



Your Extended Family.

# Primary Care Provider Orientation

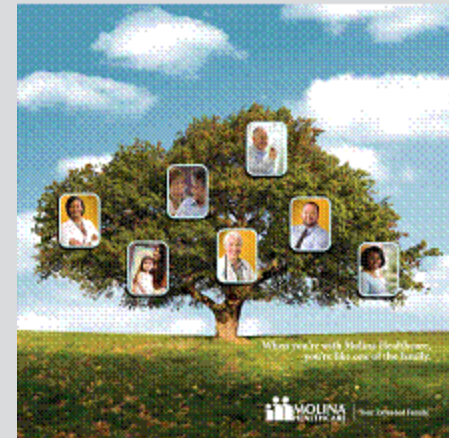
*Over 1.4 million people have chosen Molina Healthcare*



2012

## Molina Healthcare Mission Statement

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



***"I want this to be an exemplary organization."***

**Mary R. Molina  
Founder**

## History of Molina Healthcare

# Our Roots

### The history behind our **family** tree.

In 1980, Dr. C. David Molina was working as an emergency room doctor – and saw a chance to change how the healthcare system cared for people on a budget. He opened a clinic where caring for patients was more important than their ability to pay. Because Dr. Molina strongly believed that all patients should be cared for like family.



Today, his legacy lives on through his family, who lead Molina Healthcare – a healthcare company caring for more than 1.25 million members in 10 states. Serving people with Medicare and Medicaid, the company remains true to Dr. Molina's convictions: treating each person like a member of the family.

## Molina Healthcare Products: Solutions for people on government programs

- Medicaid **Medicaid eligible population**
- MIChild **Children of income eligible families**
- Molina Medicare Options Plus **Full dual eligibles, Medicare parts A&B and full Medicaid**
- Molina Medicare Options **Medicare recipients with parts AB&D**



## How you are compensated with Molina Healthcare

### **Fee-for-Service + Bonus Contracts**

- 100% of Medicaid Fee Schedule
  - Participation
- 108% of Medicaid Fee Schedule
  - Open Panel
  - Participate in all applicable products
- 110% of Medicaid Fee Schedule
  - Open Panel
  - Participate in all applicable products
  - PCMH certified

## How you are compensated with Molina Healthcare

### **Fee-for-Service + Bonus Contracts**

- Childhood Immunizations
  - EPSDT/Well Child Visits
  - Blood Lead Testing
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Chlamydia Screening
  - Comprehensive Diabetic Care
- (see handout for details)*

## How you are compensated with Molina Healthcare

### **Fee-for-Service + Bonus Contracts**

- ER Bonus – Additional 2% of Fee-for-service payments
  - ER usage rate is equal to or below the annual established threshold for the provider type and region
  - Provider must have at least 100 members to qualify for this bonus
  - Provider must be contracted with Molina Healthcare at the time of the payout

## How your bonuses are paid

- All bonus eligible services must be submitted on a claim form
- All bonuses will be paid quarterly, except the ER bonus which will be paid annually
- HEDIS guidelines must be followed for each measure to qualify for reimbursement

## Provider Responsibilities

- Make sure you participate in all applicable Molina Healthcare products
- Make sure your practice is open to new patients
- Utilize Michigan Childhood Immunization Registry (MCIR) to document immunizations provided
- Report Communicable Diseases to the Center for Disease Control (CDC)

## Provider Responsibilities

- A Primary Care Provider (PCP) may be any of the following type of providers: family or general practice, internal medicine, OB/Gyn, pediatric, physician assistant and/or nurse practitioner.
- Access Requirements
  - Be available 24 hours a day, 7 days a week
  - After hours coverage must include:
    - Instructions for an emergency situation
    - means of reaching an on-call physician
  - Be available a minimum of 20 hours per week
  - Maximum of 2 office sites per PCP

## Provider Responsibilities

- Office Hours
  - Primary Care Providers must be available at least 20 hours per week. The PCP must provide staffing patterns, which are adequate for caseload, inclusive of healthcare support staff, paraprofessionals, and other healthcare professionals.

## Provider Responsibilities

The PCP must make every effort to schedule members for appointments using the following recommendations:

- **Emergent Appointments.** Emergencies must be handled immediately or the member be referred to a hospital emergency room.
- **Urgent Appointments.** Urgent appointments scheduled on the same day or referred to urgent care facility.
- **Routine Appointments.** Routine appointments scheduled within seven (7) to ten (10) days.
- **Health Assessment.** Well examination and physical scheduled within four (4) to six (6) weeks after the initial request.

## Tools to make sure you get paid (checking eligibility)

- Medicaid and MICHild
- Eligibility must be verified before services are rendered
  - > Molina Healthcare methods of verification:
    - **WebPortal online – [www.molinahealthcare.com](http://www.molinahealthcare.com)**
      - e-list
      - **Individual eligibility look up**
    - **via telephone**
      - ▶ **1-888-898-7969 prompt 1**
      - ▶ **1-800-996-7650 (IVR)**
    - ▶ **Automated Voice Response System: 1-888-369-3510**  
(Fee required)

## Tools to make sure you get paid (checking eligibility)

- **Medicare**
  - ePortal online – [www.molinamedicare.com](http://www.molinamedicare.com)
    - Individual eligibility look up
  - via telephone
    - ▶ 1-800-665-3072

## Tools to make sure you get paid (checking eligibility)

- **Dual Eligible Members**

- Starting **November 1, 2011**, the Department of Community Health will allow beneficiaries dually eligible for Medicaid and Medicare to enroll into Medicaid health plans.
- In addition to our Medicaid health plan we also offer a Medicare Advantage Dual Eligible Special Needs Plan product called **Molina Medicare Options Plus** available in:
  - **Wayne, Oakland, Macomb, Genesee, Kent, Saginaw, and Montcalm counties.**
- Molina Healthcare will follow the Medicare eligibility guidelines described in the Michigan Department of Community Health Provider Manual Section 2.6.

***We are the largest Medicare Advantage Special Needs Plan in Michigan with over 7,000 patients enrolled!***

## What's Covered?

Comprehensive benefit packages for all Molina Healthcare products:

- Medicaid
- MIChild
- Medicare Options Plus
- Medicare Options

## What's Covered?

### Medicaid Benefit Highlights

No copays, deductibles or co-insurance

Transportation

**Free** transportation

- Non-emergent transportation is covered for medically necessary appointment
- Members or Providers may call 888-898-7969 prompt 3

Laboratory – JVHL and Quest

Glucometers – TruTrack Smart System

Durable Medical Equipment – Wright & Filippis

Incontinence Supplies – J & B Medical

## What's Covered?

### MiChild Benefit Highlights

No copays, deductibles or co-insurance

Acupuncture

Vision – March Vision

Routine eye exams and glasses

Durable Medical Equipment – Wright & Filippis

Laboratory – JVHL and Quest

## What's Covered?

### MICChild Benefit Highlights

#### **NOT COVERED**

- Dental services (*Dental is covered through a separate MICChild participating dental plan, i.e. plan determined by member county*)
- Mental Health services
- Substance Abuse Services through accredited providers
- School based services
- Non-emergency transportation is *not covered*

## What's Covered?

### Medicare Options Plus Benefit Highlights

- \$0 Monthly Premium
- Generic Prescription Drugs - \$0 co-pay
- Routine Podiatry - \$0 co-pay - 12 visits per year
- Preventive Dental - \$0 - 2 per year (cleaning, x-rays incl. bitewings)
- Comprehensive Dental - \$1000 max per year
- Vision Exam - \$0 – 1 per year
- Glasses, contacts/frames/upgrades - \$200 (every two years)
- Transportation to medically necessary appointments - \$0 (50 one way trips)
- Over the Counter (OTC) \$15 a month (any pharmacy)
- 24 hour Nurse Advice line

## When we need to talk about care

Molina Healthcare has a provider friendly authorization process for all of its products. Less hassle and paperwork saves you time and money.

For questions about authorizations  
call 888-898-7969 or fax 800-594-7404

- ePortal (Medicaid and MIChild only)
  - > [www.molinahealthcare.com](http://www.molinahealthcare.com)
  - > Molina Services Request Form

**For Urgent/Emergent authorizations, call  
1-888-898-7969**

## EZ Rx: How to get the medications your patients' need

### **Pharmacy Benefit Manager is CareMark Specialty Pharmacy Formulary**

- > 2010 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, and strategically located independent pharmacies.

## EZ Rx: How to get the medications your patients' need

- 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.

## We'll show you the money!

- 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***

## We'll show you the money!

- **Authorization Requirements for Dual Eligibles**
  - For services rendered to patients who are covered by both Molina Medicare Options Plus and Molina Medicaid, you only need to submit one authorization request.
  - Molina Healthcare will coordinate authorization requirements, benefits and services between the two products.

## We'll show you the money!

- Claim Requirements for Dual Eligibles
  - You will only need to submit one claim to Molina Healthcare.
  - Upon receipt of the claim, we will process under Molina Medicare Options Plus then Molina Medicaid. There is no need to submit two claims.
  - Claims processing information will be reported on two Remittance Advice (RA) forms
    - the 1<sup>st</sup> will come from Molina Medicare indicating how the claim was processed and informing you that the claim was forwarded to Molina Medicaid for secondary processing.
    - The 2<sup>nd</sup> RA will show how the claim was processed for Molina Medicaid.



**We'll show you the money! – 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
PayerPath	1-804-560-2400	Professional	38334
Practice Insight	1-713-333-6000	Professional	38334
ZirMed, Inc.	1-877-494-7633	Professional Institutional	38334

We'll show you the money!

## Contact Information

EDI Hotline: 1-866-409-2935

[www.molinahealthcare.com/edi](http://www.molinahealthcare.com/edi)

## We'll show you the money! – Electronic Billing Guidelines

### **Claims Submissions:**

Molina Healthcare of Michigan,  
Inc.

P.O. Box 22668

Long Beach, California 90801

### **Claims Status:**

- ePortal

- > 24/7 access

- > [www.molinahealthcare.com](http://www.molinahealthcare.com)

- Phone

- > 1-888-898-7969

- Fax

- > 1-248-925-1763



## WebPortal: Time and money saving technology at your fingertips

### **Member Eligibility Inquiry**

Provider will be able to view member's eligibility for whom he/she has been assigned as PCP.

### **Provider Search**

Provider will be able to search for other providers.

### **Authorization Status Inquiry**

Provider will be able to view the status of an authorization that has been submitted in the past (providers must be the submitting provider at this time).

### **Claim Status Inquiry**

Provider can view status of a claim that has been submitted in the past (providers must be the rendering or billing provider at this time).

### **Patient Listing**

Patient Listing enables PCPs to get the list of members who are eligible on a particular date.

### **View/Update Profile**

Provider can view his/her profile and can also request a change of profile through the web site. The change request will be sent to the Provider Services Department.

### **Download Forms**

Provider will be able to download forms that are frequently used.

## The right diagnosis documentation

### CDPS and Medicare Risk Adjustment

- 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 risk adjustment scores.

**REMEMBER**



**Accurate and Timely Encounter Reporting Controls Payment**

## More people to serve you

- **Medical Case Management**
  - > Case Assessment and Planning
  - > Coordination
  - > Monitoring
  - > See Medicare Interdisciplinary Care Team (ITC) handout
- **Member Services**
- **Provider Services**
  - > Orientations
  - > Provider Manual located at [www.molinahealthcare.com](http://www.molinahealthcare.com)
  - > Provider visits & outreach
  - > Problem resolution

1-888-898-7969

## Molina Healthcare Products



Thank you for your participation

Questions

