MOLINA® HEALTHCARE
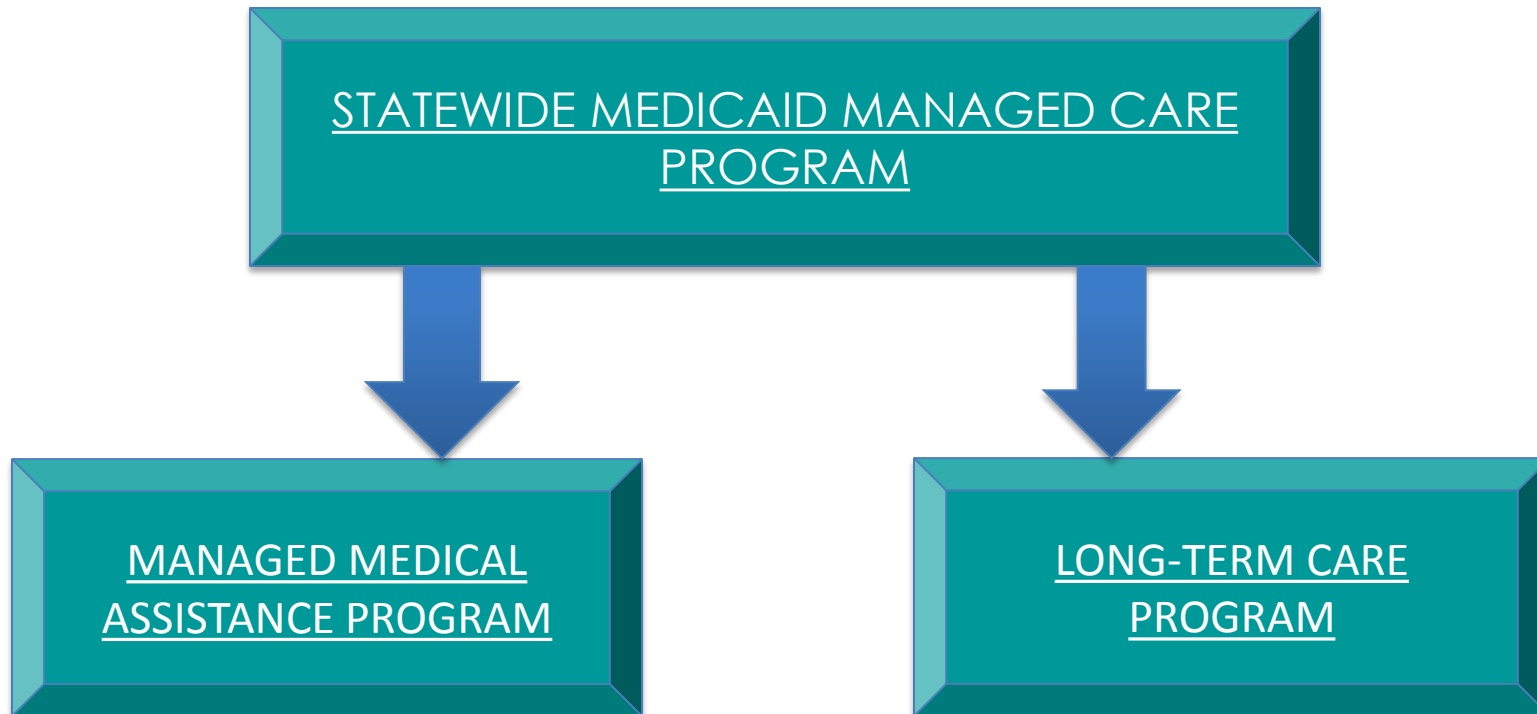
Your Extended Family.

LTC Monthly Claims Training –
SIXT and MEDP Aid Categories

Statewide Medicaid Managed Care:
Key Components

```
┌─────────────────────────────────────┐
│  STATEWIDE MEDICAID MANAGED CARE     │
│              PROGRAM                  │
└─────────────────────────────────────┘
        │                    │
        ▼                    ▼
┌──────────────────┐  ┌──────────────────┐
│ MANAGED MEDICAL  │  │ LONG-TERM CARE   │
│ ASSISTANCE       │  │ PROGRAM          │
│ PROGRAM          │  │                  │
└──────────────────┘  └──────────────────┘
```

MOLINA
HEALTHCARE
Your Extended Family.

Verifying Eligibility

Molina Healthcare offers various tools for verifying member eligibility. Providers may use our online self-service Web Portal, integrated voice response system (IVR), or speak with a live Customer Service Representative.

Web Portal :   https://eportal.molinahealthcare.com/Provider/login

Customer Service: (866) 472-4585 (M-F 8:00 am – 7:00 pm)

IVR Automated System: (866) 472-4585 (24 Hours)

MOLINA®
HEALTHCARE

Your Extended Family.

Eligibility Overview

Medicaid is a program intended for those with low income, but a low income is not the only requirement to enroll in the program. Eligibility is *categorical*—that is, to enroll you must be a member of a category defined by statute; some of these categories include but are not limited to low-income children below a certain age, pregnant women, parents of Medicaid-eligible children who meet certain income requirements, and low-income seniors.

The details of how each category is defined vary from state to state.

What is the MEDP Aid Category?

MEDP – Medicaid Pending

• The "MEDP" aid category applies to individuals who apply for the Long-term Care program to receive home and community based services and who meet medical eligibility requirements.

• These individuals can choose to receive services **before** being determined financially eligible for Medicaid by the Florida Department of Children and Families (DCF).

• This option is not available to individuals in nursing facilities.

MOLINA®
HEALTHCARE
Your Extended Family.

What is the SIXT Aid Category?

SIXT – Sixty Days Loss of Eligibility

• Long-term Care plans are required to cover recipients who have lost Medicaid eligibility for sixty days from the date of ineligibility.

• The SIXT aid category allows recipient eligibility to continue during loss of eligibility.

MOLINA®
HEALTHCARE
Your Extended Family.

MEDP & SIXT Reimbursement – LTC

- The Long-term Care plan must assist Medicaid Pending enrollees with completing the DCF financial eligibility process.

- The Long-term Care plan is responsible for reimbursing subcontracted providers for the provision of home and community based services during the Medicaid Pending period, **whether or not** the enrollee is determined financially eligible for Medicaid by DCF.

- If the recipient has an HMO and they are Medicaid pending **or** in loss of Medicaid eligibility for 60 days the HMO will be responsible for paying the provider in both situations.

MOLINA®
HEALTHCARE
Your Extended Family.

Submitting Claims

Providers may submit claims to Molina for LTC in the following ways:

• On paper, using a current version CMS-1500 form, to:

Molina Healthcare
PO Box 22812
Long Beach, CA 90801

• Electronically, via a clearinghouse, Payer ID #51062
    • Visit www.molinahealthcare.com for additional information about EDI submission

• Electronically, via the Molina Web Portal

MOLINA
HEALTHCARE
Your Extended Family.

Direct Deposit of Funds

Providers are encouraged to enroll in Electronic Funds Transfer (EFT) in order to receive payments quicker.

Molina Healthcare's EFT provider is ProviderNet.

To enroll, visit https://providernet.alegeus.com

Step-by step registration instructions are included in your training materials.

MOLINA HEALTHCARE®

Your Extended Family.

Timely Filing

F.S. 641.3155 requires that providers submit all claims within six (6) months of the date of service. Network providers must make every effort to submit claims for payment in a timely manner, and within the statutory requirement.

If Molina Healthcare of Florida is not the primary payer under coordination of benefits (COB), providers must submit claims for payment to Molina Healthcare of Florida within ninety (90) days after the final determination by the primary payer.

Except as otherwise provided by law or provided by government sponsored program requirements, any claims that are not submitted to Molina Healthcare of Florida within these timelines will not be eligible for payment, and provider thereby waives any right to payment.

Non-Participating providers have one (1) Calendar Year from Date Of Service to submit an initial (Original) Claim.

Corrected Claims may be submitted at any time within the filing limit, or within 35 days of the claim Paid Date, if the filing limit has expired.

EXAMPLE:
MEDP Member in FLMMS

Providers Account Claims **Eligibility** Prior Authorization LTC Reports Trade Files

Eligibility Verification Request   [?] [ᐱ]

Recipient ID		**Birth Date**	
Card Control #		**SSN**	
Last Name		**From DOS**	09/01/2014
First Name		**To DOS**	09/24/2014	search
Gender				clear

Recipient Information   [?] [ᐱ]

Recipient ID		**Last Name**	
Birth Date		**First Name**	
Medicare	AB	**Medicare #**	
Patient Liability		**Outpatient Dollars Remaining**	$1500.00
Home Health Visits Remaining	60	**ER Visits Remaining**	6
Inpatient Days Remaining	45		

Vision Benefit Limits
*** No rows found ***

General Physician Visits
*** No rows found ***

Benefit Plan

Benefit Plan	Effective Date	End Date
MEDP: Full Medicaid	09/01/2014	09/24/2014

TPL
*** No rows found ***

Managed Care

Provider Name	Provider Phone	Plan Name	Effective Date	End Date
MOLINA HEALTHCARE, INC	(866)422-2541	SMMC Long-Term Care (LTCC)	09/01/2014	09/24/2014

Lock-In
*** No rows found ***

MOLINA HEALTHCARE®

Your Extended Family.

EXAMPLE:
SIXT Member in FLMMS

Providers **Account** **Claims** **Eligibility** **Prior Authorization** **LTC** **Reports** **Trade Files**

Eligibility Verification Request

Recipient ID		**Birth Date**	
Card Control #		**SSN**	
Last Name		**From DOS**	09/01/2014
First Name		**To DOS**	09/24/2014
Gender			

search

clear

Recipient Information

Recipient ID		**Last Name**	
Birth Date		**First Name**	
Medicare	AB	**Medicare #**	
Patient Liability		**Outpatient Dollars Remaining**	$1500.00
Home Health Visits Remaining	60	**ER Visits Remaining**	6
Inpatient Days Remaining	45		

Vision Benefit Limits

*** No rows found ***

General Physician Visits

*** No rows found ***

Benefit Plan

Benefit Plan	Effective Date	End Date
QMB : Ltd to Mcare premiums, deductibls and CoIns	09/01/2014	09/24/2014
SIXT: Full Medicaid	09/01/2014	09/24/2014

TPL

*** No rows found ***

Managed Care

Provider Name	Provider Phone	Plan Name	Effective Date	End Date
MOLINA HEALTHCARE, INC	(866)422-2541	SMMC Long-Term Care (LTCC)	09/01/2014	09/24/2014

Lock-In

*** No rows found ***

MOLINA® HEALTHCARE

Your Extended Family

Web Portal Tools

Member Eligibility
- Verify effective dates
- Verify patient demographics

Claims
- Check claim status
- Submit claims

Authorizations
- Check status of an LTC authorization
- Request an LTC authorization

MOLINA®
HEALTHCARE
Your Extended Family.

Verifying Member Eligibility on Web-Portal

❑ After logging in:

- Select "Member Eligibility"

Your Extended Family.

Verifying Member Eligibility on Web-Portal

☐ Member Search:
- Enter Member ID or
- Member First and Last Name and Date of Birth

Select "Search for Member"

Verifying Member Eligibility on Web-Portal - EXAMPLES

Comprehensive Member (LTC and MMA) -
Enrollment Plan:
MMA & LONG TERM CARE BENEFIT PLAN

- **Member Information Page should reflect:**
  - Member Name
  - Date of Birth
  - Mailing Address
  - Gender
  - Telephone Number(s)

- **Enrollment Plan**: Is the member's Line Of Business with Molina.

- **Enrollment Status:** Active or Inactive

- **Enrollment Effective Date:** First Date of Member enrollment

Verifying Member Eligibility on Web-Portal - EXAMPLES

MMA Member -
Enrollment Plan:
MANAGED MEDICAL ASSISTANCE (MMA) BENEFIT PLAN

☐ **Enrollment Plan**: Is the member's Line Of Business with Molina.

Verifying Member Eligibility on Web-Portal - EXAMPLES

LTC Member -
Enrollment Plan:
FLORIDA LONG TERM CARE BENEFIT PLAN

❑ **Enrollment Plan**: Is the member's Line Of Business with Molina.

Provider Handbook

Providers may access Molina's online training materials for instructions on billing services for Long-Term Care, but should continue to follow the State's Medicaid guidelines in the Agency for Health Care Administration's (AHCA) Handbook for both billing and covered services information. The Handbooks are located at:

Florida Provider Handbook –

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_12_12-07-01_Provider_General_Handbook.pdf

Molina LTC Provider Handbook –

http://www.molinahealthcare.com/providers/fl/PDF/Medicaid/provider-handbook-ltc.pdf

Providers should ensure that they bill only their respective codes as indicated in their Molina Healthcare Contract.

Balance Billing

Participating providers shall accept Molina Healthcare's payments as payment in full for covered services. Providers may not balance bill the Member for any covered benefit, except for applicable copayments and deductibles, if any.

As a Molina Healthcare of Florida participating provider, your office is responsible for verifying eligibility and obtaining approval for those services that require authorization. In the event of a denial of payment, providers shall look solely to Molina Healthcare for compensation for services rendered.

.

Questions

THANK YOU FOR ATTENDING!

FOR A COPY OF THIS PRESENTATION PLEASE EMAIL:
Shaun.Marshall@MolinaHealthcare.Com