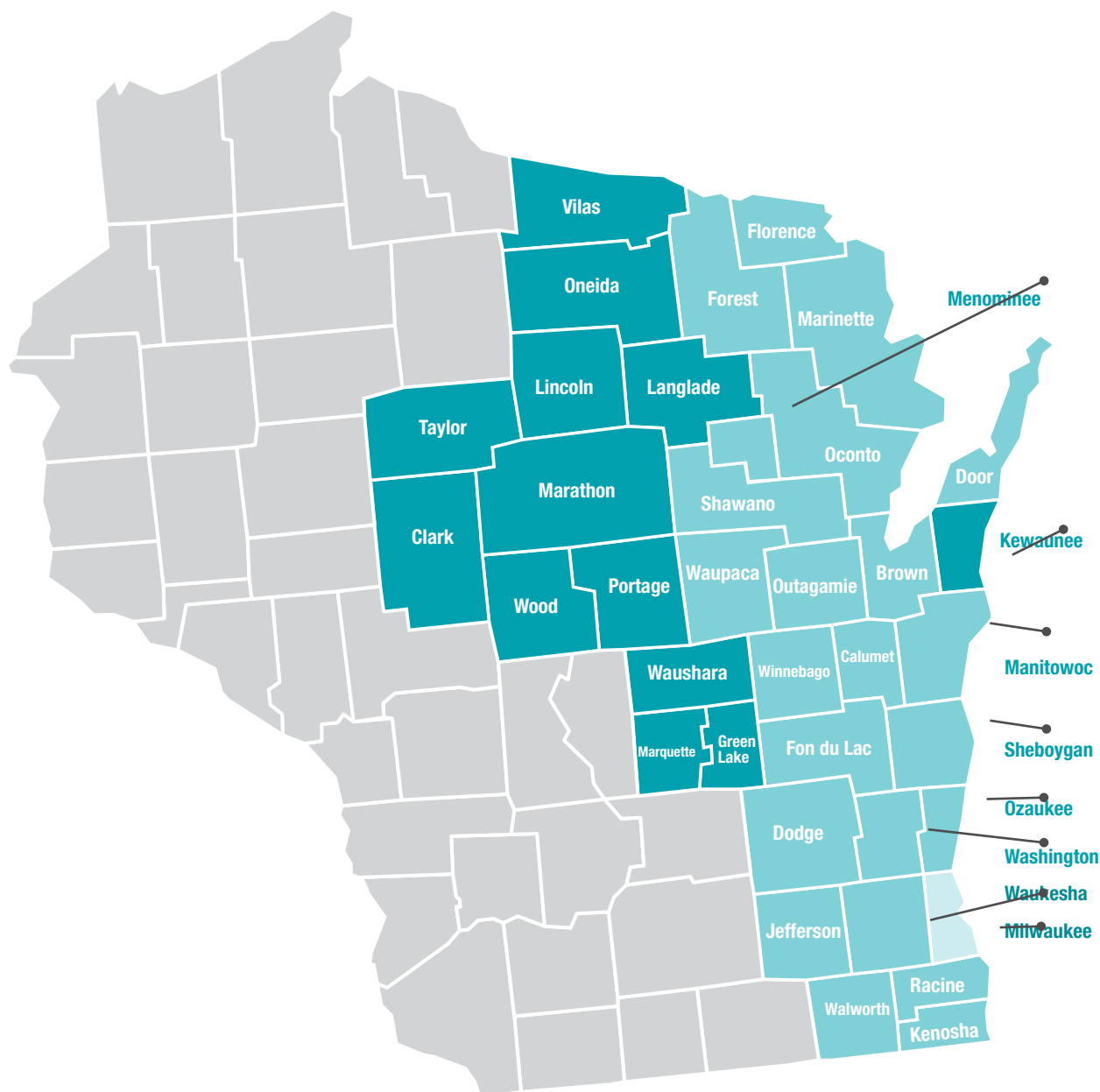
Scott Johnson

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Molina Healthcare of Wisconsin Service Area Map

Lines of Business and Services Area Map



Medicaid Only



Medicaid and
Marketplace products
available



Medicaid, Medicare
D-SNP, and Marketplace
Products Available

Medicaid Updates

Changes to Wisconsin Medicaid

Molina Healthcare of Wisconsin proudly serves nearly 93,000 people receiving assistance through BadgerCare Plus and Medicaid SSI.

BadgerCare Plus

Changes to the BadgerCare Plus program have been delayed by the State of Wisconsin to 4/1/14. Due to changes in state law, adult members above 100% of the Federal Poverty Level (FPL) and children with household incomes above 300% FPL will no longer be eligible for BadgerCare Plus. These changes will take effect April 1, 2014. At this point in time all individuals enrolled in BadgerCare Plus will be on the standard plan (the core, basic and benchmark plan will no longer exist).

Additionally, childless adults with income below 100% FPL will be eligible to enroll in the BadgerCare Plus program with effective enrollment dates of April 1, 2014. Childless Adults will be able to begin enrolling in the BadgerCare Plus program in early February. We will provide additional information, as we get closer to April 1, 2014.

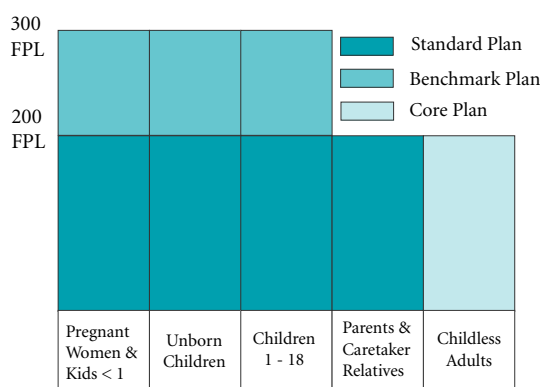
Medicaid SSI

We continue to serve individuals who receive Medicaid SSI benefits. The State is not making any adjustments to these benefits or the criteria to qualify for Medicaid SSI benefits in 2014.

BadgerCare Plus Changes in 2014

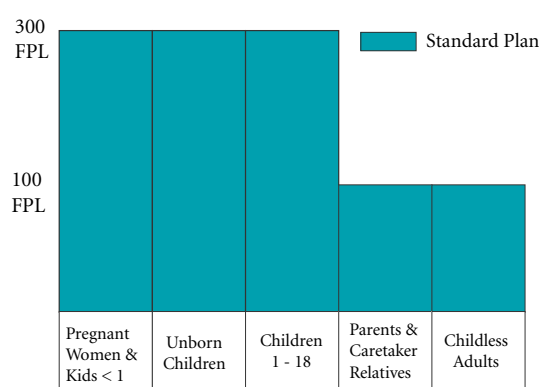
BadgerCare Plus 2013

- 3 Lines of business
- Parents, Caretaker Relatives & Childless Adults are at 200% FPL



BadgerCare Plus April 2014

- Standard Plan Only
- Parents, Caretaker Relatives & Childless Adults drop to 100% FPL



Molina Medicare Options Plus HMO D-SNP Milwaukee County (for Medicare contracted providers)

Thank you to those providers who are participating in our Medicare D-SNP network for people who are both Medicare and Medicaid eligible in Milwaukee county. Our product is called Molina Medicare Options Plus, and we are excited to bring this product to market. We value your partnership, and want to ensure you are appropriately compensated for seeing our members. If a member presents at your organization with our Molina Medicare Options Plus D-SNP card, please be sure to ask them to provide both their Molina card and their Medicaid card. Please note, you may not balance bill these members.


We look forward to continuing to work with you to serve our Medicare D-SNP population! If you have a question regarding a Molina Medicare Options Plus D-SNP member's benefits, please call: 888-999-2404 TTY:7-1-1

A. Member Identification Card Example – Medical Services

Molina Medicare Member: Member #:			
PCP: PCP Phone: Medical Copays: Office Visits: Specialist Visits: Urgent Care: ER Visits:		RxBIN: RXPCN: RxGrp: RxID:	
Issue ID: Issued Date:		 H5628-001	

Member Services: 1-800-665-3086 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: 1-866-735-2922
For Spanish Please Call: 866-648-3537.
Providers/Hospitals: For prior authorization, eligibility and general information, please call Member Services (see above).
Submit Claims To:
Medical/Hospital:
PO BOX 22811, Long Beach, CA 90801 please call Member Services (see above).
Pharmacy:
7050 Union Park Ave, Suite 200, Midvale, UT 84047 please call Member Services (see above).
www.molinamedicare.com

B. Member Identification Card Example – Dental Services

 Your Dental ID # is the same as your Member ID # To obtain a list of network dentists, call 1-855-214-6779 TTY/TDD 711 or visit http://www.avesis.com/ A health plan with a Medicare Contract. A Coordinated Care plan with a Medicare Advantage contract and a contract with the state Medicaid program.


For Dentists:
Avesis offers access to Avesis's Network
Submit claims to:
Avesis/Claims Department
P.O. Box 7777
Phoenix, AZ 85011-7777
Or electronically via the website below.
For benefit, eligibility or claim information, please call 1-855-214-6779 TTY/TDD 711 or visit <http://www.avesis.com/>.


For questions about whether or not you are contracted or to request a contract please call: (414) 755-6658

Marketplace Updates (for Marketplace contracted providers)

Molina is contracted as a Qualified Health Plan (QHP) for the state of Wisconsin in 2014. We are offering both Silver and Gold Medal Marketplace products. These products are available in 24 counties on the eastern side of the state. We have rich set of benefits to offer our members. If you or members of your staff would like a training or orientation on the Marketplace please reach out to us at communityoutreachwi@molinahealthcare.com

Overview of Marketplace ID Cards

Molina Marketplace		TDI			
ID #: 00000000					
Member: THIS IS A REALLY LONG NAME OF A MEMBER 0					
DOB: 10/18/1983		Plan: WI Marketplace			
Subscriber Name: Fred Flintstone					
Subscriber ID: 123456789					
Provider: This is a really long PCP name to test for wrapping of the PCP name 0					
Provider Phone: (000) 000-0000					
Provider Group: PCPGRP0					
Medical Cost Share		Prescription Drugs			
Primary Care: \$0		Rx Deductible: \$00			
Specialist Visits: \$0		Generic Drugs: \$5			
Urgent Care: \$0		Preferred Brand Drugs: \$0			
ER Visit: \$0		Non-Preferred Brand Drugs: \$0			
		Specialty Drugs: \$40			
Molina Healthcare of Wisconsin, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: RxGroup0					

Molina Marketplace		TDI			
ID #: 00000001					
Member: THIS IS A REALLY LONG NAME OF A MEMBER 1					
DOB: 10/18/1983		Plan: WI Marketplace			
Subscriber Name: Fred Flintstone					
Subscriber ID: 123456789					
Provider: This is a really long PCP name to test for wrapping of the PCP name 1					
Provider Phone: (001) 001-0001					
Provider Group: PCPGRP1					
Medical Cost Share		Prescription Drugs			
Primary Care: \$1		Rx Deductible: \$00			
Specialist Visits: \$7		Generic Drugs: \$5			
Urgent Care: \$5		Preferred Brand Drugs: \$2			
ER Visit: \$8		Non-Preferred Brand Drugs: \$3			
		Specialty Drugs: \$40			
Molina Healthcare of Wisconsin, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: RxGroup1					

For questions about whether or not you are contracted or to request a contract please call: (414) 755-6658

Case Management Corner

Molina Healthcare provides a comprehensive Case Management (CM) program to all members who meet the criteria for services. The Molina Healthcare case managers are licensed professionals and are educated, trained and experienced in the case management process. The CM program is based on a member advocacy philosophy, designed to assure coordination of health care and services, to increase continuity and efficiency, and to produce optimal health outcomes. The program focuses on procuring and coordinating the care, services, and resources needed by members with complex issues.

The case manager works collaboratively with all members of the health care team and develops an individualized multidisciplinary plan of care. This plan incorporates the primary care provider's treatment plan and includes linkage to community resources.

To refer a member to the Case Management program, contact Molina Healthcare's Member Service Department at (888) 999-2404 and ask to be connected to the Case Management Department.

Quality is our top priority

Quality care is of utmost importance to Molina. Be on the look for more news from our Quality team! We are excited to tell you about our HEDIS Scorecards in Q1 2014.

Community Outreach Corner

We want to partner with our providers to help educate our members regarding how their insurance works and to encourage them to get needed services. We currently have resource tables in several provider lobbies, host educational events with providers, and also have “Molina Member” days and events where we invite our members into provider’s offices to get services, or where we invite our providers to come out into the community with us to provider services. We’d welcome the opportunity to partner with you and your organization to provide education and access to our members. If you are interested in learning more about opportunities to partner with our Community Outreach team, email us at communityoutreachwi@molinahealthcare.com or call us at 414-847-1787.

Prior Authorization Lists for 2014

Effective January 1, 2014 there is an update to our Prior Authorization/Pre-Service Review Guide. Included you will find an updated version of our Prior Authorization/Pre-Service Guide. These documents will be posted to our website at www.molinahealthcare.com by January 1.

Please note the following changes to our Medicaid PA guide in 2014:

PT/OT – You must now request prior authorization after the initial evaluation for additional visits for both outpatient and home setting. You may no longer conduct any services post initial evaluation without a prior authorization.

DME (Durable Medical Equipment) – You must now refer to Molina’s website at www.molinahealthcare.com and refer to the codification list to identify DME that requires a prior authorization. Please note: there is no longer a price / cost limit on DME and items of any cost may require a prior authorization.

BH (Behavioral Health) - You must now request prior authorization after the initial evaluation for additional visits for both outpatient and home setting. You may no longer conduct any services post initial evaluation without a prior authorization.

Molina Healthcare / Molina Medicare of Wisconsin

Prior Authorization / Pre-Service Review Guide - Effective: 01/01/2014

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare/Molina Medicare Members.

Referrals to Network Specialists do not require Prior Authorization
 Office visits to contracted (par) providers do not require Prior Authorization

Authorization required for services listed below.
 Pre-Service Review is required for elective services.
Only covered services are eligible for reimbursement

- | | |
|--|---|
| <ul style="list-style-type: none"> ◆ Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT). <ul style="list-style-type: none"> ○ Non MD/APRN BH Outpatient Visits & Community Based Outpatient programming: After initial evaluation for outpatient and home settings ◆ Chiropractic Services (Medicare only) ◆ 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, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, etc ◆ Dental General Anesthesia: > 7 years old or per state benefit (Not a Medicare covered benefit) ◆ Dialysis: notification only ◆ Durable Medical Equipment:
Refer to Molina's website for specific codes that require authorization. <ul style="list-style-type: none"> ○ Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462 ◆ Experimental/Investigational Procedures ◆ Genetic Counseling and Testing except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations ◆ Home Healthcare: After 3 skilled nursing visits ◆ Home Infusion ◆ Hospice & Palliative Care: notification only. ◆ Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging ◆ Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice ◆ Long Term Services and Supports: (per state benefit) e.g., Personal Attendant Services (PAS), Personal Care Services, Day Adult Health Services (DAHS). Not a Medicare covered benefit ◆ Neuropsychological and Psychological Testing and Therapy ◆ Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ Emergency Department services ○ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay ○ Women's Health, Family Planning and Obstetrical Services ○ Child and Adolescent Health Center Services ○ Local Health Department (LHD) services ○ Other services based on state requirements | <ul style="list-style-type: none"> ◆ Nutritional Supplements & Enteral Formulas ◆ Occupational Therapy: After initial evaluation for outpatient and home settings ◆ Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures (excluding routine foot care) ◆ Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina's website for specific codes that are EXCLUDED from authorization requirements ◆ Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Acupuncture is not a Medicare covered benefit) ◆ Physical Therapy: After initial evaluation for outpatient and home settings ◆ Pregnancy and Delivery: notification only ◆ Prosthetics/Orthotics:
Refer to Molina's website for specific codes that require authorization. Includes but not limited to: <ul style="list-style-type: none"> ○ Orthopedic footwear/orthotics/foot inserts ○ Customized orthotics, prosthetics, braces ◆ Rehabilitation Services: Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only ◆ Sleep Studies ◆ Specialty Pharmacy: Synagis only ◆ Speech Therapy: After initial evaluation for outpatient and home settings ◆ Transplant Evaluation and Services including Solid Organ and Bone Marrow: Cornea transplant does not require authorization ◆ Transportation: non-emergent ambulance (ground and air) ◆ Unlisted and Miscellaneous Codes: Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request. ◆ 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. The consent form must be submitted with claim. (Medicaid benefit only)

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE/MOLINA MEDICARE

Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition will be handled as routine / non-urgent.

- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials also are communicated to the provider by telephone/fax or electronic notification. Verbal and fax denials are given within one business day of making the denial decision, or sooner if required by the member's condition.
- Providers can request a copy of the criteria used to review requests for medical services.
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at 888-562-5442 extension 302665. For Advanced Imaging medical necessity decisions, please contact 855-714-2415.

Important Molina Healthcare/Molina Medicare Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m.

Phone: 888-999-2404 Fax: 877-708-2177

Radiology Authorizations:

Phone: 855-714-2415 Fax: 877-731-7218

NICU Authorizations:

Phone: 888-562-5442 X150841 Fax: 877- 731- 7218

Medicaid Pharmacy Authorizations: Carved out to the State.

Phone: 800-947-9627

Medicare Pharmacy Authorizations:

Phone: 888-665-1328

Behavioral Health Authorizations:

Phone: 888-999-2404 Fax: 877-708-2117

Transplant Authorizations:

Phone: 888-562-5442 X150841 Fax: 877- 731- 7218

Member Customer Service Benefits/Eligibility:

Phone: 414-847-1776 or 888-999-2404

Fax: 414-847-1778

TTY/TDD: 711

Provider Customer Service: 8:00 a.m. – 5:00 p.m.

Phone: 414-847-1776 Fax: 414-847-1778

24 Hour Nurse Advice Line

English: 1 (888) 275-8750 [TTY: 1-866/735-2929]

Spanish: 1 (866) 648-3537 [TTY: 1-866/833-4703]

Medicaid Vision Care: Herslof Optical Company

Phone: 414-760-7400 or 414-462-3101

If outside 414 area: 800-822-7228 or 800-796-6296

Medicaid Dental: DentaQuest

Phone: 262-387-3679 or 888-307-6563

TDD: 800-466-7566

Medicaid Transportation:

Phone: 866-907-1493

Medicare Vision Care: March Vision

Phone 888-493-4070

Medicare Dental: Avesis

Phone: 800-327-4464

Medicare Transportation: LogistiCare

Phone: 866-475-5423

Providers may utilize Molina Healthcare's ePortal at: www.molinahealthcare.com

Available features include:

- **Authorization submission and status**
- **Claims submission and status** (EDI only)
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**

Molina Healthcare/Molina Medicare Prior Authorization Request Form

Phone Number: ~~414-999-2404~~

Fax Number: 877-708-2117

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
Member Name:			DOB: / /
Member ID#:			Phone: () -
Service Type:	<input type="checkbox"/> Elective/Routine		<input type="checkbox"/> Expedited/Urgent*

***Definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.**

Referral/Service Type Requested		
Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Wound Care <input type="checkbox"/> Other: <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
ICD-9 Code & Description:		
CPT/HCPC Code & Description:		
Number of visits requested:		Date(s) of Service:

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	()	Fax Number:	()

For Molina Use Only:

Molina Healthcare Marketplace Prior Authorization Request Form

Fax Number: 877-708-2117

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Marketplace		<input type="checkbox"/> Other:
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	

***Definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.**

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Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Wound Care <input type="checkbox"/> Other: <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy		<input type="checkbox"/> Home Health
			<input type="checkbox"/> DME
			<input type="checkbox"/> In Office
ICD-9 Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	()	Fax Number:	()

Molina Healthcare of Wisconsin Marketplace

Prior Authorization/Pre-Service Review Guide - Effective: 01/01/2014

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- | | |
|---|---|
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Refer to Molina's website for specific codes that require authorization. ◆ Experimental/Investigational Procedures ◆ Genetic Counseling and Testing except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations ◆ Home Healthcare: After 3 skilled nursing visits ◆ Home Infusion ◆ Hospice & Palliative Care ◆ Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging ◆ Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice ◆ Neuropsychological and Psychological Testing and Therapy ◆ Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ Emergency Department services ○ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay ○ Women's Health, Family Planning and Obstetrical Services ○ Child and Adolescent Health Center Services ○ Local Health Department (LHD) services ○ Other services based on state requirements | <ul style="list-style-type: none"> ◆ Nutritional Supplements & Enteral Formulas ◆ Occupational Therapy: After initial evaluation for outpatient and home settings ◆ Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures (excluding routine foot care) ◆ Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina's website for specific codes that are EXCLUDED from authorization requirements ◆ Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants. Acupuncture is not a covered benefit ◆ Physical Therapy: After initial evaluation for outpatient and home settings ◆ Pregnancy and Delivery: notification only ◆ Prosthetics/Orthotics:
Refer to Molina's website for specific codes that require authorization. Includes but not limited to: <ul style="list-style-type: none"> ○ Orthopedic footwear/orthotics/foot inserts ○ Customized orthotics, prosthetics, braces ◆ Rehabilitation Services: Including Cardiac and Pulmonary ◆ Sleep Studies ◆ Specialty Pharmacy drugs (oral and injectable) used to treat the following disease states, but not limited to: Anemia, Crohn's/Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiencies, Multiple Sclerosis, Oncology, Psoriasis, Pulmonary Hypertension, Rheumatoid Arthritis, and RSV prophylaxis (Refer to Molina's website for specific codes that require authorization) ◆ Speech Therapy: After initial evaluation for outpatient and home settings ◆ Transplant Evaluation and Services including Solid Organ and Bone Marrow: Cornea transplant does not require authorization ◆ Transportation: non-emergent ambulance (ground and air) ◆ Unlisted and Miscellaneous Codes: Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request. ◆ Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy –Hyperbaric O2 Therapy is not a covered benefit |
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IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE

Information generally required to support authorization decision making includes:

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Radiology Authorizations:

Phone: (855) 326-5059 Fax: 877-731-7218

NICU Authorizations:

Phone: (855) 326-5059 Fax: 877-731-7218

Pharmacy Authorizations:

Phone: (855) 326-5059 Fax: 888-373-3059

Behavioral Health Authorizations:

Phone: (855) 326-5059 Fax: 877-708-2117

Transplant Authorizations:

Phone: (855) 326-5059 Fax: 877-731-7218

Member Customer Service Benefits/Eligibility:

Phone: 888-560-2043

TTY/TDD: 711

Provider Customer Service: 8:00 a.m. – 5:00 p.m.

Phone: (855) 326-5059 Fax: 414-847-1778

24 Hour Nurse Advice Line

English: 1 (888) 275-8750 [TTY: 1-866/735-2929]

Spanish: 1 (866) 648-3537 [TTY: 1-866/833-4703]

Vision Care: Vision Service Plan

Phone: 800-615-1883

Transportation: Logisticare

Phone: 866-918-1552

Providers may utilize Molina Healthcare's ePortal at: www.molinahealthcare.com

Available features include:

- **Authorization submission and status**
- **Claims submission and status** (EDI only)
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**

Annual Notice of Member Rights and Responsibilities

What are our Members Rights and Responsibilities?

These rights and responsibilities are on the Molina Healthcare web site: www.molinahealthcare.com.

Their Rights

They have the right to:

- Be treated with respect and recognition of their dignity by everyone who works with Molina.
- Get information about Molina, our providers, our doctors, our services and Members' rights and responsibilities.
- Choose their "main" doctor from Molina's list of Participating Providers (This doctor is called their Primary Care Doctor or Personal Doctor).
- Be informed about their health. If they have an illness, they have the right to be told about all treatment options regardless of cost or benefit coverage. They have the right to have all their questions about their health answered.
- Help make decisions about their health care. They have the right to refuse medical treatment.
- They have a right to Privacy. We keep their medical records private.*
- See their medical record. They also have the right to get a copy of and correct their medical record where legally allowed.*
- Complain about Molina or their care. They can call, fax, e-mail or write to Molina's Customer Support Center.
- Appeal Molina's decisions. They have the right to have someone speak for them during their grievance.
- Disenroll from Molina (leave the Molina Healthcare product).
- Ask for a second opinion about their health condition.
- Ask for someone outside Molina to look into therapies that are Experimental or Investigational.
- Decide in advance how they want to be cared for in case they have a life-threatening illness or injury.
- Get interpreter services on a 24 hour basis at no cost to help them talk with their doctor or us if they prefer to speak a language other than English.
- Get information about Molina, their providers, or their health in the language they prefer.
- Ask for and get materials in other formats such as, larger size print, audio and Braille upon request and in a timely fashion appropriate for the format being requested and in accordance with state laws.
- Receive instructions on how they can view online, or request a copy of, Molina's non-proprietary clinical and administrative policies and procedures.
- Get a copy of Molina's list of approved drugs (Drug Formulary) on request.
- Submit a grievance if they do not get Medically Necessary medications after an Emergency visit at one of Molina's contracted hospitals.
- Not to be treated poorly by Molina or their doctors for acting on any of these rights.
- Make recommendations regarding Molina's Member rights and responsibilities policies.
- Be free from controls or isolation used to pressure, punish or seek revenge.
- File a grievance or complaint if they believe their linguistic needs were not met by Molina.

*Subject to State and Federal laws

Their Responsibilities

They have the responsibility to:

- Learn and ask questions about their health benefits. If they have a question about their benefits, call toll-free at (888) 560-2043. If they are deaf or hard of hearing, they may contact us by dialing 7-1-1 for the National Relay Service.
- Give information to their doctor, provider, or Molina that is needed to care for them.
- Be active in decisions about their health care.
- Follow the care plans for them that they have agreed on with their doctor(s).
- Build and keep a strong patient-doctor relationship. Cooperate with their doctor and staff. Keep appointments and be on time. If they are going to be late or cannot keep their appointment, they must call their doctor's office.
- Give their Molina Healthcare card when getting medical care. Do not give their card to others. Let Molina know about any fraud or wrong doing.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals as they are able.

Be Active In Their Healthcare

Plan Ahead

- Schedule their appointments at a good time for them
- Ask for their appointment at a time when the office is least busy if they are worried about waiting too long
- Keep a list of questions they want to ask their doctor
- Refill their prescription before they run out of medicine

Make the Most of Doctor Visits

- Ask their doctor questions
- Ask about possible side effects of any medication prescribed
- Tell their doctor if they are drinking any teas or taking herbs. Also tell their doctor about any vitamins or over-the-counter medications they are using

Visiting Their Doctor When They are Sick

- Try to give their doctor as much information as they can.
- Are they getting worse or are their symptoms staying about the same?
- Have they taken anything?

If they would like more information, please call Molina's Customer Support Center toll-free at 1 (888) 560-2043, Monday through Friday, between 8:00 a.m. and 5:00 p.m. CT. If they are deaf or hard of hearing, they may contact us by dialing 7-1-1 for the National Relay Service.

Second opinions

If a member does not agree with their provider's plan of care, they have the right to request a second opinion from another provider. Members should call Member Services to find out how to get a second opinion. Second opinions may require Prior Authorization.

HIPAA 5010 Compliance with Provider Billing Requirements

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, all healthcare claims submitted electronically must adhere to the ANSI X12 standard for electronic transactions. Molina Healthcare continues to work with our trading partners to ensure all institutional (non-ambulance) claims adhere to Version 5010 of that standard.

All institutional (non ambulance) claims submitted electronically will require that the fields be populated in the following segments:

- Entity Identifier Code (2310A loop at the claim level, Segment NM1 and Data Element NM101)
- Entity Type Qualifier (2310A loop at the claim level, Segment NM1 and Data Element NM102)
- Attending Provider Last Name (2310A loop at the claim level, Segment NM1 and Data Element NM103)
- Attending Provider First Name (2310A loop at the claim level, Segment NM1 and Data Element NM104)
- Identification Code (Attending NPI) (2310A loop at the claim level, Segment NM1 and Data Element NM109)

Remember, all claims submitted electronically will be rejected if they do not meet the billing requirements outlined above. If your claim(s) is rejected, you will need to resubmit the claim(s) with the required data.

Please contact your Provider Services Representative at <phone number> if you have any questions about this policy.

Provider Online Resources

Visit our website www.MolinaHealthcare.com for more information on:

1. Information about the quality program goals and processes and outcomes as related to member care and service
2. Members Rights and Responsibilities Statement
3. The process for the practitioner to refer members to case management
4. Information on the Disease Management program
 - How to use the Disease Management services
 - How the organization works with a practitioner's patients in the program
5. How to obtain copies of UM criteria
6. How to contact UM staff member and medical reviewer
7. The availability of TTY services for deaf, hearing or speech impaired members with questions about the UM process
8. The availability of language assistance for members to discuss UM issues
9. The UM affirmative statement (re: non-incentive for under-utilization)
10. Clinical Practice Guidelines for asthma, diabetes, major depressive disorder, ADHD
11. Pharmaceutical benefits and forms for prescription drug tier approvals (Medicare and Marketplace only)
12. Preventive Health Guidelines for Perinatal care, birth-24 months, 2-19 years, 20-64 years, 65+ years
13. Notification when professional review action has brought against a practitioner and appeal rights and processes
14. Practitioner's right to request a hearing and at least 30 days from the date of notification for submitting request
15. Specifics about the appeals process including right to have a hearing, be represented by an attorney, appointing hearing officer or panel of individuals and written notification of the appeal decision.
16. Requirements for hours of operation to Medicaid members are no less than those offered to commercial members

IF you are unable to access the website or would like a hard copy of the information, please call 888-999-2404.

QI Department

2400 S. 102nd St, Ste 105

West Allis, WI 53227

37410WI1213



Questions about Your 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