

We will begin our presentation in 5 minutes.

As a friendly reminder, please remember to silence your phones.

Thank you for your participation.



Maternal Infant Health Program (MIHP)

December 6, 2016



Your Extended Family.



- How do I request a participation packet?
- How are qualified members notified about MIHP services?
- How do Molina members find a contracted MIHP Provider?
- How do I receive referrals for Molina members?
- How do I bill Molina Healthcare?
- What is required for Prior Authorization?
- Who do I contact if I have questions?





How do I participate with Molina Healthcare?

- Request a participation packet:
- Email your entity name and Tax ID number to: <u>MHMprovidercontractingmailbox@molinahealthcare.com</u>

Participation Packet Includes:

- MIHP Care Coordination Agreement
- MIHP-MMP Amendment (Medicaid-Medicare Program)
- Provider Service Agreement PSA SPC MIHP
- Ownership and Control Disclosure Form
- Health Delivery Organization (HDO) Application
- Blank W9





Participation Onboarding Questions

- Q. I already have a signed Coordination Agreement with Molina. Do I need to complete another one?
- A. If we have one on file, it is not mandatory that we receive another agreement, but would prefer to have the new one on file.

- Q. How long does the credentialing process take?
- A. If a complete and correct packet is submitted, the credentialing process will take approximately 30-60 days.



How to complete the onboarding packet

Be sure to complete the required fields and supply the requested supporting documents. Missing or incomplete information may result in a delay processing your application.

PSA (Participation Agreement)

- Page 1 Enter company names
- Page 16 Complete
- Page 17 Fill out and sign
- Page 18 Fill out highlighted section and sign

Updated Coordination Agreement

This is the new coordination agreement from the State Of Michigan (August 2016)

MIHP/MMP Amendment (Wayne & Macomb counties and contiguous counties):

- Page 1 Fill out and sign
- Page 2 Enter company name
- Please keep in mind that not all information on the HDO application will be relevant to your business. This is
 a generic application for all ancillary and facility types. <u>There will be sections and/or items that are not
 applicable and you may enter an N/A</u>.

Disclosure Form:

This form is REQUIRED by CMS and the State of Michigan. ALL information must be filled in on page one and on pages two and three if applicable.

<u>W9</u>

Required for claims payment

If you have additional questions, Please contact the Molina Contracting Department at: 248-729-0900 or <u>mhmprovidercontractingmailbox@molinahealthcare.com</u>



Participation Onboarding Questions



Q. How will I know when the credentialing is complete?A. A welcome letter will be sent within 45 days of the approval.

Q. Can I still see Molina members during the credentialing process?A. Yes, once a complete file is submitted for credentialing, you will be able to service Molina members during the process.



How are qualified members being notified about MIHP services?

Qualified members were notified in November 2016 of the new benefit and services that are being offered to them.

The Maternal and Infant Health Program (MIHP) is a covered benefit that helps pregnant members and infants get the right food, support and transportation for all health services. It will also help you to understand the importance of getting prenatal care, well childcare and immunizations when they are scheduled.

Molina Healthcare will now cover these services as of January 1, 2017. These services used to be covered by the State of Michigan.

This home visiting program will help to promote healthy pregnancies, positive birth outcomes and healthy infant development.

These services include:

- Social work
- Nursing services (including health education and nutrition education)
- Breast feeding support
- · Nutritional counseling

If you would like more information about these support services, please call the M.O.M. Program at **(888) 898-7969.**

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880 West Long Lake Road, Suite 600 Troy, MI 48098

New Services are **Available to You!**

MolinaHealthcare.com



Molina Provider Directory

Contracted MIHPs are listed in Molina's printed and Online Provider Directory.

Alcona County	Arenac County	Intercare Community Health Network - Fau Claire	Community Health Center		
Alcona County Public Health District Health Dept No 2 - Harrisville Site Special Experience - Maternal Intant Health Porgram (MIHP) Provider Sil Lake St Harrisville, Mt 48740 Sp-724-6737 Allegan County Federally Qualified Health Centers	Central Michigan District Health Department - Arenac County Special Experience - Maternal Infant Health Program (MIHP) Provider 3727 Deer River Rd Standish, MI 48658 998-946-0541 Bay County Federally Qualified Health Centers Health Delivery Inc - 3884	Health Network - Eau Claire Site Special Experience - Maternal Infant Health Program (MIHP) Provider 6270 W Main St Eau Claire, MI 49111 269-401-6927 Branch County Community Health Center of Branch County - 23 N Hanchett St Special Experience - Maternal Infant Health Program (MIHP) 23 N Hanchett St 23 N Hanchett St 23 N Hanchett St	Community Health Center of Branch County - Bronson Special Experience - Maternal Infant Health Program (MHHP) Profile Bronson, Mi 19028 Str.7-396-2306 Community Health Center of Branch County - Coldwater, Mi 49036 Str.2-279-7793 Community Health Center of Branch County - Coldwater, Mi 49036 Str.2-279-7793 Community Health Center of Branch County - Coldwater, Mi 49036 Str.2-279-7793 Provider 370 E Chicago St. Ste 101 Coldwater Mi 49036 Str.2-279-7301 Coldwater Mi 49036		
Intercare Community Health Network - Pullman Site Special Experience - Maternal Infant Health Program (MIHP) Provider Provider Pullman, MI 49450 269-236-5021 Pracht: Lto-Lto	Monitor Rd Special Experience - Maternal Infant Health Program (MIHP) Provider 3884 Monitor Rd Bay City, MI 48706 989-671-2000 Public Health Bay County Health	²⁷ Community Health Center of Branch County - 235 E Chicago Su Spicial Experience - Maternal Spicial Experience - Maternal Provider 235 E Chicago St Coldwater, M1 49036 S17-279-8465 Community Health Center of Branch County - 358 E Chicago St, Ste C Coldwater, M1 49036 S17-279-52522 Community Health Center of Branch County - 358 E Coldwater, M1 49036 S17-279-52522 Community Health Center of Branch County - 436 Marshall St Special Experience - Maternal Infant Health Program (MIHP) Provider			
Public Health Allegan County Health	Department - Bay City Site Special Experience - Maternal Infant Health Program (MIHP) Provide Provide - Maternal Theory Mit Brits Berriten County Federally Qualified Health Centers Interca Community Health Centers Interca Community Health Centers				
Department - Alegan Site Special Experience - Maternal Infant Health Program (MIHP) Provider 3235 122nd Ave. Ste 200 Allegan, MI 49010 Antrim County Health Department of Northwest Michigan - 205 Grove St Special Experience - Maternal Infant Health Program (MIHP) Provider 305 Grove St Mancelona, MI 49659 2211-547-6523			Health Department of Northwest Michigan - 220 W Garfield Experience - Maternal Infant Health Program (MIHP) Provider 231-347-6523 Cheboygan County District Health Dept No 4 - Cheboygan Site Special Experience - Maternal Infant Health Program (MIHP) Provider 825 S Huron St, Ste 1 Cheboygan, MI 49721 231-627-8850		

The information in this directory is subject to change. If you have any questions regarding the status of a particular provider, please contact Member Services at 1-888-898-7969 or TTY at 1-800-649-3777.

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How do I receive referrals for Molina

Report Date:										
Health Plan: MOLINA HEALTHCARE		Fax Number:	248-925-1732		ATTN: Monique S.					
					Email: MolinaMIHP@molinahealthcare.com					
MIHP Program:			Fax Number:			ATTN:				
					-	DISPOSITION: NP-No Longer Pregnant R-Refused Service: AM-Another MIHP *List MIHP Name if known				If mbr enrolled enter date. If mbr did not enroll chec correct disposition
Medicaid ID Number if a baby add mom's ID also	Last Name If a baby add mom's Last Name also	First Name If a baby add mom's Last Name also	Date of Birth	Month Due, If Known	Phone Number	Street Address	City	Zip Code	County	Date of MIHP Enrollment/ Disposition
1212121212	Jones	Mary	9/21/1993	June 2017	555-111-5555	111 Park St	Anywhere	00004	West	Date: <u>mm/dd/yy</u> _NP _R _AM:
										Date: _NP _R _AM:
1234567890 0987654321	Baby's Last Name Mom's Last Name	Baby'sFirst Name Mom's First Name	Baby's DOB		555-111-5555	111 Park St	Anywhere	00004	West	Date: _NP _R
EXA	MPLE for enrol	ling a baby.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_AM:
			1			1	1	1	1	Date:

Molina will fax or email * the referrals to contracted MIHP providers each month based on number of new pregnancies.

- MIHP to provide the status of each client referred, using the "Date of MIHP Enrollment" column, within 30 days of the referral.
- Add additional enrolled clients to the collaboration form and send the MIHP-MHP Collaboration Form to:
- <u>MolinaMIHP@molinahealthcare.com</u>
- Fax: (248) 925-1732

* We do not submit member information to public domain email addresses, i.e. Yahoo, Gmail, etc.



Distribution of Referrals by County





How Do I Bill Molina Healthcare?

Contracted Providers may submit all electronic claims using the Molina Healthcare Provider Portal at: <u>https://provider.molinahealthcare.com/</u>, Payer ID 38334 Electronic Data Interchange (EDI):

- Clean electronic claims are typically paid within 7-14 business days.
- If you would like to begin submitting claims via EDI, please contact us at: (866) 409-2935.
- To enroll in Electronic Funds Transfer (EFT), please visit:
- <u>http://www.molinahealthcare.com/providers/common/PDF/Change-Healthcare-ProviderNet-Registering-for-ProviderNet-mp.pdf</u>

Paper Claims may be submitted to the address below. Please do not submit paper claims to the Molina Troy, Michigan location as your claims will be returned. Clean paper claims can take up to 45 days.

Molina Healthcare P.O. Box 22668 Long Beach, CA 90801



What is required for Prior Authorization?

Prior Authorizations are not required for services unless the benefit limit is exceeded.

- Where do I find a Prior Authorization form?
 http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx
- How do I submit a Prior Authorization Form?
- Medicaid Fax: (800) 594-7404
- Medicare Fax: (For MI Health Link Only) (844) 241-1450
- How long does it take to get a response to my request?
- If all of the clinical information is provided they can expect a response in 1-5 days for standard requests. If the request is urgent, a response should be received within 24 hours as long as clinical information is provided.









enter: (888) 898-7969

Member and Provider Contact Center: (888) 898-7969

- Member Eligibility and Benefits
- Claims Status

Provider Contracting and Credentialing:

Phone: (248) 729-0900 Fax: (248) 925-1784 Email: MHMprovidercontractingmailbox@molinahealthcare.com

- Participation Requests
- Contract Status

Provider Services

Phone: (248) 729-0905; Fax: (877) 708-2112

- Demographic Changes: <u>MHMproviderservicesmailbox@molinahealthcare.com</u>
- Provider Portal: https://provider.molinahealthcare.com/provider/login
- Web Portal Access and Training



For Your Information

• For a copy of the MIHP presentation, please visit our website at:

http://www.molinahealthcare.com/providers/mi/medicaid/Pages/home.a spx

- A survey will be sent after the presentation, as well as voting buttons to confirm your attendance.
- For more information and frequently asked questions please visit: <u>http://www.michigan.gov/mihp</u>





