



## Benefits and Covered Services

Molina Healthcare covers the services described in the Summary of Benefits and Evidence of Coverage (EOC) documentation for each Molina Marketplace plan type. If there are questions as to whether a service is covered or requires prior authorization, please contact Molina Healthcare at 888-560-4087, (8:00 a.m. – 5:00 p.m.) When I called this number after hours, they stated they were open 8-8 mountain time.

### Member Cost Sharing

Cost Sharing is the Deductible, Copayment, or Coinsurance that members must pay for Covered Services provided under their Molina Marketplace plan. The Cost Sharing amount members will be required to pay for each type of Covered Service is summarized on the member's ID card. Additional detail regarding cost sharing listed in the Benefits and Coverage Guide located in the EOC. Cost Sharing applies to all covered services except for preventive services included in the Essential Health Benefits (as required by the Affordable Care Act). Cost Sharing towards Essential Health Benefits may be reduced or eliminated for certain eligible members, as determined by Marketplace's rules.

It is the provider's responsibility to collect the copayment and other member Cost Share from the member to receive full reimbursement for a service. The amount of the copayment and other Cost Sharing will be deducted from the Molina Healthcare payment for all claims involving Cost Sharing.

### Links to Summaries of Benefits:

The following web link provides access to the Summary of Benefits guides for the 2014 Molina Marketplace products offered in Michigan.

<http://www.molinahealthcare.com/members/mi/en-US/PDF/Marketplace/Brochure.pdf>

### Links to Evidence of Coverage:

Detail information about benefits and services can be found in the 2014 Evidence of Coverage booklets made available to Molina Marketplace members.

The following web link provides access to the Evidence of Coverage booklets for the 2014 Molina Marketplace products offered in Michigan.

<http://www.molinahealthcare.com/members/mi/en-US/PDF/Marketplace/Brochure.pdf>





## **Obtaining Access to Certain Covered Services:**

### **Prescription drugs**

Prescription drugs are covered by Molina Healthcare, via our pharmacy vendor, CVS Caremark. A list of in-network pharmacies is available on the [molinahealthcare.com](http://molinahealthcare.com) website, or by contacting Molina Healthcare. Members must use their Molina Healthcare ID card to get prescriptions filled. Additional information regarding the pharmacy benefits, and its limitations, is available by contacting Molina Healthcare at 888-560-4087 or at [www.molinahealthcare.com](http://www.molinahealthcare.com).

### **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 Molina Healthcare's vendor, Caremark Specialty Pharmacy. More information about our Prior Authorization process, including a PA request form, is available in Section 7 of this manual.

Family planning services related to the injection or insertion of a contraceptive drug or device are covered.

### **Access to Behavioral Health Services**

Members in need of Behavioral Health Services can be referred by their PCP for services or members can self-refer by calling Molina Healthcare of Michigan Behavioral Health Department at **1-888-560-4087**. Molina Healthcare is available 24 hours a day, 7 days a week for behavioral health needs. The services members receive will be confidential. Additional detail regarding covered services and any limitations can be obtained in the EOCs linked above, or by contacting Molina Healthcare.

### **Emergency Behavioral Health Services**

Members are directed to call "911" or go to the nearest emergency room if they need emergency behavioral health services. Examples of emergency behavioral health 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 Healthcare approved providers are directed to do the following:

- Go to the nearest hospital or facility
- Call the number on ID card
- Call member's PCP and follow-up within (24) to (48) hours

For out-of-area emergency care, plans will be made to transfer Members to an in-network facility when member is stable.

### **Obtaining Behavioral Health Services**

Members and Providers should call Member Services or the Behavioral Health Department to find a behavioral health provider.

### **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 en route to the nearest appropriate facility, emergency transportation is thus required. Emergency transportation includes, but is not limited to, ambulance, air or boat transports.

Examples of conditions considered for emergency transports include, but are not limited to, acute and severe illnesses, untreated fractures, loss of consciousness, semi-consciousness, having a seizure or receiving CPR during transport, acute or severe injuries from auto accidents, and extensive burns.

### **Non-Emergency Transportation**

Molina Healthcare provides coverage for non-emergency transportation for Molina Marketplace Silver plan members who meet certain requirements. **To find out if this is a covered service for your patient, please contact Molina Healthcare at 888-560-4087.**

### ***Non-Emergency Medical Transportation***

For Molina Marketplace members who have non-emergency medical transportation as a covered service, Molina Healthcare 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, air, 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 Healthcare for these services before the services are





given. Additional information regarding the availability of this benefit is available by contacting Customer Service at 888-560-4087.

### ***Non-Emergency Non-Medical Transportation***

Non-Emergency non-medical transportation is available to members who have non-emergency transportation as a covered service and are recovering from serious injury or medical procedure that prevents them from driving to a medical appointment. The member must have no other form of transportation available. Prior Authorization is required to access these services. A Physician (PCP or Specialist) confirmation that member require non-Emergency non-medical transportation to and from an appointment on a specified date. Additional information regarding the availability of this benefit is available by contacting Customer Services at 888-560-4087.

Non-Emergency non-medical transportation for Members to medical services can be supplied by a passenger car, taxi cabs, or other forms of public/private transportation. Members are instructed to call the transportation vendor at least two to three working days before the appointment to arrange this transportation.

## **Preventive Care**

Molina Marketplace utilizes the following Preventive Health Guidelines for our members:

### **Preventive Care and Services**

#### **Preventive Services and the Affordable Care Act**

Under the Affordable Care Act and as part of your Essential Health Benefits, Molina will cover the following government-recommended preventive services, without you paying any Cost Sharing:

- Those evidenced-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved;
- Those immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved;
- With respect to infants, children, and adolescents, such evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- With respect to women, those evidence-informed preventive care and screening specified in comprehensive guidelines supported by HRSA, to the extent not already included in certain recommendations of the USPSTF.





All preventive care must be furnished by a Participating Provider to be covered under this Agreement.

As new recommendations and guidelines for preventive care are published by the government sources identified above, they will become covered under this Agreement for product years which begin one year after the date the recommendation or guideline is issued or on such other date as required by the Affordable Care Act. A list of USPSTF recommended preventive health services is available at ([www.uspreventiveservicestaskforce.org/recommendations.htm](http://www.uspreventiveservicestaskforce.org/recommendations.htm)).

If an existing or new government recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a preventive service, then Molina may impose reasonable coverage limits on such preventive care as long as they are consistent with the Affordable Care Act and applicable Michigan law. These coverage limitations also are applicable to the preventive care benefits listed below.

To help you understand and access your benefits, preventive services for adults and children which are covered under this Certificate are listed below.

#### ***Preventive Care for Children and Adolescents***

The following preventive care services are covered and recommended for all children and adolescents (through age 18) without you paying any Cost Sharing if furnished by a Participating Provider:

- Complete health history
- Physical exam including growth assessment
- Nutritional health assessment
- Vision screening
- Dental screening – limit one every six months
- Speech and hearing screening
- Immunizations\*
- Laboratory tests, including tests for anemia, diabetes, cholesterol and urinary tract infections
- Tuberculosis (TB) screening
- Sickle cell trait screening, when appropriate
- Health education
- Meeting with the parent, guardian or emancipated minor to talk about the meaning of the exam
- Lead blood level testing. Parents or legal guardians of Members ages six months to 72 months are entitled to receive from their PCP; oral or written anticipatory



guidance on lead exposure, This includes how children can be harmed by exposure to lead, especially lead-based paint. When your PCP does a blood lead-screening test it is very important to follow-up and get the blood test results. Contact your PCP for additional questions.

- All comprehensive perinatal services are covered. This includes: perinatal and postpartum care, health education, nutrition assessment and psychological services.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, including those provided for in the comprehensive guidelines supported by the federal Health Resources and Services Administration, are covered for Members under the age of 21, including those with special health care needs.
- Depression screening: adolescents
- Hemoglobinopathies screening: newborns
- Hypothyroidism screening: newborns
- Iron supplementation in children when prescribed by a Participating Provider
- Obesity screening and counseling: children
- Phenylketonuria (PKU) screening: newborns
- Gonorrhea prophylactic medication: newborns
- Alcohol and drug use assessment: adolescents
- Autism screening – children 18 and 24 months
- Behavioral health assessment: children
- Cervical dysplasia screening: sexually active females
- Dyslipidemia screening: children at higher risk of lipid disorder
- Hematocrit or hemoglobin screening: children of all ages
- HIV screening: adolescents at higher risk
- Sexually transmitted infection prevention counseling: adolescents at higher risk

\*If you take your child to your local health department or the school has given your child any shot(s), make sure to give a copy of the updated shot record (immunization card) to your child's PCP.

### ***Preventive Care for Adults and Seniors***

The following outpatient preventive care services are covered and recommended for all adults, including seniors, without your paying any Cost Sharing if furnished by a Participating Provider:

- Medical history and physical exam
- Blood pressure check
- Cholesterol check
- Breast exam for women (based on your age)



- Mammogram for women (based on your age)
- Pap smear for women (based on your age) and health status including human papilloma virus
- (HPV) screening test
- Prostate specific antigen testing
- Tuberculosis (TB) screening
- Colorectal cancer screening (based on your age or increased medical risk)
- Cancer screening including cervical cancer
- Osteoporosis screening for women (based on your age)
- Immunizations
- Laboratory tests for diagnosis and treatment (including diabetes and TD's)
- Health education
- Family planning services
- Scheduled prenatal care exams and first postpartum follow-up consultation and exam, of high risk pregnancy
- Bacteriuria screening: pregnant women
- Folic acid supplementation
- Hepatitis B screening: pregnant women
- Breastfeeding support, supplies counseling
- Rh incompatibility screening: first pregnancy visit
- Rh incompatibility screening: 24-28 weeks gestation
- Screening for gestational diabetes
- Hearing exams and screenings – limit one per year
- Eye exams and preventive vision screenings – limit one per calendar year
- Abdominal aortic aneurysm screening: men – limit one per year
- Alcohol misuse counseling
- Anemia screening: women
- Aspirin to prevent cardiovascular disease (when prescribed by a Participating Provider)
- BRCA screening, counseling about breast cancer preventive medication
- Chlamydial infection screening: women
- Depression screening: adults
- Healthy diet counseling
- Obesity screening and counseling: adults
- STDs and HIV screening and counseling
- Tobacco use counseling and interventions
- Well-woman visits
- Screening and counseling for interpersonal and domestic violence: women
- Syphilis screening and counseling – all adults at high risk
- Type 2 diabetes screening and counseling – adults with high blood pressure
- Breast cancer chemoprevention – women at high risk





- Gonorrhea screening and counseling – all women at high risk

## Pregnant Woman Preventive Health Guidelines



**Prenatal Visits:** all pregnant females should receive timely prenatal visit in the first trimester and throughout pregnancy.

- First Trimester (0 to 13 weeks of pregnancy)
- Second Trimester (14 to 27 weeks of pregnancy)
- Third Trimester (28 to 40 weeks of pregnancy)

**Postpartum Visits:** within 21 to 56 days (3 to 8 weeks) after delivery.

- Postpartum visit may be completed by a PCP or OB/GYN

Immunizations/ Vaccines	Guidelines
Td/Tdap (Tetanus, diphtheria, pertussis)	Administer 1 dose of Tdap during each pregnancy (preferred during 27-36 weeks gestation) regardless of number of years since prior Td or Tdap vaccination.
Hepatitis B	All pregnant females should be tested for HBsAg during first trimester. Pregnant women who are identified as being at risk for infection during pregnancy (e.g., having more than one sex partner during the previous 6 months, been evaluated or treated for an STD, recent or current injection drug use, or having had an HBsAg-positive sex partner) should be vaccinated.
Influenza (Flu)	Annually during flu season. Inactivated influenza vaccine (TIV) is recommended for pregnant women. For additional influenza vaccination information, visit CDC website: <a href="http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm">http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm</a>

Screenings & Testing	Guidelines
HIV Testing	For all pregnant women during first prenatal visit
Chlamydia, Gonorrhea, Syphilis Screenings	For all pregnant women during first prenatal visit.
Diabetes Screening	For pregnant women during 24 and 28 weeks of pregnancy.
Bacteriuria, Asymptomatic	Screen for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks of gestation or at the first prenatal visit.
Iron Deficiency Anemia	Routine screening for iron deficiency anemia in asymptomatic pregnant women.
Rh (D) Incompatibility	Rh(D) blood typing and antibody testing for all pregnant women during their first prenatal visit. Repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24-28 weeks of gestation.
Screening, Education and Counseling	Alcohol misuse and tobacco use screening and counseling during prenatal visits; Breastfeeding education during prenatal and postpartum visits

Molina's Preventive Health Guidelines are adopted from the American Academy of Pediatrics, CDC's Advisory Committee of Immunization Practices, the U.S. Preventive Services Task Force, the American Academy of Family Physicians and American College of Obstetricians and Gynecologists. Molina recommends that clinical judgments be applied and that the treatments provided to members deviate from the guidelines when individual patient considerations and specific clinical situations dictate. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication; however, they should be used with the clear understanding that continued research may result in new knowledge and recommendations. We recommend that the medical records contain appropriate documentation for clinical decisions. This Preventive Health Guideline is also available on the Molina website at: [www.molinahealthcare.com](http://www.molinahealthcare.com).







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 888-560-4087.

### ***Emergency Care Services***

Emergent and urgent care services are covered by Molina Healthcare without an authorization. This includes non-contracted providers outside of Molina Healthcare's service area.

### ***(24) Hour Nurse Advice Line***

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

#### **Healthline (24-Hour Nurse Advice Line)**

##### **Phone**

888-275-8750 (English)

866-648-3537 (Spanish)

##### **TTY**

866-735-2929 (English)

866-833-4703 (Spanish)

Molina Healthcare 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**

Molina Healthcare of Michigan Health Management programs provide patient education information to Members and facilitate provider access to these chronic disease programs and services.





### ***Health Management and Education Programs***

Molina Healthcare of Michigan wants you to be aware of health management programs offered to assist with care management. We have programs that can help you manage your patient's condition.

These include programs, such as:

- Asthma
- Diabetes
- Cardiovascular Disease
- Congestive Heart Failure
- COPD

A Care Manager/Health Manager is on hand to teach your Patients about their disease. He/she will manage the care with the member's assigned PCP and provide other resources. There are many ways a member is identified to enroll in these programs. One way is through medical or pharmacy claims. Another way is through Nurse Advice Line or doctor referral. Members can also ask Molina to enroll them. It is the member's choice to be in these programs. A member can choose to get out of the program at any time.

For more info about our programs, please call:

- Member Services Department at 888-560-4087
- TTY Relay: 711
- Visit [www.molinahealthcare.com](http://www.molinahealthcare.com)

### ***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. Each identified member will receive specific educational materials and other resources in accordance with their assigned stratification level. Additionally, all identified members will receive regular educational newsletters. 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 CPT-4 or ICD-9 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;
- Practitioner/provider referral;
- Nurse Advice referral;
- Medical Case Management or Utilization Management; and
- Member self-referral due to general plan promotion of program through member newsletter, the Nurse Advice Line or other member communication.

### ***Practitioner/Provider Participation***

Contracted practitioners/providers are automatically notified whenever their patients are enrolled in a health management program. Practitioner/provider resources and services may include:

- Annual practitioner/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; and
- Preventive Health Guidelines;
- Additional information on health management programs is available from your local Molina QI Department **toll free at 888-560-4087**.

### **Pregnancy Health Management Program**

We care about the health of our pregnant members and their babies. Molina's pregnancy program will make sure member and baby get the needed care during the pregnancy. You can speak with trained Nurses and Care Managers. They can give your office/member the support needed and answer questions you may have. You will be mailed a workbook and other resources which are also available to the member. The member will also learn ways to stay healthy after child birth. Special care is given to those who have a high-risk pregnancy. It is the member's choice to be in the program. They can choose to be removed from the program at any time. Molina Healthcare is requesting your office to complete the Pregnancy Notification form (refer to appendix B for form) and return it to us as soon as pregnancy is confirmed.

Although pregnancy itself is not considered a disease state, a significant percentage of pregnant females on Medicaid are found to be at moderate to high-risk for a disease condition for the mother, the baby or both. The Motherhood Matters <sup>SM</sup> pregnancy management program strives to reduce hospitalizations and improve birth outcome through early identification, trimester specific assessment and interventions appropriate to the potential risks and needs identified. The Motherhood Matters <sup>SM</sup> program does not replace or interfere with the member's physician assessment and care. The program supports and assists physicians in the delivery of care to members.

### ***Motherhood Matters <sup>SM</sup> Program Activities***

Motherhood Matters <sup>SM</sup> Pregnancy Health management Program encompasses clinical case management, member outreach and member and provider communication and education. The Prenatal Case Management staff works closely with the provider community in identification, assessment, and implementation of appropriate intervention(s) for every member participating in the program. The program activities include early identification of pregnant members, early screening for potential risk factors, provision of telephonic and written trimester appropriate education to all pregnant members and families, referral of high-risk members to prenatal case management, and provision of assessment information to physicians.

- Prenatal Case Management – Members assessed to be high risk are contacted via telephone for further intervention and education. A care plan is developed and shared with the physician to ensure that all educational and care needs are met. Prenatal case management registered nurses, in conjunction with the treating physician, coordinate health care services, including facilitation of specialty care referrals, coordination of home health care and DME service and referral to support groups or community social services. The case management data base generates reminders for call backs for specific assessments, prenatal visits, postpartum visits and well-baby checkups.
- Smoking Cessation – For information about the Molina Smoking Cessation Program or to enroll members, please contact our Health Management Unit.
- Member Outreach – Motherhood Matters <sup>SM</sup> Program is promoted to members through various means including, program brochures in new member Welcome Packets, other member mailings, member newsletters, provider newsletters, posters and brochures placed in practitioner's offices and marketing materials and collaboration with national and local community-based entities.

## **Weight Management**

### ***Weight Management Program Includes:***

Given the diversity of Molina Healthcare's membership, a health management program created around weight management is designed to improve the quality of life among our



members and enhance clinical outcomes in the future. Helping our members reduce unhealthy behaviors will improve their ability to manage pre-existing illnesses or chronic conditions.

Molina's Weight Management program is comprised of telephonic outreach by a multi-disciplinary team of Health Managers, Health Educators, and providers to support the weight management needs of the member.

Molina's Health education program encompasses one-on-one telephonic education and coaching. The Health Education staff work closely with the member's provider to implement appropriate intervention(s) for members participating in the program. The program consists of multi-departmental coordination of services for participating members and uses various approved health education/information resources such as: Centers For Disease Control, National Institute of Health, and Clinical Care Advance system for health information and assessment tools. Health education resources are intended to provide both general telephonic health education and targeted information based on the needs of the individual.

***Goals of Weight Management Program:***

The goals of the Weight Management program are to:

1. Counsel on the health benefits of weight loss.
  - One-on-one telephonic counseling
  - BMI Identification
  - Provider and community resource referral
2. Promote Healthy Eating Habits
  - Teach basic nutrition concepts
    - Healthy Plate Method
    - Meal spacing and portion control
    - Tips on grocery shopping
    - Label reading
    - Healthy cooking method tips
    - Eating out tips
3. Teach Behavior Modification techniques
  - Promote healthy lifestyle changes
  - Monitor eating behavior
  - Rewarding oneself for healthy changes and progress
4. Encourage Regular Exercise
  - Advise member to always talk to their provider before starting any exercise program



- Promote increased physical activity that is realistic and achievable.
  - Walking
  - Dancing
  - Sit and Be Fit program on PBS
- Actively involve practitioners, members, families, and other care providers in the planning, implementation, and evaluation of care.
- Monitor program effectiveness through the evaluation of outcomes.

#### Program Benefits:

- Access to a Health Educator for telephonic counseling on weight management
- Community class referrals in participating areas and self-help education materials if available
- Referral to Online Programs; [www.sparkpeople.com](http://www.sparkpeople.com), [www.sparkteens.com](http://www.sparkteens.com), [www.choosemyplate.gov](http://www.choosemyplate.gov)

To find out more information about the health management programs, please call Member Services Department at 1(888) 560-4087.

### **Smoking Cessation**

Given the diversity of Molina Healthcare's membership, a health management program created around smoking cessation should improve the quality of life among our members and clinical outcomes in the future. Helping our members reduce unhealthy behaviors (i.e., quit tobacco use) will improve their ability to manage pre-existing illnesses or chronic conditions.

Molina's smoking cessation program uses a combination of telephonic outreach by a multi-disciplinary team of Care Managers, provider, and pharmacy engagement to support the smoking cessation needs of the member. The team works closely with contracted providers and pharmacist to identify appropriate pharmacologic cessation aids when applicable.

#### ***The Goals of the Smoking Cessation Program:***

- Deal with the three aspects of smoking - Addiction, Habit, and Psychological Dependency
- Use smoking cessation aids
- Learning to Cope
- Change beliefs
- Identify Stress Management & Coping Techniques
- Practice relaxation & visualization techniques
- Create support network





- Identify Pharmacologic Cessation Aids
- Prepare for Quit Day/Maintaining the Quit
- Devise relapse prevention strategies
- Review the Anticipate-Plan-Rehearse model
- Actively involve practitioners, members, families, and other care providers in the planning, provision, and evaluation of care.
- Improve the quality of information collection and statistical analysis; in order to assess the effectiveness of the program and to project future needs.
- Monitor program effectiveness through the evaluation of outcomes.

To find out more information about the health management programs, please call Member Services Department at 888-560-4087.

