



Your Extended Family.

Primary Care Provider Orientation 2009



**Provider Services Department
Michigan**

Orientation Packet Contents

- Slide Presentation
- Molina Capitation Overview
- JVHL Billable Procedures
- Billing Requirements
- ePortal access information
- Molina Formulary
- True Track
- Chronic Disease Payment System (CDPS) Reporting Handout
- Authorization Grid

Orientation Agenda

- About Molina Healthcare
- Compensation Overview & Bonus Program
- Access Requirements
- Eligibility Verification
- Benefits Information
- Authorization Grid
- Pharmacy
- Billing Requirements
- ePortal Access
- CDPS Information
- Molina Healthcare Services



Mission & Vision

Mission

To be an innovative healthcare leader providing quality care and accessible services in an efficient and caring manner.

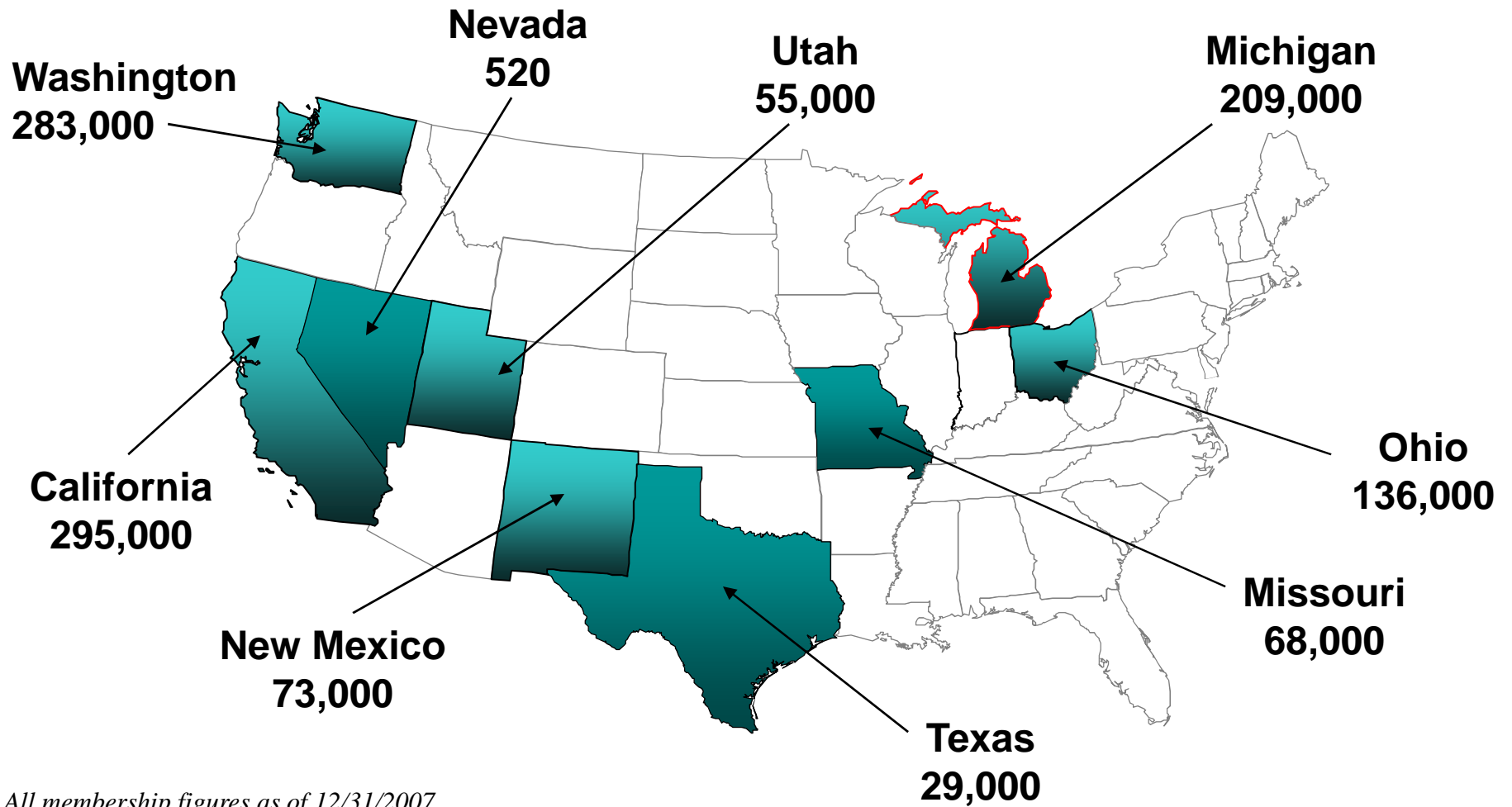
Vision Statement

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

History/Background

- Molina Healthcare, Inc. (MHI) Founded over 25 years ago to address the special needs of Medicaid patients
- Molina Healthcare of Michigan was granted an HMO license by the State of Michigan in September of 2000
- State of Michigan awarded Molina Contract to serve Medicaid enrollees in October of 2000
- Have achieved significant growth in Michigan from 22,000 members in 2001 to approximately 209,000 members
- Comprehensive provider network including 60 hospitals, 2,057 PCP's, 4000 SCP, 36 Urgent Care sites, and 23 Ancillary providers
- Molina Healthcare of Michigan is NCQA accredited and received an "Excellent" status in 2005.

Company Overview



*** All membership figures as of 12/31/2007*

MHI is the 2nd largest health plan in the U.S with over 1,000,000 members

Compensation Overview

- Fee for Service
 - > 0 to 250 members
 - > Physicians are paid 100% Medicaid fee screen on a fee-for-service basis for providing primary care to Molina Healthcare members

Compensation Overview

- Capitation
 - > 251 + members
 - > Capitation rates are based on
 - County
 - Age/Gender
 - Programs
 - AFDC
 - ABAD
 - OAA
 - > Physicians receive a payment per member per month for each assigned member
 - > Capitation payments are made during the current month for all assigned members

Access Requirements

- PCP must ensure care 24 hours a day, 7 days a week
- PCPs must provide an after hours contact number
- PCP must be available a minimum of 20 hours per week
- Maximum of 2 office sites per PCP

Eligibility

- Eligibility must be verified monthly
 - > Methods of verification:
 - ePortal
 - Via telephone
 - ▶ **1-800-642-3901 prompt 1**
 - ▶ **1-800-996-7650 (IVR)**
 - ▶ netwerkes.com
 - ▶ MDCH Automated Voice Response: **1-888-696-3510**

Molina Healthcare Medicaid ID Card



Member Services
24 Hour - Toll Free
1-888-898-7969

Member Name: **Test User1**
Member ID: **1111111**
PCP Name: **LARAN J LERNER**
PCP Telephone: **(734) 721-0011**

This card is only valid if member maintains Molina Healthcare of Michigan eligibility.
Eligibility should be verified before rendering services.
Member: Please show this card each time you receive health care services.

Submit all Medical Claims to:
MOLINA HEALTHCARE, INC.
P.O. Box 22668
Long Beach, California 90801

Pharmacy Benefits are administered by



*If your card is lost or stolen, please
call Member Services at 1-888-898-7969*
www.molinahealthcare.com

PCP Changes

- Members may make changes to their PCP assignment once each month
- Generally PCP changes will be effective the day of the request
- Capitated PCPs will receive pro-rated reimbursement the following month

Benefits

Medically necessary Medicaid covered services

No co-pays, deductibles or coinsurance

Behavioral health

- > 20 outpatient visits/year
 - CompCare - 1-800-435-5348

Vision

- > Provided by March Vision
 - Routine eye exam and glasses
 - Members may call March Vision at 1-888-493-4070

Transportation

- > **Free** transportation is provided by Access 2 Care
 - Non-emergent transportation is covered for medically necessary appointment
 - Members or Providers may call 888-898-7969 prompt 3

Benefits

Laboratory – JVHL

Glucometers – TruTrack Smart System

Durable Medical Equipment – Wright & Filippis

Incontinent Supplies – J & B Medical

Authorization Grid

- Authorization not required
- Notification Required
 - > Must request authorization prior to rendering service
- Clinical Review Required
 - > Must request authorization with clinical information 14 days prior to service

The Authorization Process

- Utilization Management Department
 - > Phone: 1-888-898-7969
 - > Fax: 1-800-594-7404
- ePortal
 - > www.molinahealthcare.com
 - > Molina Services Request Form

**Urgent/Emergent authorizations may be
generated called into the UM Department at
1-888-898-7969**

The Authorization Process

- UM Department will review the request
 - > Urgent Referrals responded to within 72 hours
 - > Non-urgent Referrals responded to within 5 days
- The authorization number will be faxed to the Provider making the request
- **Authorized dates of service must be noted on form:**
 - > **Molina Service Request Form**
 - > **MAHP Referral Form**



Pharmacy Program

Pharmacy Benefit Manager is RxAmerica Formulary

- > 2006/2007 Booklet
- > Provider Self-Services at *www.molinahealthcare.com*

Pharmacy network includes:

- > 3,000+ retail pharmacies in Michigan
- > Major chains include CVS, Rite Aid, Walgreens, K Mart, Meijer's, and strategically located independent pharmacies.

Pharmacy Program

- Prior authorization is required for specific brand name medications (listed on the Molina Healthcare website)
- 100% of Rx prior authorizations are completed the same day as received. The average turn-around time is less than two hours.
- Pharmacy director is available to answer providers' clinical or drug formulary questions.

888-898-7969, option 1 then 5

Fax 888-373-3059

Billing Guidelines

- Michigan Uniform Billing Guidelines
- CMS 1500 Claim Form
- NPI Number
- Always bill diagnosis to the highest level of specificity

Document chronic disease whenever it is appropriate to do so



Electronic Billing Guidelines

Name	Phone	Type/Format	Payer ID
ePortal	1-866-449-6848	Professional Institutional	N/A
Availity/THIN	1-877-334-8446	Professional Institutional	38334
Emdeon (formerly Web/MD)	1-877-469-3263	Professional Institutional	38334
Netwerkes.com	1-262-523-3600	Professional Institutional	N/A
PayerPath	1-804-560-2400	Professional	38334
Practice Insight	1-713-333-6000	Professional	38334
ZirMed, Inc.	1-877-494-7633	Professional Institutional	38334

Electronic Billing Guidelines

Contact Information

EDI Hotline: 1-866-409-2935

www.molinahealthcare.com/edi

Provider Services: 1-866-449-6828

Billing Guidelines

Claims Submissions:

Molina Healthcare of Michigan, Inc.
P.O. Box 22668
Long Beach, California 90801

Claims Status:

- ePortal
 - > 24/7 access
- Phone
 - > 1-888-898-7969
- Fax
 - > 1-248-925-1763



Chronic Disease Payment System (CDPS)

- It is imperative that PCPs **report ALL office encounters** whether they are capitated or paid fee-for-service.
- Use the most **specific appropriate diagnoses**.
- **Under reporting** will decrease Molina's CDPS Risk Score.

REMEMBER: Accurate and Timely Encounter Reporting Controls Payment

Services

- Medical Case Management
 - > Case Assessment and Planning
 - > Coordination
 - > Monitoring
- Member Services
- Provider Services
 - > Orientations
 - > Provider visits & outreach
 - > Problem resolution

1-888-898-7969



Questions?

Thank you for your participation!