Behavioral Health Provider Orientation

WELCOME TO MOLINA HEALTHCARE
Welcome to the Molina Behavioral Health Network

Benefits of Participation

- Easy to follow procedures
- Prompt payment process
- Dedicated provider network staff
- Members may self direct to Behavioral Health Providers
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.
Michigan Service Area

- Medicaid
  - 48 counties
- MIChild
  - Wayne, Oakland, Macomb, Kent
- Molina Medicare Options Plus
  - Genesee
  - Kent
  - Macomb
  - Montcalm
  - Oakland
  - Saginaw
  - Wayne

- Medicaid Only
- Medicaid, Medicare Options Plus, Medicare Options, MIChild
- Medicaid and Medicare Options Plus
- Medicaid, Medicare Options Plus, MIChild
Molina Healthcare Products:
Solutions for people on government programs

• Medicaid
  Medicaid eligible population including low income families and disabled persons

• MIChild
  Children of income eligible families

• Molina Medicare Options Plus
  Medicare Special Needs (SNP) for Medicare and Medicaid dual eligible persons. Molina is the largest (SNP) in Michigan

• Molina Medicare Options
  Medicare Advantage Plan for recipients with parts AB&D
More people to serve you

- **Provider Services**
  - Orientations
  - Provider Manual/Directory located at [www.molinahealthcare.com](http://www.molinahealthcare.com)
  - Provider visits & outreach
  - Web Portal enrollment

- **Member Services**
  - Member Outreach
  - Benefit verification
  - Primary Care Provider selection assignment
  - Non-emergency Transportation

- **Utilization Management**
  - Authorization
  - Coordination

- **Case Management**
  - Case Assessment and Planning
  - Monitoring
  - Care Coordination
## What’s Covered?

<table>
<thead>
<tr>
<th>Service</th>
<th>Molina Medicaid</th>
<th>Molina Options Plus</th>
<th>Molina Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Mental Health</td>
<td>Covered – up to 20 visits per calendar year</td>
<td>Covered – No Co-pay</td>
<td>Covered – No Co-pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Covered – 30 Co-pay</td>
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<tr>
<td>Outpatient Substance Abuse</td>
<td>Not covered</td>
<td>Covered – No Co-pay</td>
<td>Covered – No Co-pay</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Covered – 30 Co-pay</td>
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<tr>
<td>Inpatient Mental Health and</td>
<td>Not covered</td>
<td>Covered</td>
<td>Covered – 500 Co-pay</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Not covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Intensive Outpatient Programs (IOP)</td>
<td>Not covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Transportation</td>
<td>Covered</td>
<td>Covered – up to 50 trips one way</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

*MIChild currently does not include benefits for behavioral health services*
When Prior Authorization is required for Alcohol and Chemical Dependency and Behavioral Health:

> Services
  ✓ Inpatient
  ✓ Partial Hospitalization (PHP) Day Treatment
  ✓ Intensive Outpatient Programs (IOP)
  ✓ Outpatient
    ✓ >12 office visits/calendar year for adults
    ✓ > 20 office visits/calendar year for adults and children

Procedures
  ✓ Electroconvulsive Therapy (ECT)
  ✓ Psychological Testing
  ✓ Neuropsychological Testing
When Prior Authorization is required

Medicaid - Prior Authorization is required for Behavioral Health:

Services
- 13 - 20 office visits/calendar year for adults

Procedures
- Electroconvulsive Therapy (ECT)
- Psychological Testing
- Neuropsychological Testing

CHILDREN UNDER 21 YEARS OF AGE DO NOT REQUIRE AUTHORIZATION FOR SERVICES.

For Medicaid, refer patients to Community Mental Health (CMH) after 20 visits.

NOTE: Calendar year 2012 includes services received under Comp Care in 2012
Authorization Process

Three easy ways to request a Behavioral Health Authorization Request:

• Fax authorization form: (800) 594-7404
• Telephone request can be made with direct contact to staff: (888)898-7969
• Web Portal request can be entered via the system (see Handout)

UM Department will review the request:

• Urgent 72 hours
• Non-Urgent request 14 days
• The authorization decision will be communicated via telephone, fax and/or letter
Authorization Process

- For continuity of care purposes, members may continue to see their current Behavioral Health provider, contracted or non-contacted through the 90 day care transition period (Sept 2012) subject to prior authorization requirements and eligibility
- Members may self refer to a Molina contracted provider for Behavioral Health Services
- Members may be referred by Provider
- Molina will assist with care coordination with Community Mental Health (CMH) for Medicaid members requiring more than 20 outpatient Behavioral Health visits.
When billing Molina Options Plus

✓ Please verify eligibility with every service/visit
✓ Molina members eligibility/enrollment status may change monthly
✓ Services are covered based on member eligibility and benefit scope
✓ Medicare is always primary to Molina Medicaid for dual eligible members

> If the member sees a non-certified Medicare provider type, Molina Medicare will deny the claim and it will count towards the member’s Molina Medicaid OP benefit limit
Allowable provider types for billing

Only provider types designated by the Medicaid or Medicare programs are allowed to service Molina members in those respective programs.

Refer to MDCH or CMS guidelines for specific provider licensing and certification requirements.
Submit Practice Updates to Molina when the following occur:

✓ When a provider joins the practice
✓ When a provider leaves the practice
✓ When a new facility is being added
✓ When the practice has closed permanently

*Notify Molina 60 days prior to the change in writing*
Pharmacy Benefit Manager is CVS/CareMark Specialty Pharmacy

Formulary

> 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.

Co-payments:

> Molina Medicaid = None – *(subject to straight Medicaid psychiatric carve out)*
> Molina Medicare= Prescription Drug Coverage (for a 31-day supply)*

  > Tier 1-Generic $0 Copay or $1.10 or $2.60
  > Tier 2-Preferred Brand $0 Copay or $3.30 or $6.50
  > Tier 3- Non-Preferred Brand $0 Copay or $3.30 or $6.50
  > Tier 4-Specialty $0 Copay or $3.30 or $6.50

*(Some medications are excluded from Medicare coverage; but, if dual eligible may be covered by Medicaid and subject to straight Medicaid psychiatric carve out copays).*
EZ Rx: How to get the medications your patients’ need

• Prior authorization is required for some 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 provider’s clinical or drug formulary questions

(See attachment- CONTACT INFORMATION)
Tools to make sure you get paid (checking eligibility)

• Molina Medicaid
  • Eligibility and benefits must be verified before services are rendered
    ➢ Molina Healthcare methods of verification:
      • Web Portal online eligibility search – www.molinahealthcare.com
      • Via telephone eligibility/benefit search
        – (Member Services)
          ‣ 1-888-898-7969 prompt 1
          ‣ 1-800-996-7650 (IVR)

• Molina Medicare Member Services (Options & Options Plus)
  • Web Portal online eligibility search – www.molinahealthcare.com
  • Via telephone eligibility/benefit search
    ‣ 1-800-665-3072
Tools to make sure you get paid (claims status)

- **Molina Medicaid**
  - Claims Call Center
    - Molina Healthcare methods of verification:
      - Web Portal online – [www.molinahealthcare.com](http://www.molinahealthcare.com)
        - Claims Status
      - Via telephone
        - 1-888-898-7969 prompt 1 then 2

- **Molina Medicare Member Services (Options & Options Plus)**
  - Web Portal online – [www.molinahealthcare.com](http://www.molinahealthcare.com)
    - Claims Status
  - Via telephone
    - 1-800-665-3072
## Electronic Billing Guidelines

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Type/Format</th>
<th>Payer ID</th>
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</thead>
<tbody>
<tr>
<td>Web Portal</td>
<td>1-866-449-6848</td>
<td>Professional</td>
<td>N/A</td>
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<tr>
<td></td>
<td></td>
<td>Institutional</td>
<td></td>
</tr>
<tr>
<td>Availity/THIN</td>
<td>1-877-334-8446</td>
<td>Professional</td>
<td>38334</td>
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<tr>
<td></td>
<td></td>
<td>Institutional</td>
<td></td>
</tr>
<tr>
<td>Emdeon (formerly Web/MD)</td>
<td>1-877-469-3263</td>
<td>Professional</td>
<td>38334</td>
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<tr>
<td></td>
<td></td>
<td>Institutional</td>
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<tr>
<td>PayerPath</td>
<td>1-804-560-2400</td>
<td>Professional</td>
<td>38334</td>
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<td>Practice Insight</td>
<td>1-713-333-6000</td>
<td>Professional</td>
<td>38334</td>
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<tr>
<td>ZirMed, Inc.</td>
<td>1-877-494-7633</td>
<td>Professional</td>
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<tr>
<td></td>
<td></td>
<td>Institutional</td>
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</tbody>
</table>
Bill according to Michigan Uniform Billing Guidelines

- CMS 1500 Claim Form
- NPI Number
- 5010 Compliant
- Provider can bill electronically
- Bill all services according to the Michigan Medicaid and CMS guidelines
- Electronic Funds Transfer (EFT) is available once you have contracted with Molina and have received a payment. *(FIS Provider Net vendor Handout available)*

- As a standard practice it is important to communicate with Primary Care Providers regarding the services provided to Molina Healthcare members for continuity of care
When Molina may need to contact you!

You might be contacted to respond in writing to Molina for the following:

- A member submits a written concern regarding services
- A member contacts us via the telephone with a concern regarding services
- NCQA requires a chart audit
- HEDIS requires a chart audit
- Notification will include number of days to respond
Billing Guidelines and Inquiry

**Paper Claims Submission:**

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

**Molina Medicare**
Molina Medicare
P.O. Box 22811
Long Beach, CA 90801

EDI Hotline: 1-866-409-2935
www.molinahealthcare.com/edi

**Claims Status:**

- Web Portal - 24/7 access
  >www.molinahealthcare.com
- Phone
  >1-888-898-7969
- Fax
  >1-248-925-1763

**Claim Appeals:**

Molina Healthcare of Michigan, Inc.
Attn: Provider Inquiry Research & Resolution Dept - BH
100 W. Big Beaver Rd., Ste. 600
Troy, MI 48084-5209
Web Portal: Time and money saving technology at your fingertips

Check Member Eligibility Inquiry
Provider will be able to view member’s eligibility

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

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).

Download Forms
Provider will be able to download forms that are frequently used.
HOW TO REGISTER - Go to the Molina Website
www.molinahealthcare.com

1. Under – “ABOUT MOLINA”
   1. Select Web Portal
   2. Select Provider Online Services
2. On the “Welcome to the Web Portal page”
   1. Select New Provider Registration
   2. Click on To Continue With Registration
3. On the “Welcome to the Web Portal page”
   1. Follow the Prompts (see the Handout “print screen”)

If you require further training, please contact Provider Service Dept.
888.8698.7969 ext. 155216
Thank you for your participation

Questions