

Molina Healthcare of Idaho

Provider Welcome Packet

2018



Your Extended Family.

Dear Provider,

Welcome to Molina Healthcare of Idaho!

We are excited to have you as part of our provider network. This provider welcome packet is a high level overview of the programs, services and procedures you may find valuable as we begin to work together as partners to meet the needs of Idahoans. Our goal is to do all we can to aide you in meeting all the medical needs of our members.

We have developed several tools to assist you in making your experience with Molina positive and successful.

Molina Healthcare offers Web Portal which is a secure internet based website for Molina Medicaid and Medicare lines of business. Through this site you may access member eligibility, claim status, submit authorizations, check participating providers, and download frequently used forms. Molina will provide you with an ID number and password to access the site which you can visit at your convenience. Molina will provide your office staff with any training on Web Portal that you are in need of.

For claims submission we offer Electronic Data Interchange (EDI), using EDI can expedite the claims process. If you would like to speak to someone at EDI our help line is 866-409-2935 and/or email edi.claims@molinahealthcare.com. Electronic Funds Transfer (EFT) is available through ProviderNet which is covered in this booklet.

Molina understands that communication with our network providers is essential. Molina will send out periodic communications through faxes titled “Just the Fax”, by email, and on our Web Portal page under the section: Communications. This will keep you current on upcoming changes with Molina, State and Federal Regulations that may affect the way we do business.

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs. To help us achieve this mission we offer four lines of business to meet the needs of your patients. Molina offers Medicaid and Medicare If you have patients that you think may benefit from enrolling in any of the plans offered by Molina please let us know.

We look forward to working with you.

Sincerely,

Molina Healthcare of Idaho



Your Extended Family.

Molina Healthcare

Our Story

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



Mission Statement

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

Vision Statement

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

Core Values

We strive to be an exemplary organization:

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

This is the Molina Healthcare Way

Recognized for Quality, Innovation and Success



Molina Healthcare Among the Nation's Best



Molina Healthcare, Inc.

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



Your Extended Family





Molina Healthcare of Utah

Established 1997



Molina Healthcare of Utah is a health care company that arranges for the delivery of health care services to low-income families and individuals who are eligible for government-sponsored programs across the state. Molina Healthcare of Utah also offers a robust direct delivery system that includes 2 company-owned-and-operated primary care offices.

Service Areas

-  Medicaid & CHIP
-  Medicare
-  Health Insurance Exchange
-  Molina Medical (primary care offices)



Health Plan Leadership

David Patton, PhD, Plan President
Hal Gooch, MD, Chief Medical Officer
Brandon Hendrickson, Chief Operating Officer

Molina Healthcare Corporate Facts

- Total Membership:** 3,470,000*
Health Plans: CA, FL, IL, MI, NM, OH, PR, SC, TX, UT, WA, WI
- More than three decades of service and experience
 - FORTUNE 500 company

*Membership as of 9/30/15

Key Health Plan Facts

- Membership:** 102,000*
Employees: 356
Lines of Business
- Medicaid
 - Aged, Blind, and Disabled (ABD)
 - Temporary Assistance for Needy Families (TANF)
 - Children's Health Insurance Program (CHIP)
 - Medicare
 - Molina Medicare Options Plus (HMO SNP)
 - Healthy Advantage (HMO SNP)
 - Healthy Advantage Plus
 - Health Insurance Exchange
 - Molina Marketplace (MP)

Provider Network

- Primary care physicians - 1,562
- Specialist physicians - 6,965
- Hospitals - 47

Recognition

- 2014 Top Workplaces - *The Salt Lake Tribune*



Recent News:

- **August 2015** Molina Healthcare of Utah distributes 1,000 pairs of shoes and backpacks loaded with school supplies to youth in the Orem and West Valley areas
- **June 2015** Molina Medical Clinic locations celebrate one year of serving patients in the Orem and West Valley areas
- **June 2015** Molina Healthcare of Utah alongside Mayor Ralph Becker distributed 400 personal care kits to locals at the Salt Lake Library
- **May 2015** Molina Healthcare of Utah recognizes local volunteers at its eighth Annual Community Champions Award ceremony



HIPAA

Under the Health Insurance Portability and Accountability Act of 1996, “HIPAA”, covered entities may use or disclose member and patient PHI for treatment, payment and health care operations without the consent or authorization of the member or patient. It is a violation of this act to disclose confidential information for any other purpose. Molina Healthcare of Idaho (MHU) strictly follows the confidentiality guidelines mandated by Federal law. Members must provide key identifiers when calling MHID before any information is given. Health care entities must also be prepared to provide the appropriate Tax ID Number (TIN) when requesting patient information.

We use and share your information to carry out claims processing and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private.

DEFINITIONS

Member Name and ID Number

Molina members are issued a unique Molina ID Card in addition to the state issued Medicaid card. Molina members should present both cards when receiving services. The members Molina card lists the ID Number which you will use for billing. Because a member’s eligibility can change from month to month, we ask providers to check their eligibility regularly to ensure they are currently eligible.

Copayment

A copayment is the amount that a member is responsible to pay to the provider at the time of service. If the member does not present their card or does not pay their copay, you as the provider have the right to turn them away for services. Members are educated that they must bring their Molina card and pay a co- pay when applicable.

Traditional Medicaid

This plan covers children ages 18 and under, pregnant women, the Aged, Blind or Disabled adults (ABD). Members who are on Traditional Medicaid will present their Molina plan card and may also have a state issued Purple Card.

Provider Services

We are YOUR “Advocate” to Navigate and Partner with the Molina Family

We Provide Education for:

- Credentialing a New Provider
- Making a change to an existing credentialed Provider in your group
- Resources available at Molina for Providers and Members
- Provider Web Portal training including:
 - Claims Submission and Claim Corrections, Member Eligibility, Member Roster, Service Requests/Authorizations, HEDIS Profile and quality metrics
- Contacts for all Departments at Molina
- Healthcare updates and education
- Quarterly Partners in Care Newsletter
- Provider Office staff education and onsite visits
- EDI and EFT available
- Domestic Violence and Cultural Competency Training and Resources

PROVIDER Public Website resources

For Molina Members | About Molina | Showing Information For Utah | Utah | Medicaid/CHIP | Type Size: - +

Find a Pharmacy | Find a Provider | Find a Hospital/Facility | Provider Portal | Search | Go

Find a March Vision Provider | Facility Review

Home | manual | forms | policies | HIPAA | EDI ERA/EFT | drug list | health resources | communications | contact us

We're Glad you're part of the Molina Family

"I love working with Molina, their claim department is responsive and efficient"
Dr. Marina Jones

Provider Portal
Check eligibility, claims and more.

User ID

Password

[Forgot Password](#) | [Register](#)

[Sign In](#)

Manual

Provider Manual

Forms

New Provider wants to Join Molina
Contracted Provider needs Update
Prior Authorization
Codification Lists
Provider Appeal Forms

Provider Portal Sign in

Check Eligibility, claims and more

Health Resources

Quality Improvement
Behavioral Health Tool Kit
Domestic Violence Training –**NEW**
Continuing Medical Education (CME)
Clinical Practice Guidelines
Preventive Care Guidelines

And more. . . .

Domestic Violence Resources

Domestic Violence Is it on your RADAR?

R = Routinely screen women for abuse

A = Ask direct questions

D = Document your findings

A = Assess safety of victim and children

R = Review options and referrals

Resources for Detecting Domestic Violence

Training Powerpoint Presentation for Health Care Providers

Hyperlinks:

[How Healthcare Providers Can Help Victims of Domestic Violence](#)

[Domestic Violence and the Role of the Healthcare Provider Domestic Violence Education\(White Paper\)](#)

[The Cycle of Domestic Violence](#)

[Clinical Guidelines for Assessment and Referral for Victims of Domestic Violence](#)

[Detecting Domestic Violence in the Primary Care Setting](#)

[National Coalition Against Domestic Violence](#)

[NIH - Health Services Research Information Channel - Domestic Violence](#)



Credentialing

REQUESTING A NEW PROVIDER BE PANELED WITH MOLINA

You can find the New Provider Form online in our Provider Web Portal at the following link:

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

Provider Services

  **Provider Information Change Form**

Submit completed forms to : MHUPIM@molinahealthcare.com or fax to 855-849-1103

Prior to credentialing a provider for participation, you will complete a Provider Request for Paneling form and be asked for information in the following areas:

- Tax Identification #
- Medicaid and Medicare ID
- NPI for Physician and Group
- Specialty
- Office contact
- Main Phone #
- Physical and billing address
- Current Idaho license
- Idaho license to prescribe
- Current DEA Registration
- Malpractice Liability Coverage
- Board Certification
- Hospital Privileges
- CAQH Number (Access the “Authorize” page on CAQH Proview to authorize Molina to obtain your report and assure your Attestation is current)

All new provider and contracts will need to receive Network Planning Committee (NPC) approval. Once approval is secured, the provider office will be contacted.

Please notify Molina if there is a move locally or out of state of a physician. This information is critical to ensure our systems are updated.

A provider should not treat a Molina member until credentialing and contracting is complete. Each provider will receive an effective date the provider is participating with Molina.

COUNCIL FOR AFFORDABLE QUALITY HEALTHCARE--- CAQH

Molina has joined the Council for Affordable Quality Healthcare to utilize their online applications. This will help alleviate the burden of completing additional paperwork. CAQH has built a national database designed to save time and eliminate duplication of provider information for health plans, hospitals, and practitioners. The cost to the provider for CAQH is free of charge.

To self-register through the CAQH ProView Provider portal, go to: <https://proview.caqh.org/pr>. Upon completion of the self-registration process, you will receive a welcome email with your unique CAQH Provider ID Number. Once you have received your CAQH Provider ID Number, go online to <https://proview.caqh.org/>. You will be guided through the registration process.

For more information about CAQH and the registration process, go to www.caqh.org/overview.php.

CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

CAQH website: <https://proview.caqh.org/Login?Type=PR>

CAQH ProView Reference Material

[Provider User Guide](#)

[Provider Quick Reference Guide](#)

[Video: Providers – Get Started with CAQH ProView](#)

PROGRAM POLICY

The purpose of the Molina Healthcare of Idaho (MHID) credentialing program is to ensure that the MHID provider network consists of quality health care practitioners who meet defined criteria and standards. It is the objective of MHU to provide superior health care to the community.

The decision to accept or deny an applicant is based on the recommendation of the MHID Medical Director and MHID Professional Review Committee. The information gathered is confidential and disclosure of information is limited to the parties providing application processing and peer review functions.

The credentialing program has been developed in accordance with standards of the National Committee for Quality Assurance (NCQA) and Idaho State law.

Molina requires credentialing for the following specialties. This list may not be all inclusive. Please contact Provider Services for any questions.

- Advanced Registered Nurse Practitioners (ARNP)
- Audiologists
- Behavioral Health Care Practitioners (Master's Level)
- Certified Nurse Midwife
- Chiropractors (DC)
- Occupational Therapists (OT) (Practicing independent of a hospital)
- Optometrists (OD)
- Oral Surgeons (DDS)
- Physical Therapists (PT) (Practicing independent of a hospital)
- Physicians (MD, DO)
- Podiatrists (DPM)
- Psychologists (Ph.D., Psy.D.)
- Speech Language Pathologists
- Physicians that work at Urgent Care Facilities

MHID does not require some types of practitioners to be credentialed by the organization(s) that employ or contract with them. If a practitioner meets any one of the following criteria, Molina does not require them to be credentialed:

- Practitioners who practice exclusively within the inpatient setting and who provide care for Molina members only as a result of members being directed to the hospital or other inpatient setting.
- Practitioners who practice exclusively within freestanding facilities and who provide care for Molina members only as a result of members being directed to the facility.
- Covering practitioners (e.g., locum tenens)
- Practitioners who do not provide care for members in a treatment setting (e.g. board-certified consultants).
- Pharmacist who works for a pharmacy benefits management (PBM) organization to which MHID delegates UM functions.

RECREDENTIALLING

Once a Provider or facility is approved for participation in Molina Healthcare’s network, recredentialing will be performed every three years. Molina Healthcare will use the **CAQH application**. If you prefer not to use the CAQH application, you will receive a recredentialing application approximately six months before your credentialing period is to expire. The format used is that of a “profile” and only information that may have changed since the last credentialing cycle will be requested. We request that you verify the information on the profile sheet and return it to us within the specific time frame. Failure to return the information will result in administrative termination from the Molina Healthcare network as a non-compliant Provider.

Information that is reviewed as part of the recredentialing process includes:

- Verifying that our Providers continue to meet the basic qualifications.
- Information from reported quality performance issues, such as Member satisfaction surveys and customer service reports

Should your DEA, medical license and/or liability insurance coverage expire at some time prior to you next recredentialing date, you and/or your medical group/IPA will receive a request for updated information for your credentialing file. Failure to provide this information within the specified time will result in automatic suspension and/or termination from the Molina Healthcare network.

Contracting

CONTRACTING

The Contracting department is responsible for the following areas:

- Implementing and maintaining all Molina Healthcare of Idaho (MHID) contracts with various network providers.
- Ensuring that the contracted network of providers is adequate to meet the appropriate level of patient access to all types of providers.

A practitioner new to an office, even though the office is participating with Molina, should not see Molina members until they are credentialed. Your office should receive a notification letter stating the credentialing process is complete. If your office adds a provider please contact Molina.

MHID contracts with providers for all lines of Molina business: Medicaid, and Medicare.

Medicaid / Medicare Fee Schedule

Medicaid reimbursement is based on the prevailing State Medicaid Fee Schedule.

The Medicaid Fee Schedule is updated periodically. You can access the following websites to review the fee schedule:

<http://health.IDHW.gov/medicaid>

Medicare reimbursement is based off the prevailing Medicare fee schedule.

www.cms.hhs.gov/FeeScheduleGenInfo

For a list of participating providers please refer to Molina's Provider Online Directory at:

<https://providersearch.molinahealthcare.com/Provider/ProviderSearch>

Contact Information

mhuproviderservicesandcontracts@molinahealthcare.com

888-483-0760 press option 1, option 6, option 3

Web Portal

What's in the WEB PORTAL?

The Web Portal is a secure site that offers Molina Healthcare providers convenient access 24 hours a day, seven (7) days a week, to the following functions:

- Member Eligibility and Benefit Information: Users can verify member eligibility as well as view benefits, covered services, and members' health records.
- Member Roster: Users can view a list of assigned membership for PCP(s) within the user's provider panel.
- Service Requests/Authorizations: Users can create, submit, and review Prior Authorization requests.
- HEDIS® Profile: Users can view their HEDIS® scores and search for members with needed services.
- Claims: Users can submit, correct, and void claims. Users can also check claim status, and view claims reports for all submitted claims.

You can register for and access the Web Portal by going to:
<https://Provider.MolinaHealthcare.com>

How to Register for Web Portal

1. Go to <https://Provider.MolinaHealthcare.com>.
2. Click on the “New Provider Registration” link under the Provider Web Portal Login box.
3. Under Admin User Responsibility, select “To continue with registration, click here” and you will be taken to the registration page.

Registration is easy as 1, 2, 3!

1. Select your Line of Business (If choosing “Other Line of Business”, also select your state).

Users who are rendering services for Medicare D-SNP as well as other Lines of Business, such as Marketplace and Medicaid products, can register for one Line of Business and then add the additional lines using the Manage Provider Tool within the Account Tools menu.

2. Select your Provider Type.

What Provider Type Should I Select?

Facility/Group can be used by any provider type, including solo practitioners. This registration type allows users to submit claims and service request/authorizations. To register as a Facility/Group you must have both the Molina Healthcare Provider ID and the associated TIN. This is the preferred primary method of registration.

Individual Physician is recommended for use when a provider does not need to submit new or corrected claims. Providers who participate with multiple provider groups and want to see information pertaining to each group should register with the Individual Physician type. If the provider is registered only as a Facility/Group, they will be limited to information for that registered group only.

Note: Users can register with both the Facility/Group and the Individual Physician Provider Types and link the accounts. When using the Portal, they simply select the appropriate account for the transactions needed.

3. Tax ID Number & Molina Provider ID

If you do not know your provider ID, please contact the Provider Services Department at [888-483-0760](tel:888-483-0760), or [call or email your individual Provider Representative directly](#).

How to Register for Web Portal

Completing this step will take you to the Authentication Details screen of the registration process. You must enter your Name, Email Address, Username, Password, Security Questions and Answers and you must accept the Terms of Agreement.

Role of the Administrator

If you are the first user to register with this Provider ID, you become the primary administrator of the account. You can navigate to the Account Tools page and click on 'Manage Users' to view other users or administrators. As the administrator of an account, you are entitled to designate or promote a user to administrator, manage users by granting different levels of access, and add other user accounts onto your account. You are also able to invite others to join your provider's account.

Requesting Access

Other users may request access to an existing account by going to the Provider Web Portal, clicking on the "Request Access for New User" link under the Login section, and providing the following information:

- NPI or Provider Name
- Requester's First & Last Name
- Position Title
- Email Address
- Phone Number (and extension if available)
- Reason for Requesting Access.

A request will be sent to the administrator of the account you specified and they will have to take action within 3 days or the request will expire.

Homepage Features:

Menu Bar Quick click to the different functions the Portal has to offer.

Messages and Announcements Displays notifications and messages sent by Molina Healthcare.

Recent Activity Find the most recent claims (based on date of service) and inpatient as well as outpatient Service Requests/Authorizations from the last 30 days.

Quick Member Eligibility Search Quickly search for members by their Member IDs.

News Content Three tiles displaying various media content, such as corporate communications, video tutorials, and a quick poll.

My Favorites Select up to eight (8) of your most used functions to quickly access on the homepage.



Your Extended Family.

For Technical Questions, call Web Portal Help Desk
866-449-6848

MEMBER ELIGIBILITY SEARCH

Member Eligibility Search allows you to find a member by their Member ID or First Name, Last Name, and Date of Birth.

1. Enter the Member ID and click **Search for Member**; or
2. Enter their First Name, Last Name (enter at least three character of each name) and Date of Birth. Click **Search for Member**.
3. Narrow your search or view additional search options

If the member was not found (due to multiple records) simply use this extra option and narrow your search by Gender, Zip Code or Line of Business.

After clicking **Search for Member**, the information will display.

Member Search Enter Member ID or First and Last Name and Date of Birth.

Member ID: **OR** **First Name:** **Last Name:**

Date of Birth: (mmddyyyy)

Search Options

Gender: **Zip Code:**

Line of Business:

To see member eligibility from certain date enter date here: (mmddyyyy)

[Back to Member Eligibility Inquiry](#)

Eligibility information is current as of Jan 12 2015 06:41:22 PM PST

Member Eligibility Details

Quick View	Member Information	Quick Links
<ul style="list-style-type: none">✓ Member is currently enrolled✓ No Missed Services✓ No enrollment restrictions	<p>Member ID: 12345678901</p> <p>Enrollment Plan: HEALTHY FAMILIES</p> <p>Enrollment Status: ACTIVE</p> <p>Enrollment Effective Date: 07/01/2013</p> <p>Enrollment Termination Date:</p>	<ul style="list-style-type: none">PrintSubmit ClaimClaim StatusSubmit Service Request/AuthorizationService Request / Authorization Inquiry

Member Details

[Member Information](#) - [Enrollment Information](#) - [Primary Care Provider Information](#) - [IPA/Group Information](#) - [History](#)

Name: JOHN SMITH
Date of Birth: 03/08/1990
Mailing Address: 000 MAIN ST, LONG BEACH, CA, 90801
Member #: 12345678901
Gender #: Male
Home #: (555)-555-5555
Alternative #:
Mobile #:
Email ID:

[+ Additional Member Information](#) Expand to view Additional Member Information

Note: Screen shots are for illustrative purposes only. All data shown is fictitious in nature.

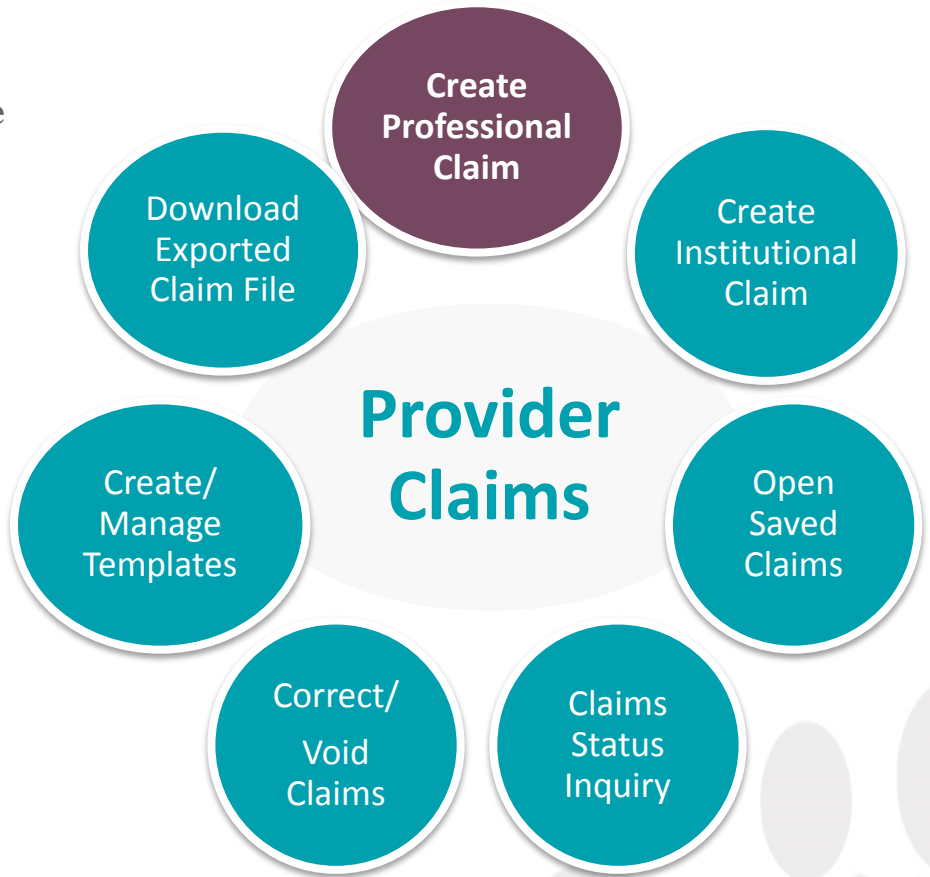


Your Extended Family.

For Technical Questions, call Web Portal Help Desk
866-449-6848

Provider Portal Claims Functionalities

The following features are available online:



MOLINA HEALTHCARE Provider Self Services

Welcome, Admin User: webportal Log Out
Feb 09 2015 9:33:11 AM
Home Provider Search FAQ Training Contact Molina

Provider Portal

- Member Eligibility
- Claims**
 - Claims Status Inquiry
 - Create Professional Claim (CMS 1500)
 - Create Institutional Claim (UB04)
 - Open Saved Claims
 - Create/Manage Claims Template
 - Export Claims Report to Excel
- Service Request/Authorization
- Member
 - HEDIS Profile **New!**
 - Reports
 - Links
 - Forms
 - Account Tools

Messages and Announcements

- You have (274) new messages
- You have (16) announcements

Recent Activity

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims

My Favorites

- Member Eligibility
- Claim Status Inquiry
- Create Professional Claims
- Claims Download Report
- Service Request/Authorization
- Create Service Request/Authorizatio...
- Clear Coverage
- Create Institutional Claim

Quick Member Eligibility Search

Search by Member ID Go

What's New

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

Coming Soon !

Claims will have new functionality coming in March!

- Batched Claims
- Create Claims Templates
- Correct Claims
- Add Attachments to Claims

Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)

Note: Screen shots are for illustrative purposes only. All data shown is fictitious in nature.

Member Services

Primary Care Physician

Idaho Medicaid Plus maintains a Primary Care Provider (PCP) model of healthcare delivery to ensure the member has a “medical home.” The PCP will be responsible for the provision, supervision, and coordination of all the member’s healthcare needs. PCP is defined as:

- Family Practice
- Pediatrics
- Obstetricians/Gynecologist
- Internal Medicine
- Certified Nurse Midwives
- Physician Assistants
- Nurse Practitioners

Upon enrollment, the member will be given the opportunity to select a PCP from the panel of contracted MHID practitioners. They may solicit help from their caseworker who has access to our provider directory or they will be directed to call Member Services at **1-844-809-8445**.

Upon request, the Member Services Department will assist members in the selection of a PCP. Unless otherwise directed by the member, a PCP will be auto-assigned. The auto-assignment is based on the location of the nearest PCP in the area in which the member resides.

Member ID Cards

Idaho Medicaid members are not required to select a Primary Care Provider (PCP). However, Molina does assign a PCP and encourage members to receive care from the PCP listed on their ID card. Molina promotes the “medical home-” Concept.

Within 14 days of enrollment the member will receive their welcome packet and ID card. The welcome packet contains: a welcome letter, summary benefit, member service guide, a provider directory, list of urgent care facilities, PHI notice, and Nurse Advice Line information.

The member ID cards are mailed separately. The member can expect to receive a new card within 10 working days of enrollment. The member may also call the Member Service Department at **1-844-809-8445**.

Member ID Cards

Molina Medicare Options and Molina Medicare Options Plus need to select a Primary Care Provider (PCP) to secure a “medical home.” Members may request changes to their PCP assignment at any time by calling the Member Service Department. Upon approval, changes will be effective immediately.

PCPs will provide the majority of care for MHU members. When referrals for specialty services or diagnostic procedures are necessary the PCP should make a referral, however, the specialist will obtain appropriate authorizations from Molina and coordinate the care. (A written paper referral is not required. The PCP and Specialist need to note the referral in the patient chart.)

Each member will receive an ID card from Molina Healthcare of Idaho (MHID). The cards identify the members as follows:

Molina Idaho Medicaid Plus
Member: John Doe
Member #: xxxxxxxxxxxx



REFER TO MEDICARE PCP



RxBIN: xxxxxxx
RxGRP: xxxxxxx
RxID: xxxxxxxxxxxx

Issue Date: mm/dd/yyyy

EMERGENCY SERVICES: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room call your PCP. Follow up with your PCP after all emergency room visits.

MEMBER SERVICES: (844) 809-8445 or TTY for hearing impaired: 711

24-HOUR NURSE ADVICE LINE: (844) 808-1382 or TTY for hearing impaired: 711

PROVIDERS/HOSPITALS:
For prior authorization, eligibility and general information, please contact us at (844) 808-1383.

Submit Claims to: Molina Healthcare, PO Box 22811, Long Beach, CA 90801

www.MolinaHealthcare.com

Member Rights and Responsibilities

- Members have the right to be treated with respect and recognition of their dignity by everyone who works with Molina Healthcare.
- Members have the right to get information about Molina Healthcare, our providers, our doctors, our services and member's rights and responsibilities.
- Members have the right to choose their "main" doctor from Molina Healthcare's network. (This doctor is called a primary care doctor or personal doctor.)
- Members have the right to be informed about their health. If members have an illness, they have the right to be told about treatment options regardless of cost or benefit coverage. Members have the right to have all questions about their health answered.
- Members have the right to help make decisions about their health care. Members have the right to refuse medical treatment.
- Members have the right to privacy. Molina Healthcare keeps their medical records private.*
- Members have the right to see their medical record, including the results of their Initial Health Assessment (IHA). Members also have the right to get a copy of and or correct their medical record where legally okay.*
- Members have the right to complain about Molina Healthcare or their care. Members can call, fax, email or write to Molina Healthcare's Member Services.
- Members have the right to appeal Molina Healthcare's decisions. Members have the right to have someone speak for them during their grievance.
- Members have the right to ask for a State Fair Hearing by calling toll-free (801) 538-6576. Members also have the right to get information on how to get an expedited State Fair Hearing quickly.
- Members have the right to disenroll from Molina Healthcare (Leave the Molina Healthcare Health Plan.).
- Members have the right to ask for a second opinion about their health condition.
- Members have the right to ask for someone outside Molina Healthcare to look into therapies that are experimental or being done as part of exploration.

Diversity

Within our population we have much diversity. There are always issues that we need to watch for cultural differences, domestic violence, abuse or neglect. Our health plan members are often vulnerable individuals.

They may have difficulty with language or literacy and they are beset by social and economic problems that complicate their ability to obtain care. Through a partnership between you, the Providers and Molina Healthcare we can make a difference in their lives.

Claims

Claims

DOCUMENTATION

Claims should be submitted to Molina with the appropriate documentation. The requirements for documentation are designed to streamline the claims payment process. Submission of complete, timely claims allows Molina to process the claims with a minimum of manual handling.

OVERPAYMENT

It is the responsibility of the Provider to notify Molina of an overpayment. The Provider shall attach all documentation that substantiates the overpayment, including a copy of the original claim and the remittance advice. If the overpayment occurred due to other insurance, a copy of the EOB must also be attached.

Molina will send to the Provider a refund request to recoup the overpayment. Documentation will be in the memo on the claim of the request.

CLAIM SUBMISSION AND TIMELEY PAYMENT

Definition of the clean claim: A claim that may be processed without obtaining additional information from the provider of service or a third party. This does not include claims under investigation for fraud or claims in review for medical necessity. Molina will only process legible claims received on the proper claim form.

Claims are to be submitted to Molina within twelve (12) months of the date of service. The date the claim is received at Molina will be documented as the submission date. If there is a primary carrier, the provider has 12 months from the date of service to submit the EOB from the primary insurance.

COORDINATION OF BENEFITS / THIRD PARTY LIABILITY

It is the policy of Molina to meet all contractual agreements with coordination of benefit with primary carriers and/or third party liabilities. Private insurance carriers, including Medicare, must be billed prior to the provider billing Molina. The provider is required to include a copy of the primary insurance EOB with the submission of all claims.

If information from the Medicaid Access line (801-538-6155) or information from the member indicates that primary coverage is known to exist, and/or the provider has not submitted a copy of the EOB, the claim will be denied. If the EOB has been attached, the claim will be processed according to the contractual agreements. Provider has 12 months from the date of service to submit the EOB from the primary insurance.

If the EOB from the primary coverage shows a denial, documentation must then be submitted showing reason or reasons that the primary coverage has denied payment for services. If the EOB is submitted without documentation, the claim will be denied.

Although other insurance information is maintained within the Medicaid access line, it is the responsibility of the provider to determine whether primary coverage exists.

Claims- Balance Billing

BALANCE BILLING A PATIENT FOR SERVICES

Molina Healthcare of Idaho (MHID) follows the Idaho state guidelines for balance billing a Medicaid patient. A provider, who accepts Medicare, Medicaid patients, must accept the Medicare / Medicaid payment from Molina Medicare & Molina Healthcare as reimbursement in full. Providers are *prohibited* by Federal law from balance billing a patient for services covered by Medicare and Medicaid. MHID will reimburse the provider at contracted reimbursement rate, less appropriate co-pays, for covered services.

Medicaid patients may be billed **only** when one of the following four circumstances apply:

1. PCN patients may be billed for services that are not covered by PCN medicaid (see PCN manual for covered/non-covered services on State Medicaid website)
2. Medicaid patients may be billed for co-payments and co-insurance.
3. Broken appointments– If the provider has a policy in place to bill for broken appointments that applies to all patients (not just Medicaid patients) and the patient has signed an agreement to pay for broken appointments.
4. A Medicaid patient may be billed for non-covered services when **all four of the conditions below** are met:
 - a) The provider has an established policy for billing all patients for services not covered by a third party.
 - b) The patient is advised **prior** to receiving a non-covered service.
 - c) The patient agrees to be personally responsible for the payment.
 - d) The agreement is **in writing** between the provider and the patient which details the service and the amount to be paid by the patient.

IF ANY OF THESE CONDITIONS ARE NOT MET, YOU MAY NOT BILL THE PATIENT UNLESS THE PATIENT IS NOT MEDICAID ELIGIBLE.

Submitting EDI Transactions

Types of EDI Transactions

Electronic Data Interchange (EDI) functionality is utilized by Molina to complete several types of ASC X12N Version 5010 transactions, including:

- Claims Submission (837 Professional and Institutional Healthcare Claims)
- Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) – (835 Healthcare Claim Payment/Advice)
- Referral Certification and Authorization (278 Healthcare Services Review - Request for Review and Response)
- Eligibility for a Health Plan (270/271 Healthcare Eligibility Benefit Inquiry and Response)
- Claims Status (276/277 Healthcare Claim Status Request and Response)

EDI Claims Submission

The easiest way to submit EDI claims to Molina Healthcare is through a Clearinghouse. You may submit the EDI claims through your own clearinghouse or use Molina's contracted clearinghouse (see the [Clearinghouse Information link](#) for Payer ID information). If you do not have a Clearinghouse, Molina offers additional electronic claims submissions options. Log on to [Molina's Provider Services Web Portal](#) for additional information about claims submission options available to you.

270/271 Healthcare Eligibility Benefit Inquiry and Response & 276/277 Healthcare Claim Status Request and Response

Molina does not directly exchange 270/271 and 276/277 transactions. The 270/271 and 276/277 transactions are handled by Molina's contracted clearinghouse Emdeon. The transactions may be sent directly to Emdeon or via your own clearinghouse.

EDI Forms

278 Referral Certification and Authorization Form

The 278 Request transaction is utilized to verify medical necessity for health care services; therefore, additional supporting documentation may be necessary for approval of requested services.

Molina EDI Website	EDI Hotline	Molina Healthcare of Idaho Provider Services
http://www.molinahealthcare.com/edi	1-866-409-2935	(866) 449-6817

Electronic Data Interchange and Claims Addresses

Molina Healthcare of Idaho Clearinghouse Partners

Name	Phone Number	Claims Type/Format	Payer ID
UHIN	1-801-466-7705	HCFA 1500 - Professional (837P) UB 92 - Institutional (837I)	HT001363-001

Molina Healthcare of Idaho Clearinghouse Partners

Name	Phone Number	Claims Type/Format	Payer ID
EMDEON	877-469-3263	HCFA 1500 (837P) UB 92 (837I)	61799

PAPER CLAIM SUBMISSION INFORMATION

MEDICAID		
	Molina Healthcare Claims PO Box 22630 Long Beach, CA 90801	
MEDICARE OPTIONS PLUS	Molina Options Plus PO Box 22811 Long Beach, CA 90801	

Claims- Corrected Claims and Appeals Process

Corrected Claims

The “Corrected Claims Form” can be found on our website at www.MolinaHealthcare.com

Participating and non-participating providers have 365 days from the date of the original remittance advice to submit corrected claims.

Claims re-consideration or Appeals Request must be received within :

- 90 days from Date of denial on Medicaid
- 120 days from Date of denial on Medicare

- Click here for the online form for Claims Reconsideration/Appeal form:
 - <http://www.molinahealthcare.com/providers/ut/medicaid/forms/Pages/fuf.aspx>

Medicaid Members	Medicare Members (Options and Options Plus)
Molina Healthcare of Idaho Attention: Utilization Management 7050 S. Union Park Center # 200 Midvale, UT 84047	Molina Medicare PO BOX 8542 Midvale, UT 84047
Phone: 1-888-510-3030 Fax: 1-877-682-2218	Phone: 1-888-665-1328 Fax: 1-801-877-2218
<ul style="list-style-type: none"> • Medicaid/CHIP- You have <u>90 days</u> to appeal a claim • Marketplace- You have <u>180 days</u> to appeal a claim • Explanation of Benefit (EOB) denial must be attached to the letter of appeal, along with any other documentation to support the appeal • The appeal is reviewed by the Appeal and Grievance committee and determination will be made within 45 days • Overturned appeals are reprocessed to pay. Upheld appeals are communicated to the provider office by letter 	<ul style="list-style-type: none"> • You have <u>120 days</u> to appeal a claim <ul style="list-style-type: none"> ○ PAR provider response time is 60 days ○ Non-PAR provider response time is 30 days • Explanation of Benefit (EOB) denial must be attached to the letter of appeal, along with any other documentation to support the appeal • The appeal is reviewed by the Appeal and Grievance committee and determination will be made within 60 days • Overturned appeals are reprocessed to pay. Upheld appeals are communicated to the provider office by letter

EFT Enrollment

Enrollment Information for ERA/EFT

The document below provides step-by-step instructions on how to register with Alegeus ProviderNet to receive electronic payments and remittance advices. Any questions during this process should be directed to Alegeus Provider Services at ProviderNet@alegeus.com or 877-389-1160.

To registered for EFT/835s, please go to <https://providernet.adminisource.com>.

[Register with Alegeus ProviderNet](#)

The ProviderNet portal is a FREE service to our Providers.

Below are a few highlights regarding the ProviderNet portal and the registration process:

BENEFITS

- Manage the people in your organization that can view/edit Accounts and Payment information
- Associate new Providers within your Organization to receive EFT/835s
- View/print/download/save PDF version of your Explanation of Payment - EOP (also known as Remittance Advice)
- Search for an EOP by various methods, such as Claim Number and Member Name
- Ability to have your files routed to your ftp and/or your associated Clearing House
- Administrative rights to sign-up and manage your own EFT Account and Routing information
- Ability to view other Payers that are already associated to ProviderNet

Disease Management and Health Education

Disease Management and Health Education

Molina Healthcare of Idaho (MHID) is committed to helping our members stay well. The Health Education Department believes that members should learn and be given the tools to take care of themselves. Provider and members can call 1-888-483-0760 to learn about programs offered. The following is a list of the services the Molina Health Education Department has to offer:

Smoke Free - Smoking Cessation Program - This program is for individuals that are ready to quit. Participants will be contacted and asked about their readiness to quit. The program is conducted over the phone and runs for a course of 8 weeks. Molina offers the following to help individuals quit:

- Free education material
- Free one-on-one counseling
- Help to receive nicotine replacement therapy from your doctor

Motherhood Matters – Pregnancy Program - This program helps Molina members to learn how to have a healthy pregnancy and to maintain their health after the baby is born. Molina provides members a chance to talk with a health educator regarding questions or concerns. Molina will also mail free information during the member's pregnancy and provide a gift certificate following their post partum visit.

Hydroxprogesterone Caproate (17P) - Studies show that 17P reduces the chance of having another preterm birth by thirty-three percent. Hydroxprogesterone Caproate (17P) was developed for women who have already been pregnant with a single baby and delivered prior to 37 weeks.

Breathe with Ease – Asthma Program - Members, ages 3-56, with asthma may learn about asthma triggers, early warning signs, how to use medications correctly and how to work with your provider to obtain the best care possible. If a member qualifies, Molina will mail a peak flow meter and diary (ages 6 and older), asthma newsletter help with asthma management. Allergen proof pillowcases are also available for members who are in need of one.

Healthy Living with Chronic Obstructive Pulmonary Disease (COPD) - This program was created for members who have COPD. (Whether the member has recently been diagnosed or is currently living with COPD.) Healthy Living with COPD will help them manage the disease and teach them how to get the most out of each day. They will receive free educational materials and access to community resources.

Healthy Living with Diabetes - One of the most important skills our members will learn is to control their diabetes. This will help lower their risk for the long-term health problems that sometimes come with diabetes. Members may receive diabetes newsletters, workbook, diabetes care tips and reminders about important diabetes tests. Pedometers are also available to help track physical activity based on members need or request.

Heart Healthy Living – Cardiovascular Disease Program - Molina's heart program is here to help our members put their heart into tip top shape. We will focus on controlling their blood pressure by giving them newsletters with tips to becoming heart healthy. A DVD about lowering their blood pressure is also made available to program members. Pedometers are also available to help track physical activity based on members need or request.

Medication Therapy Management Program (MTMP) - We offer medication therapy management programs to members who have multiple medical conditions, who are taking many prescription drugs, and who have high drug costs. These programs were developed for us by a team of pharmacists and doctors. We use these medication therapy management programs to help us provide better coverage for our members.



Your Extended Family.

Go online to Provider Portal and click on **Health Resources**
<http://www.molinahealthcare.com/providers/ut/Medicaid/Pages/home.aspx>

Preventive Health & Outreach

- Molina Healthcare members who meet NCQA qualifications that have not completed preventive screenings are contacted about these preventative health flyers.
- Flyers are sent out for Pap smear, Chlamydia screening, Mammogram, Hemoglobin A1C, LDL cholesterol, Micro albumin, Retina eye exam, Blood pressure, and Colonoscopy.
- All flyers contain Molina contact information as well as requirements to receive a gift card, if offered.
- Pregnancy Rewards is a new program to encourage expectant moms to schedule and keep appointments for appropriate prenatal care and a postpartum visit 21-56 days after delivery. Members earn points on a PURL (Personal URL) card that can be cashed in for needed items such as an infant care seat, diapers, and other items for mom or her new baby. Also, additional points can be earned for completing six well child visits in the first 15 months after the baby's birth as well as for completing all recommended childhood immunizations.



Quality Improvement Clinical Practice Guidelines (CPG's)

Clinical and Preventive Guidelines

Molina Healthcare Inc. (MHI) adopts Clinical Practice Guidelines (CPGs) to provide up to date treatment and diagnostic information to Molina providers and to reduce inter-provider variation. CPGs define an expected standard of practice for providers that are specific to the membership demographics and service needs and may serve as the basis for a health management program, benefit interpretation, or quality performance measurements. Guidelines serve to provide general guidance to providers who are always required to use their best clinical judgment when applying guidelines to their patients.

Clinical Practice Guidelines

Asthma

Title: *Guidelines for the Diagnosis and Management of Asthma (EPR-3)*
Source: National Institute of Health (NIH): National Heart, Lung, and Blood Institute (NHLBI)
Date: July 2007
Location: <http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>

Diabetes

Title: *Standards of Medical Care in Diabetes—2015*
Source: American Diabetes Association: Diabetes Care
Date: January 2015
Location: http://care.diabetesjournals.org/content/38/Supplement_1.toc

ADA issues minor changes to several sections of the guidelines. Please refer to [Summary of Revisions 2015](#)

Hypertension

Title: *2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults. Report from the panel members appointed to the eighth Joint National Committee (JNC 8)*
Source: American Medical Association (AMA) Date: 2014
Location: <http://jama.jamanetwork.com/data/Journals/JAMA/929741/jsc130010.pdf>

Chronic Obstructive Pulmonary Disease

Title: *Global Strategy for Diagnosis, Treatment and Prevention of COPD*
Source: GOLD
Date: January 2015
Location: http://www.goldcopd.org/uploads/users/files/GOLD_Report_2015.pdf

Clinical Practice Guidelines continued ...

Depression

Title: *Depression, Adult in Primary Care*
Source: Institute for Clinical Systems Improvement
Date: September 2013, 16th Edition
Location:
https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_behavioral_health_guidelines/depression/

Attention Deficit Hyperactivity Disorder (ADHD)

Title: *ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit Hyperactivity Disorder in Children and Adolescents*
Source: American Academy of Pediatrics
Date: October 2011
Location: <http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654>

Preventive Health Guidelines

Prenatal Care

Title: *Prenatal Care, Routine*
Source: Institute for Clinical Systems Improvement
Date: July 2012, 15th Edition
Location:
https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_womens_health_guidelines/prenatal/

Care for children up to 24 months old

Title: *Preventive Services for Children and Adolescents*
Source: Institute for Clinical Systems Improvement
Date: September 2013, 19th Edition
Location:
https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_prevention_screening_guidelines/preventive_services_kids/

Care for children 2-19 years old

Title: *Preventive Services for Children and Adolescents*
Source: Institute for Clinical Systems Improvement
Date: September 2013, 19th Edition
Location:
https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_prevention_screening_guidelines/preventive_services_kids/

Preventive Health Guidelines continued...

Care for adults 20-64 years old

Title: *Preventive Services for Adults*
Source: Institute for Clinical Systems Improvement
Date: October 2014, 20th Edition
Location:
https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_prevention_screening_guidelines/preventive_services_for_adults/

Care for adults 65 years and older

Title: *Preventive Services for Adults*
Source: Institute for Clinical Systems Improvement
Date: October 2014, 20th Edition
Location:
https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_prevention_screening_guidelines/preventive_services_for_adults/

Immunization Schedules

Immunization Schedules:

Child/Adolescent

Title: *Recommended Immunization Schedule for Persons Age 0 through 18 Years*
Source: Centers for Disease Control and Prevention (CDC) Date: 2015
Location: <http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Adult

Title: *Recommended Adult Immunization Schedule for Persons Age 0 through 18 Years*
Source: Centers for Disease Control and Prevention (CDC) Date: 2014
Location: <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Medical Services

Utilization Management (UM)

Prior Authorization

Prior Authorization

Some medical services require prior authorization. Providers can access a list of codes on the Molina website of which services require authorization.

Prior auth forms can also be found on the website. Once filled out these are sent to Molina for review.

Molina's nurses and doctors review those requests and give a decision within the regular timeframes which are, 72 hours for urgent service and 14 days for standard requests.

- Members that require inpatient hospitalization are admitted without authorization thru the Emergency Department.
- Molina's team of nurses and doctors will review the information surrounding the inpatient stay and work with the providers to ensure there is an appropriate length of stay.
- When appropriate the concurrent review team will help the member transition to a lower level of care which maybe an acute rehab stay, a skilled nursing facility stay, or home with home health care.
- Molina has transition of care nurses who will assist in a smooth transition from the hospital back to the normal living situation and can assist with any needs the member may have.
- Referrals can also be made for member with more complex medical issues to our Case Management team, where a nurse case manager can work with the member to understand their disease process and help them navigate thru the medical systems.

Phone Numbers:

Molina Medicaid: 855-322-4081, option 1

Molina Medicare: 855-322-4081, option 2

Fax Numbers:

Molina Medicaid: 866-472-0589

Molina Medicare: 866-504-7262

Providers will be notified by FAX when an Authorization is approved.

Case Management

Molina Healthcare of Idaho has a comprehensive **Case Management department**. Some of the areas of focus are;

- Complex Case Management for members with multiple comorbidities and complex medical needs
- Restriction/diversion Case Management to assist members who are over utilizing the emergency room to get them connected to a medical home

- Behavioral Health Case Management for members with significant Behavioral health and substance use disorder diagnoses
- Community Connector program, these are non-clinicians who work with our members to assist them with Community resources such as housing, food and utility assistance and also to assist them with coordinating appointments and follow up care.

Our case managers are a group of highly trained clinicians who work with our providers and members to coordinate care and ensure that our members achieve quality care in the most cost effective setting for improved health outcomes.

Please contact the Director of Case Management Sheila Young at 801-316-9540 for any questions or referrals for the case management team.

Utilization Management team

Molina's **Utilization Management team** has two major focuses. Our prior authorization team reviews pre-service requests for planned inpatient and outpatient services which require authorization. We follow regulatory guidelines for timeliness and medical necessity reviews for these services. All prior auth forms and a codification list which list what services require authorization can be found on the Molina website. Our other focus is the concurrent review team who follow and manage patients in the acute setting. This team monitors the appropriateness of the level of care while in patient and will assist in stepping down to a lower level of care as appropriate. They will assist in assuring a safe discharge and transition to the home setting.

Nurse Advice Line

Molina provides our members with information on the **Nurse Advice Line** to help manage health conditions.

The Nurse Advice Line is available 24 hours a day, 7 days a week.

ID 844-808-1382

Spanish: (866)-648-3537

Hearing Impaired (TTY/TDD): (866)-735-2929

Molina's prior authorization guidelines and forms may be found at **Molina's** website. For your reference, the provider manual may be reviewed at Molinahealthcare.com or the following link:

http://www.molinahealthcare.com/providers/ut/medicaid/manual/Pages/provider_manual.aspx

Molina Medicaid

The Idaho Medicaid Plus plan is a mandatory program for Medicaid benefits only.

- Idaho Medicaid Plus is a plan for dual eligible beneficiaries that coordinates most of their Medicaid benefits through a health plan.
- **IMPlus will be implemented in Twin Falls County beginning in October 2018.**
- This program will expand into other counties after a successful roll-out in Twin Falls County, the dates for implementation into other counties is not yet determined.

Idaho Medicaid Plus
Idaho Medicaid Plus covers all medically necessary Medicaid benefits including: <ul style="list-style-type: none">▪ Hospital costs after Medicare payment▪ Medical costs after Medicare payment▪ Behavioral Health, including Community-Based Rehabilitation Services▪ Nursing Home after Medicare payment▪ Aged & Disabled (A&D) Waiver▪ Personal Care Services▪ Care Specialist

Molina Medicare

Molina Medicare Options Plus

Molina Healthcare of Idaho offers a Special Needs plan for beneficiaries who have both Medicare and Medicaid;

Molina Medicare Options Plus (MMCP): The Medicare Medicaid Coordinated Plan is a program that coordinates Medicare benefits as well as most Medicaid benefits, in addition to including some supplemental services.

Service Area: Molina Options Plus are available in **Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls .**

FREQUENTLY ASKED QUESTIONS

Q - Will my patients have a new ID Number?

A - Yes – 12 digit number that will be listed on their ID card. This card should be presented to providers at the time of service.

Q - Will there be a separate ID card for Molina Advantage members?

A – Yes, this card can be used for a provider, specialist, ER, and pharmacy. One card for all services eliminates the confusion of using multiple cards.

Q - Who do I call to check eligibility?

A - Member Services at 1-844-809-8445

Q - How often can members change plans?

- **A – Enrollment is always Voluntary! Dual's may enroll into the MMCP** at any time and the effective date will always be the first day of the next month.
- Duals can also disenroll at any time and the effective date is always the last day of the current month.

Q - What types of services require authorization?

A - See the Medicare Authorization Guidelines at the end of this section

Medicare Options Plus Chart of Benefits

Benefit	Cost to Member
Monthly Plan Premium	\$0
Inpatient Hospital Care	\$0
Outpatient Rehabilitation	\$0
Outpatient Surgery	\$0
Primary Care Office Visit	\$0
Specialist Office Visit	\$0
Out of Pocket Maximum	\$0
Medicare Part D Premium	\$0
Preventative Screenings	\$0
Skilled Nursing Facility	\$0
Dental (Comprehensive)	No coinsurance \$1,800 annual maximum
Health & Wellness Education	\$0
Hearing Aids	\$0 for \$1,000 allowable every 3 years
Nurse Advise Line	\$0 available 24-7-365
Over the Counter	\$10 maximum per month
Routine Physical	\$0
Transportation	\$0 30 one-way trips to and from Plan approved locations
Vision	\$0 for \$200 allowable every 2 yrs.

Just the Fax

Just a FAX

“Just a Fax” is utilized to provide education, FAQ’s, and updates to Providers.



Sterilization Process and FAQ for Providers Molina Healthcare of Utah/Medicaid/CHIP

Sterilization forms from Utah Medicaid:

- Hysterectomy Acknowledgment Form
- 499-A Consent for Sterilization Form

Sterilization form from Molina Healthcare:

- FAX cover sheet for Sterilization or Hysterectomy

Q&A's:

Why is Molina Healthcare asking for these forms?

Molina follows all State Medicaid guidelines. In the State Provider manual, per Title 42 Code of Federal Regulations, all sterilizations require a valid consent form. All required fields must be completed for timely processing.

Please use the most current forms found on the Utah Medicaid Forms website: <http://health.utah.gov/medicaid/provhtml/forms.htm>

Select appropriate form from the Forms drop down box:

- Hysterectomy Acknowledgment Form
- Sterilization Consent

Does Molina Healthcare require Providers to submit the fax cover sheet with the required forms?

Yes, Molina Healthcare requires providers to submit the FAX cover sheet with the appropriate form in order to identify the claim connected to the consent form to be processed for payment.

Where do I send the FAX cover sheet and attached Sterilization forms for processing?

Please fax the FAX cover sheet and a copy of the 499-A Consent for Sterilization form/or the Hysterectomy Acknowledgment form with any supporting documentation to:

FAX # 877-682-2218
Attn: Angelica/Provider Disputes

New FAX cover sheet

The form is titled "Fax cover sheet for: Hysterectomy Acknowledgment Form / 499-A Consent for Sterilization Form Molina Healthcare of Utah/ Medicaid/CHIP". It includes fields for "Provider information:" with sub-fields for "Provider Name", "Contact person", "Phone", and "Fax". There is a "Billing Address" field with a note "(this is the address a response would be sent to)". Below these are several blank lines for text. There are also fields for "Claim number of services to be billed", "SOC", "Member Name", "Member ID Number", and "DOB". At the bottom, there are checkboxes for "Hysterectomy Acknowledgment form attached" and "499-A Consent form attached". A footer contains "Additional information: Please fax a copy of the 499-A Consent/ Hysterectomy Acknowledgment Form attached with any supporting documentation to: 877-682-2218 Attn: Angelica/ Provider disputes".

Send your questions to your
Provider Services Rep directly or email mhproviderservicesrequests@molinahealthcare.com

Example: 7/29/2015



Your Extended Family.

Contact Phone numbers

Molina Contacts

Provider Services

- Phone: 844-803-1383
- mhidproviderservices@molinahealthcare.com

Member Services

- 888-483-0750 Medicare
- 844-803-1383 Medicaid Plus
- 801-858-0446

Provider Contracting

- 888-483-0760, press option 1, option 6, option 3
- mhuproviderservicesandcontracts@molinahealthcare.com

EDI

- 866-409-2935
- <http://www.molinahealthcare.com/edi>

Claims

- Medicaid/CHIP/ Marketplace **Phone:**
 - 1-888-510-3030 Fax: 1-877-682-2218**
- Medicare Phone:
 - 1-888-665-1328, Fax: 1-801-877-2218**

Utilization Management/ Prior Authorizations

- Phone numbers
 - Molina Medicaid: 855-322-4081, option 1
 - Molina Medicare: 855-322-4081, option 2
- FAX numbers
 - Molina Medicaid: 866-472-0589
 - Molina Medicare: 866-504-7262

Care Management

- Please contact the Director of Case Management Sheila Cancilla at 801-316-9540 for any questions or referrals for the case management team.

Nurse Advice Line is available
24 hours a day, 7 days a week.

- English: (844) 808-1382
- Spanish: (866)-648-3537
- Hearing Impaired (TTY/TDD): (866)-735-2929

Notes

Notes

