



**Provider Orientation Packet
Salud
State Coverage Insurance (SCI)
and
University of New Mexico State Coverage
Insurance (UNM SCI)**



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SECTION A: WHO WE ARE and WHO TO CONTACT

WELCOME TO MOLINA HEALTHCARE

Molina Healthcare Inc. is one of the nation's leading managed healthcare companies. Molina Healthcare began 30 years ago in a small medical clinic in Long Beach, California. That year was 1980 and the healthcare environment was similar to that of today. Patients without a family physician would seek routine care and minor illness (e.g. sore throat, flu) in emergency departments. As an emergency room physician, Dr. C. David Molina knew that treating patients for simple everyday ailments in the emergency room cost more and caused longer waits for people with true emergencies.

As a result, Dr. Molina established a medical office to help those who were uninsured, non-English speaking or low income. This “medical home” enabled patients to access regular preventive care and a physician who was familiar with their health history who could provide the personalized care they couldn’t get anywhere else.

Three decades later, Molina Healthcare is still led by a physician--but not any physician, the founder's son – Dr. J. Mario Molina. He and his siblings have gone from sweeping the floors of the first clinic to running the multi-state healthcare company.

Molina Healthcare, a FORTUNE 500 company, has grown into one of the leaders in providing quality healthcare for financially vulnerable individuals and families. Currently, Molina Healthcare arranges for the delivery of healthcare services or offers health information management solutions for nearly 4.3 million individuals and families who receive their care through Medicaid, Medicare and other government funded programs in 15 states.

Molina Healthcare assures that all members and practitioners/providers have access to a listing of contracted practitioners/providers by publishing the Molina Healthcare Provider Directories on the Molina Healthcare website. The online directory provides the most up to date provider information and can be easily accessed 24 hours a day/7 days a week.

Vision and Values

- **We strive to be an exemplary organization;**
- **We provide quality service;**
- **We are healthcare innovators and respond quickly to change;**
- **We respect each other and value ethical business practices;**
- **We are careful in the management of our financial resources; and**
- **We care about the people we serve.**



WHO TO CONTACT

BEHAVIORAL HEALTH

Salud Members

OptumHealth of New Mexico

Toll free: (866) 660-7182

SCI & SCI/UNMCI Members

Albuquerque: (505) 348-1578

Toll free: (866) 403-3018

HEALTH IMPROVEMENT PROGRAM

Health Improvement and self-care materials are available upon request on a variety of health education topics.

Albuquerque: (505) 342-4660 extension 182618

Toll free: (800) 377-9594 extension 182618

MEMBER SERVICES

Salud

Albuquerque: (505) 341-7493

Toll free: (888) 825-9266

SCI & SCI/UNMCI

Albuquerque: (505) 348-1578

Toll free: (866) 403-3018

Contact Member Services for:

- Benefits and eligibility information;
- Claims status inquiries;
- Reconsideration of denied claims;
- Questions about referrals or other general Molina Healthcare of New Mexico, Inc. (Molina Healthcare) questions; and
- Language interpretation services.
 - This service is available should you have a Molina Healthcare Member who presents in your office who has a language need that cannot be met by the practitioner/provider staff.

NURSE ADVICE LINE

Salud & SCI

Molina Healthcare 24-Hour Nurse Advice Line

Toll free: English (888) 275-8750, Spanish (866)

648-3537, Hearing Impaired TTY (866) 735-2922

SCI/UNMCI

Statewide Nurse Advice Line 24-Hour

Nurse Advice Line

Toll free: (877) 725-2552



OTHER CONTACTS

Compliance/Anti-Fraud Hotline
(24 hours a day/7 days a week)
Toll free: (800) 827-2973

Grievance and Appeals
(24 hours a day/ 7 days a week)
Albuquerque: (505) 342-4663
Toll free: (800) 723-7762

DENTAL SERVICES – Salud Only

DentaQuest
(Call Molina Healthcare Member Services)

TRANSPORTATION SERVICES – Salud Only

Integrated Transportation Management, Inc. (ITM) provides transportation services for Molina Healthcare Salud Members.

Transportation services for routine medical appointments must be made at least forty-eight (48) hours prior to the appointment time. This allows sufficient time for ITM to process the request and notify the transportation provider.

Please contact ITM during regular business hours to arrange transportation services:

Telephone: toll free (888) 593-2052
Fax: toll free (888) 593-2056
Monday – Friday: 7:00 a.m. – 5:00 p.m.
Saturday: 8:00 a.m. – 1:00 p.m.

VISION SERVICES – Salud Only

March Vision Care
Toll free: (888) 493-4070

PHARMACY SERVICES: Rx America

Salud Members
Member Services:
Albuquerque: (505) 341-7493
Toll free: (888) 825-9266

Salud & SCI Members
Prior Authorization:
Albuquerque: (505) 348-0299
Toll free: (888) 496-7755

SCI & SCI/UNMCI Members
Member Services:
Albuquerque: (505) 348-1578
Toll free: (866) 403-3018

SCI/UNMCI Members
Prior Authorization
Albuquerque: (505) 272-2308



PROVIDER SERVICES

Albuquerque: (505) 342-4660

Toll free: (800) 377-9594

Fax: (505) 798-7313

Contact your Provider Services Representative for:

- Training requests/needs;
- For questions regarding Molina Healthcare's policies/procedures and explanation on medical, administrative or payment policies;
- Web Portal registration and process;
- Change of address, phone number(s), tax identification number and open/closed panel status;
- Questions regarding electronic billing/fund transfer/remittance advice, staff training, or consultation on business office practices specific to Molina Healthcare;
- Questions regarding practitioner/provider credentialing status; and
- Questions regarding contractual issues.

QUALITY IMPROVEMENT (QI)

To ensure our members receive quality preventive care, our QI Department tracks and provides incentives to both members and providers to promote preventive health care.

Albuquerque: (505) 342-4660

Toll free: (800) 377-9594

Health Improvement Program

Albuquerque: (505) 342-4660 extension 182618

Toll free: (800) 377-9594 extension 182618

Contact the Health Improvement Department/Hotline for Information Regarding:

- HEDIS (immunizations, cervical cancer, pregnancy, diabetes, hypertension, mammograms, well child checks), and Molina Healthcare Initiatives
- HEDIS coding tool (bill with the correct procedure and diagnosis codes)
- Smoking Cessation
- ***motherhood matters***sm
- Healthy Weight Initiative
- Patient Centered Medical Home (PCMH)
- Telemedicine – Project ECHO
- Clinical Practice Guidelines



Health Care Services

Medically Urgent Requests

Albuquerque: (505) 798-7371

Toll free: (877) 262-0187

Non-urgent Requests

Fax Prior Authorization Forms to Utilization Management:

Albuquerque: (505) 856-2950 or (505) 342-4697

Toll free: (888) 802-5711

Contact Health Care Services

- Obtain a prior authorization
- Verify prior authorization
- Refer to Care Coordination/Case Management
- Community Health Workers (Community Connectors)

On-Line Services

Web Portal

FREE on-line services for all contracted practitioners/providers (registration required) – visit us at www.molinahealthcare.com

- **Member eligibility**
 - Allows practitioners/providers to get up-to-date eligibility information about Molina Healthcare Members seeking care at his/her office/facility
- **PCP Information**
 - Verify Member's Primary Care Practitioner (PCP); and
 - Obtain PCP rosters
 - View "missed services" for patients (preventive care: immunizations, cervical cancer screening, mammograms, well child visit, etc.)
- **Claims**
 - Check claim status;
 - Submit CMS-1500 claim forms; and
- **Prior Authorizations**
 - Check prior authorization status; and
 - Submit prior authorization requests (Information about diagnosis and procedure codes is also readily available).
- **Provider Directory**
 - Search for contracted providers by name, specialty or zip code;
- **Download Forms**
 - Print and/or save to your computer forms that are most useful and frequently used (i.e. prior authorization request [medical and pharmacy], provider reconsideration review forms, etc.); and
- **Change Mailing Address and Telephone Number**



SECTION B: How to Identify Members

MOLINA HEALTHCARE SALUD

Member
MOE LINA
Identification #
377777777

PCP Name: MARY KELLY
PCP Phone: (505) 873-7400
PCP Location: 903 S. Gold ALBUQUERQUE, NM 87105

Patient Responsibility:

Office Visits	No Copay	Prescriptions	No Copay
Inpatient Admission	No Copay		
Emergency Room	No Copay		
Dental Visits	No Copay		

MEMBERS: For general information please call (505) 342-4681 (Albuquerque) or (800) 580-2811 (State-wide).

PROVIDERS: For general information please call (505) 341-7493 or (888) 825-9266.

BEHAVIORAL HEALTH: For information please call OptumHealth at (866) 660-7185.

PRESCRIPTION DRUGS: For information please call (800) 261-3181.

TRANSPORTATION SERVICES: For information please call (888) 593-2052

TeleSalud NURSE ADVICE LINE: For English (888) 275-8750 or for Espanol (866) 648-3537.

Claims Submission: PO Box 22801, Long Beach, CA 90801

www.molinahealthcare.com

MOLINA HEALTHCARE CHIPRA

Member
MOE LINA
Identification #
377777777

PCP Name: MARY KELLY
PCP Phone: (505) 873-7400
PCP Location: 903 S. Gold ALBUQUERQUE, NM 87105

Patient Responsibility:

Office Visits	\$5.00	Prescriptions	\$2.00
Inpatient Admission	\$25.00		
Emergency Room	\$15.00		
Dental Visits	\$5.00		

MEMBERS: For general information please call (505) 342-4681 (Albuquerque) or (800) 580-2811 (State-wide).

PROVIDERS: For general information please call (505) 341-7493 or (888) 825-9266.

BEHAVIORAL HEALTH: For information please call OptumHealth at (866) 660-7185.

PRESCRIPTION DRUGS: For information please call (800) 261-3181.

TRANSPORTATION SERVICES: For information please call (888) 593-2052

TeleSalud NURSE ADVICE LINE: For English (888) 275-8750 or for Espanol (866) 648-3537.

Claims Submission: PO Box 22801, Long Beach, CA 90801

www.molinahealthcare.com

MOLINA HEALTHCARE WDI

Member
MOE LINA
Identification #
377777777

PCP Name: MARY KELLY
PCP Phone: (505) 873-7400
PCP Location: 903 S. Gold ALBUQUERQUE, NM 87105

Patient Responsibility:

Office Visits	\$7.00	Prescriptions	\$5.00
Inpatient Admission	\$30.00		
Emergency Room	\$20.00		
Dental Visits	\$7.00		

MEMBERS: For general information please call (505) 342-4681 (Albuquerque) or (800) 580-2811 (State-wide).

PROVIDERS: For general information please call (505) 341-7493 or (888) 825-9266.

BEHAVIORAL HEALTH: For information please call OptumHealth at (866) 660-7185.

PRESCRIPTION DRUGS: For information please call (800) 261-3181.

TRANSPORTATION SERVICES: For information please call (888) 593-2052

TeleSalud NURSE ADVICE LINE: For English (888) 275-8750 or for Espanol (866) 648-3537.

Claims Submission: PO Box 22801, Long Beach, CA 90801

www.molinahealthcare.com



MOLINA HEALTHCARE SCI

Member
MOE LINA
Identification #
3777777777

PCP Name: MARY KELLY
PCP Phone: (505) 873-7400
PCP Location: 903 S. Gold ALBUQUERQUE, NM 87105

Patient Responsibility:
Office Visits No Copay
Inpatient Admission No Copay
Prescriptions \$3.00
Emergency Room No Copay

MEMBERS: For general information please call (505) 342-4681 (Albuquerque) or (800) 580-2811 (State-wide).

PROVIDERS: For general information please call (505) 341-7493 or (888) 825-9266.

BEHAVIORAL HEALTH: For information please call (505) 342-4660 or (800) 377-9594.

PRESCRIPTION DRUGS: For information please call (800) 261-3181.

TeleSalud NURSE ADVICE LINE: For English (888) 275-8750 or for Espanol (866) 648-3537.

Claims Submission: PO Box 22801, Long Beach, CA 90801

www.molinahealthcare.com

UNM SCI

Member
MOE LINA
Identification # UNM SCI
3777777777

PCP Name: Mary Kelly
PCP Phone: (505) 873-7400
PCP Location: 903 S. Gold ALBUQUERQUE, NM 87105

Patient Responsibility:

Clinic Visits	\$0.00	MRI, CT, PET Scans	\$0.00
Inpatient Admission	\$0.00	Prescriptions	\$3.00
PT, OT, ST Cardiac Rehab	\$0.00	Outpatient Surgery	\$0.00
Emergency Room	\$0.00	DME, Prosthetics (Authorized Only)	\$0.00

Administered by FIN Class N00

MEMBERS: For general information please call (505) 342-4681 (Albuquerque) or (800) 580-2811 (State-wide).

PROVIDERS: For general information please call (505) 341-7493 or (888) 825-9266.

BEHAVIORAL HEALTH: For information please call (505) 342-4660 or (800) 377-9594.

PRESCRIPTION DRUGS: For information please call (800) 261-3181.

TeleSalud NURSE ADVICE LINE: For English (888) 275-8750 or for Espanol (866) 648-3537.

Claims Submission: PO Box 22801, Long Beach, CA 90801

www.molinahealthcare.com



SECTION C: BENEFITS

ENROLLMENT

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Members will need to choose a Primary Care Practitioner (PCP) at the time of enrollment. The Member can change his/her PCP at any time. The effective date of the change will be the month following the Member's request for the change. If a Member requests to change his/her PCP prior to the twentieth (20th) of the month, the change will be effective the first (1st) day of the following month, provided the Member has not received services from any other practitioner/provider within the past thirty (30) days. If the Member has obtained medical services and/or calls after the twentieth (20th) of the month, the change will be effective the first (1st) day of the second month following the request.

Salud MEMBERS

The State of New Mexico began to require Members eligible for most categories of Medicaid to re-certify for benefits once a year.

Medicaid Enrollment Requirements:

- Documentary evidence of citizenship and identity;
- Completion of paperwork mailed to the Medicaid eligible person as sent by the State of New Mexico Human Services Department, Income Support Division;
- Pay stubs for the past four weeks; and
- Proof of health insurance for self and others in his/her family.

SCI MEMBERS

Molina Healthcare also offers the State Coverage Insurance program (SCI). SCI is a Medicaid program that offers insurance to low-income working adults, ages nineteen (19) through sixty-four (64). SCI was developed in an effort to cover a portion of the uninsured working adults in the State of New Mexico.

Enrollment Requirements:

- Ages nineteen (19) through sixty-four (64);
- Income falls within zero (0) to two-hundred percent (200%) of the Federal Poverty Level;
- Must be a current resident of New Mexico for five (5) or more years and a United States (US) citizen or a Resident Alien for five (5) or more years;
- Cannot have voluntarily dropped health insurance within the last six (6) months;
- May not be covered by any other insurance or government program (e.g. Medicaid, Medicare, HMO, etc.) except for Indian Health Services and Veterans Administration; and
- Complete a prescreening questionnaire.



UNM SCI MEMBERS

Molina Healthcare administers the State Coverage Insurance/University of New Mexico Care Initiative (SCI/UNMCI) Program. Molina Healthcare is responsible for utilization management, quality assurance, member services, anti-fraud oversight, and Member/practitioner/provider complaints and appeals.

General Enrollment Requirements:

- Ages nineteen (19) through sixty-four (64);
- Income falls within zero (0) to two-hundred percent (200%) of the Federal Poverty Level;
- Ages nineteen (19) through sixty-four (64);
- Income falls within zero (0) to two-hundred percent (200%) of the Federal Poverty Level;
- Must be a current resident in the greater Albuquerque area (including Bernalillo, Sandoval, Torrance, Valencia and Santa Fe Counties) and a US Citizen or a Resident Alien for five (5) or more years;
- Cannot have voluntarily dropped health insurance within the last six (6) months; and
- May not be covered by any other insurance or government program (e.g. Medicaid, Medicare, HMO, etc.) except for Indian Health Services and Veterans Administration.

PCP, SPECIALTY, & BEHAVIORAL HEALTH CARE

PCP CARE

Salud & SCI MEMBERS

PCPs are chosen from the list of participating Molina Healthcare practitioners in one of the following specialties (Individual family Members may choose the same or different PCPs).

- Family Practice, General Practice;
- Certified Nurse Practitioner;
- Internal Medicine;
- Pediatrics; and
- OB/GYN – Female Members may self-refer to a women's health care practitioner/provider. Some OB/GYNs may act as a PCP. In this case, the OB/GYN is listed under the Primary Care Section of the Provider Directory.

SPECIALTY CARE

When the PCP determines that a Molina Healthcare Member needs to see a specialist, the PCP initiates a referral to a contracted Molina Healthcare specialist.

It is important for specialty practitioners/providers to advise the PCP when follow-up care is necessary. The specialty practitioner/provider may treat as necessary within the parameters of the referral from the PCP that is appropriate (i.e. lab tests, radiology, therapies, etc.). If the Member requires a procedure for



which prior authorization is required, including hospitalization, the specialty practitioner/provider is responsible for obtaining the proper authorization from Molina Healthcare.

UNM SCI MEMBERS

Assignment to a PCP is required for all SCI/UNMCI members. Currently patients are being assigned to open University Hospital of New Mexico and First Choice Community Healthcare PCP panels. A prior authorization must be obtained for service rendered outside of this network. The PCP is responsible for coordinating member care.

- For any non-PCP services, referrals are required from the PCP;
- In some cases, prior authorizations will also be required for any non-PCP services; and
- Individual family Members may choose the same or a different PCP.

SPECIALTY CARE

When the PCP determines that a Molina Healthcare Member needs to see a specialist, the PCP initiates a referral to a contracted SCI specialist.

It is important for specialty practitioners/providers to advise the PCP when follow-up care is necessary. The specialty practitioner/provider may treat as necessary within the parameters of the referral from the PCP that is appropriate (i.e. lab tests, radiology, therapies, etc.). If the Member requires a procedure for which prior authorization is required, including hospitalization, the specialty practitioner/provider is responsible for obtaining the proper authorization from Molina Healthcare.

BEHAVIORAL HEALTH CARE

Salud Members

OptumHealth of New Mexico

Providers: Toll free: (866) 660-7182 or

Provider Portal: www.optumhealthnewmexico.com

Claim Address:

OptumHealth New Mexico

P.O. Box 3137

Albuquerque, NM 87190-3137

Behavioral Health (BH) Services do not require a referral from the PCP when services are provided by OptumHealth practitioners. Please refer to Section D for additional information regarding behavioral health referrals.

““Mixed Services” are considered services that can be a behavioral health service, but performed at a medical/surgical facility.



Please contact Member Services in Albuquerque at (505) 341-7493 or toll free at (888) 825-9266, or OptumHealth toll free at (866) 660-7182 for direction and/or any questions regarding these services.

BH or Physical Health (PH) Practitioners/Providers – the following conditions can be considered either BH or PH, therefore responsibility will be determined by which specialty is treating/rendering services:

- Autism spectrum disorders;
- Eating disorders;
- Dementia;
- Delirium;
- Organic Brain Syndromes; and
- Traumatic Brain Injury.

Please contact Member Services in Albuquerque at (505) 341-7493 or toll free at (888) 825-9266 or OptumHealth toll free at (866) 660-7182 for direction and/or any questions regarding these services.

SCI and UNM SCI MEMBERS

Contact Member Services in Albuquerque at (505) 348-1578 or toll free at (866) 403-3018.

Behavioral Health Services do not require a referral from the PCP when services are provided by a Molina Healthcare practitioner.

PROVIDER NETWORK

Salud MEMBERS

Members must utilize the Molina Healthcare Network, *except in the following circumstances:*

- Urgent/Emergent Services obtained outside of the service area; and
- For services that have been approved by Molina Healthcare Utilization Management **prior** to rendered services.

All follow-up care provided by non-contracted practitioners/providers must be approved.



SCI and UNM SCI

Members must utilize the SCI and UNM SCI Molina Healthcare Network, *except in the following circumstances:*

- Urgent/Emergent Services obtained outside of the service area; and
- Services approved by Molina Healthcare Utilization Management **prior** to rendered services.

All follow-up care must be performed by a UNM or First Choice practitioner.

CO-PAYMENTS

Salud MEMBERS (includes CHIPRA and WDI)

Co-payments are not required EXCEPT for CHIPRA and WDI Members (co-payments are indicated on the identification cards for these Members).

EXCEPTIONS TO CO-PAYMENTS FOR SCHIPS AND WDI MEMBERS:

- Prenatal care/drug items;
- Contraception management;
- Preventive medical/dental care;
- Services rendered at Indian Health Services (IHS) Facilities;
- Inpatient practitioner services;
- Consultation;
- Lab and x-ray;
- Outpatient surgeries;
- Dialysis services;
- Transportation, meals & lodging;
- DME/supplies;
- Home health care;
- Home & Community Based Waivers (HCBW)
- Hospice services; and
- School based services.

SCI and UNM SCI MEMBERS

Co-payments and Benefits are outlined in the SCI Benefit Grid in Section I of this packet, Materials and Forms.



PHARMACY BENEFITS

Salud and SCI MEMBERS

Molina Healthcare's Pharmacy Benefit Manager is Rx America.

The development and maintenance of the Molina Healthcare formulary, or Preferred Drug List (PDL) is overseen by the Pharmacy and Therapeutics (P&T) Committee.

The PDL may be accessed and printed via the Molina Healthcare website www.molinahealthcare.com by clicking on the "Provider" link under New Mexico, then selecting the "Pharmacy/Formulary" Quick Link. A list of drugs requiring prior authorization and step-therapy is also contained on the website.

Non-Formulary Requests for Oral Medications

Complete the Medication Prior Authorization Request Form (located at the end of this packet) and fax it to the Molina Healthcare Pharmacy Prior Authorization Department in **Albuquerque at (505) 348-0299 or toll free at (888) 496-7755.**

UNM SCI MEMBERS

UNM SCI Members must have all of the prescriptions filled at UNM Hospital (UNMH) Hospital Pharmacy.

Monday – Friday: 7:00 a.m. – 5:00 p.m. & Saturday: 9:00 a.m. – 5:00 p.m.

UNMH Hospital

1209 University Blvd. NE

Albuquerque, NM 87106

Albuquerque: (505) 272-2308

[HTTP://HOSPITALS.UNM.EDU/PHARMACY/PHARMACYINDEX.SHTML](http://HOSPITALS.UNM.EDU/PHARMACY/PHARMACYINDEX.SHTML)

OTHER BENEFITS

Salud, SCI and UNM SCI MEMBERS

Cultural & Linguistic

Molina Healthcare makes every possible effort to link Members with practitioners who can address their special cultural and/or linguistic needs and preferences by:

- Publishing practitioner's gender and spoken languages in the provider directory;
- Reviewing the practitioner network capabilities and Member needs annually; and



- Providing a comprehensive provider tool, Industry Collaboration Effort (ICE) that gives information on how to care for diverse populations. This tool is available on the Molina Healthcare Provider website at www.molinahealthcare.com.
- Provides “tips” and NCQA on-line training information:
 - “Tips:” anticipate additional time that may be needed to accomplish interventions (interpreter), speak slowly and clearly, do not raise your voice, Avoid using gestures during the communication – in some cultures gestures may mean something entirely different. Examples:
 1. Beckoning w/index finger to follow or come closer in some cultures is used for calling animals;
 2. The “okay” thumb and index fingers in a circle sign in some cultures is a crude sexual invitation;
 3. The “thumbs-up” and “V” sign for victory could be insulting gestures;
 4. Placing a foot on a desk or footstool pointing toward persons may offend people in some cultures;
 5. Talking w/hands in pocket is considered impolite in some cultures;
 6. Avoid use of technical terms – EXAMPLE: Use heart instead of cardiac;
 7. Provide instructional material;
 8. Ask the patient to give a return demonstration/explanation of the plan to ensure understanding;
 9. Include family members in teaching/instruction process;
 10. Use caution w/written instruction – Example: Once in Spanish means (11); and
 11. Calendar date sequences differ in other countries. Assure clarity by writing the full name of the month and weekday.

Incentives and Initiatives to Promote Preventive Care

Providers

Early Pregnancy Identification Incentive

Molina Healthcare’s Goal is to have healthy Molina Healthcare babies. To achieve this goal, Molina Healthcare has developed the Early Pregnancy Identification Initiative to help in identification of pregnancy at the earliest stage possible.

Molina Healthcare offers a \$100.00 incentive to notify us when a Molina Healthcare member is diagnosed as pregnant at your office. The following simple steps are required to receive this incentive:

- Complete and return the Prenatal Early Identification Form (located in this packet, in the Provider Manual, and on-line); and
- Complete a CMS-1500 form with CPT-4 code 59899 with ICD-9 code V72.42.



Prenatal and Postpartum Incentive

Molina Healthcare promotes prenatal and postpartum care and reimburses for these services. Simply bill these services with the following procedure and diagnosis codes:

Prenatal Care: Receive \$30 for each visit, up to thirteen (13) visits:

- CPT II code 0500F-Initial prenatal care visit; and
- CPT II code 0502F-Subsequent prenatal visits.

Postpartum Care: Receive \$30 for visit:

- CPT II code 0503F.

Telemedicine – Project ECHO

Receive \$150 reimbursement to practitioners for each Molina member presented at any of the Project ECHO clinics.

- Q3014 Modifier GT

17P (Alpha Hydroxyprogesterone)

To assist Molina Healthcare high risk pregnant Members that may have a premature birth, Molina Healthcare offers 17P to practitioners at no expense. Molina Healthcare will have the 17P delivered to the office and will reimburse the practitioner a \$500 incentive when notification of the pregnancy completion is received.

After Hours Reimbursement

Molina Healthcare promotes appropriate use of emergency room services and ensuring members seek and coordinate all of their health care through their designated PCP. To assist PCP offices/clinics accommodate Molina Healthcare members after normal business hours, reimbursement for the following after hour CPT-4 codes have been increased:

99050 \$30.00: Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service

99051 \$30.00: Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service

99053 \$30.00: Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service

99056 \$30.00: Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service



99058 \$30.00: Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service

99060 \$30.00: Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service

After Hours/Walk-In Clinics/Urgent Care

Molina Healthcare contracts with Urgent Care

SECTION D: REFERRALS and PRIOR AUTHORIZATIONS

It is not necessary for PCPs to provide a referral to Members to access obstetrician/gynecologist (OB/GYN) or behavioral health services. Members may self-refer to contracted OB/GYN or behavioral health practitioner.

Referrals Outline

- The PCP determines that a Member needs to see a specialist;
- The PCP determines which contracted specialist is appropriate to see the Member;
- The PCP determines the initial number of visits that the specialist should see the Member;
- The PCP can either use the Molina Healthcare Optional Referral Form (attached), one of his/her own, or a prescription pad;
- The original should be placed in the Member's chart after being faxed or mailed to the specialist;
- *Molina Healthcare does **NOT** need to receive notification of the In-Plan referral;*
- The specialist does not need a health plan referral number to submit with the claim;
- The specialist completes the "referring physician" box number 17 on the CMS-1500 (08/05) claim form with the name of the referring practitioner;
- Referrals to practitioners that are NOT contracted with Molina Healthcare require prior authorization; and
- Molina Healthcare will verify referrals during the regular medical records review.

Behavioral Health

The role of the PCP is to refer the Member to the appropriate level of behavioral health care. A referral is not needed for a Molina Healthcare Member to access behavioral health care. The PCP should assist the Member in accessing needed behavioral health services.

The following is a list of risk factors and indicators for PCP referral for behavioral health services:

- Suicidal/homicidal ideation or attempts;
- Suspected or confirmed alcohol and/or drug abuse;
- Stressful life events such as divorce, bereavement, loss of job;

- Victims or perpetrators of neglect or abuse;
- Symptoms of posttraumatic stress, or disorder;
- Living with a chronic illness;
- Family history of mental illness;
- Lack of social support;



depression, anxiety,
other psychological
condition or terminal

- Child or adolescent with symptoms of a behavioral or learning disorder;
- Severe mental and/or functional impairment;
- Previous major depressive episode;
- Adults at risk of hospitalization due to a behavioral health condition;
- Members under age 18 at imminent risk of out-of-home placement (acute psychiatric hospitalization, residential treatment center, treatment foster care);
- Serious threat of physical or sexual abuse or risk to life or health due to impaired mental status and judgment, mental retardation or other developmental disabilities;
- Request by member, or member's parent or legal guardian for behavioral health services;
- Inpatient admission for medical detoxification;
- A visit indicates a substance abuse or mental health problem;
- Behavioral, psychiatric or substance abuse factors influencing a medical decision or resulting in complications with treatment compliance; and
- A pattern of inappropriate use of medical services that could be related to substance abuse or other behavioral health conditions.

Prior Authorization:

All authorized services are subject to the Member's eligibility and benefit plan.

Medically Urgent Requests

Albuquerque: (505) 798-7371

Toll free: (877) 262-0187

Non-urgent Requests

Fax Prior Authorization Forms to Utilization Management

Albuquerque: (505) 856-2950 or (505) 342-4697

Toll free: (888) 802-5711



SECTION E: CLAIMS

Claim Submission

- Professional Fees – Claims must be submitted on a CMS (Centers for Medicare & Medicaid Services)-1500 Form (08/05); and
- Facility/Technical Fees – Claims must be submitted on a UB-04 claim form.

National Provider Identifier (NPI)

As part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, most practitioners/providers will be required to obtain a new identifying number, a National Provider Identifier (NPI). All claims must contain this information.

Electronic Claims Submission/Fund Transfer/Remittance Advice

Emdeon is Molina Healthcare's designated electronic data interchange (EDI) gateway partner. As a part of this partnership, Emdeon is now accepting claims on behalf of Molina Healthcare. This business relationship allows Molina Healthcare to provide better, faster claims service to our practitioners/providers. Molina Healthcare encourages all contracted practitioners/providers to file all claims electronically.

- Claims filed electronically are processed more efficiently;
- Saves mailing time, postage and paper;
- Provides an electronic record of claims sent; and
- Allows instant feedback on claims that need correcting.

Electronic Fund Transfer (EFT)/835 Processing– Molina Healthcare Vendor: ProviderNet:

- FREE to our contracted providers – Receive electronic payment and Remittance Advice
- Register is easy and view, print, download and/or save Remittance Advice

Please contact Member Services or your Provider Service Representative if you are a current EDI customer and have questions regarding:

- The receipt of a claim submitted via the clearinghouse; or
- The confirmation of practitioner/provider number(s).



Please contact your vendor if you have questions and/or problems with your clearinghouse reports.

Molina Healthcare has requested our EDI vendors edit all EDI claims for valid insured identification and dates of birth and whether the patient is effective with a report(s) identifying those claims that did and did

not pass the edit. Please be aware that there are two (2) clearinghouse reports that the practitioner/provider must monitor to ensure claim acceptance. The first report indicates the EDI Vendor's claim acceptance or rejection. The second report indicates claim acceptance/rejection by Molina Healthcare. It is imperative that the practitioner/provider monitor both EDI vendor reports to verify claim acceptance or rejection.

Timely Filing – Original Claim

Claims must be submitted within ninety (90) days from the date of service. Claims received after ninety (90) days will be denied for timely filing. The Member **cannot** be held financially responsible.

RECOMMENDATION: Please contact our Member Services Department if an explanation of benefit (EOB) giving a description of the claim payment/denial has not been received within forty-five (45) days from submission of the original claim. This will allow the practitioner/provider time to resubmit the claim(s) within the ninety (90) day filing limit, and avoid denial.

Timely Filing – Resubmission

ALL requests must include any/all documentation to support the request. The Provider Reconsideration Review Request Form (PRR) is included in this packet for your convenience.

- One hundred eighty (180) days from dated correspondence from Molina Healthcare referencing the claim (correspondence must be specific to the referenced claim);
- One (1) year from the date of service when Molina Healthcare is the secondary payor; and
- Ninety (90) days from the other carrier's Explanation of Benefit (EOB) when submitted to the wrong payor.

Acceptable Proof of Timely Filing

Acceptable proof of timely filing includes, but is not limited to any one item or combination of:

- EOB issued by Molina Healthcare;

- Practitioner/provider statements/ledgers indicating the original submission date as well as all timely follow-up attempts;
- Dated copy of Molina Healthcare correspondence (correspondence must be referenced claim);
- Other carrier's EOB when Molina Healthcare is the secondary payor (one [1] year from the date of service);
- Other carrier's EOB when submitted to the wrong carrier (ninety [90] days); and
- Documentation of inquiries (calls or correspondence) made to Molina Healthcare for timely follow-up that can be verified by Molina Healthcare.
- EDI clearinghouse report showing claim acceptance by the clearinghouse **AND** EDI clearinghouse report showing claim acceptance by Molina Healthcare. Submission of only the clearinghouse acceptance report is not sufficient proof of claim receipt by Molina Healthcare.



Claim Resubmission/Corrected Claims

ALL requests must include any/all documentation to support the request, as well as specific explanation. All claim resubmissions and corrected claims must be sent to our Claims Department for processing.

**Molina Healthcare of New Mexico, Inc.
ATTN: NM CLAIMS
P.O. Box 22801
Long Beach, CA 90801**



SECTION F: COMPLIANCE

Anti-Fraud

The Molina Healthcare Anti-Fraud Program is responsible for maintaining a comprehensive process for investigating and auditing questionable activities of possible detriment to the health plan. The Anti-Fraud Program is responsible for the detection, prevention, investigation and reporting of potential fraud cases. Anti-Fraud Program initiatives are in accordance with federal and state statutes and regulations. In keeping with the law, the program is also required to report potential fraud to appropriate regulatory and/or law enforcement agencies.

Provider Fraud Examples:

The types of practitioner/provider issues investigated by the Anti-Fraud Program include, but are not limited to, the following:

- Altered Claims;
- Balance Billing;
- Clinical Trials;
- Continual Waiving of Co-payments;
- Durable Medical Equipment Overutilization;
- EOB Mismatches;
- Exhaustion of Benefits;
- False Coding;
- Free Equipment;
- Inappropriate Charges;
- Inappropriate Modifier Use;

- Inappropriate Procedure for Diagnosis;
- Incident to Billing;
- Invalid Place of
- Kickbacks;
- Non-Credentialed Providers;
- Over utilization;
- Questionable Prescribing Practices;
- Questionable Transportation Practices;



Service;

- Rolling Labs;
- Services Not Rendered or Rendering Services in a Worthless or Nearly Worthless Manner¹;
- Superbill Review;
- Unbundling;
- Underutilization;
- Unnecessary Diagnostics; and
- Upcoding

The types of member issues investigated by the Anti-Fraud Program include, but are not limited to:

- Ambulance Abuse;
- Benefit Sharing;
- Collusion;
- Conspiracy to Defraud Medicaid or Other Government Programs;
- Co-Payment Evasion;
- Drug Trafficking;
- Forgery Related to Health Care;
- Illicit-Drug Seeking;

¹ Billing for services not rendered also includes billing for services in a worthless or nearly worthless manner (United States ex rel. Lee v. Smithkline Beecham Inc., 145 F.3d 1048 (9th Cir.), resulting in substandard care.

- Impersonation Fraud;
- Ineligibility Issues;
- Polypharmacy Abuse;
- Providing
- Theft;
- Third Party Liability Fraud;
- Transportation Fraud;



Misinformation;

Deficit Reduction Act (DRA)

On February 8, 2006, President Bush signed the Deficit Reduction Act (“DRA”) of 2005 into law. The law, went into effect January 1, 2007, is the most sweeping legislation to impact Medicaid in thirty (30) years. The purpose of the DRA is to cut \$11 billion from the Medicare and Medicaid programs over the next five (5) years.

In an effort to deter and prevent fraud, waste, and abuse, health care entities who receive or pay out at least \$5 million in Medicaid funds per year must now comply with DRA Section 6032, Employee Education about False Claims Recovery.

This section maintains that these entities must have written policies for all employees, contractors and agents that provide detailed information in terms of:

The federal False Claims Act and any state laws pertaining to civil or criminal penalties for false claims and statements, including whistleblower protections granted in these laws:

- How the practitioner/provider will detect and prevent fraud, waste, and abuse; and
- The rights of the employee to be protected as whistleblowers and reiteration of the entity’s policy for detecting and preventing waste, fraud, and abuse in the employee handbook.

Health Insurance Portability and Accountability Act (HIPAA)

Molina Healthcare is committed to supporting and respecting our Members’ Rights to Privacy and Confidentiality. We have a series of policies and procedures implemented along with employee training requirements to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Standards and Regulations promulgated hereunder as stated in 45 Code of Federal Regulations (“CFR”) parts 160 and 164 – Privacy and Security. Molina Healthcare is in compliance with all State of New Mexico regulations and contractual requirements to include the Medicaid program requirements, Division of Insurance requirements and the Privacy Act of 1974.

Background: The HIPAA Privacy Rule went into effect on April 14, 2003. It requires that covered entities take reasonable efforts to safeguard the privacy and confidentiality of protected health information (“PHI”) maintained or transmitted in any format or medium (written, oral or electronic). The HIPAA Security Rule (implemented April 20, 2005) requires that covered entities reasonably safeguard and ensure the confidentiality, integrity and limited access and availability of electronic PHI (“ePHI”).



Molina Healthcare requires our practitioners/providers to comply with all applicable state and federal laws, the privacy and security of all PHI, and to adhere to the following policies:

- Confidentiality of Member protected health information including, but not limited to, Member personal information, Member eligibility lists, health care claims and all other individually identifiable medical or claim information and records;
- Confidentiality of practitioner/provider credentialing/recredentialing files and other peer review materials;
- Confidentiality of reports, minutes, or other documents containing sensitive information; and
- Release of confidential information to third parties is only upon written consent, except as and to the extent required or permitted by law.

What is allowed under HIPAA: Molina Healthcare is committed to ensuring our program Members receive the care and services they need and to which they are entitled. In order to facilitate and provide medically necessary services to our Members as required under the Medicaid Benefit package, Molina Healthcare may request and receive copies of a Member’s PHI from its participating or servicing practitioners/providers for many purposes. The HIPAA Privacy Rule allows the sharing of patient information for numerous uses and reasons, including but not limited to the following:

- Utilization Management, which may include but not inclusive of:
 - Quality assessment and improvement activities;
 - Medical Review;
 - Complex Medical Case Management Services; and
 - Claims review;
- Complaint and Appeal Resolution (CAR) Review Process;
- Anti-Fraud Program Review;
- Quality of Care Investigations and Oversight Functions;
- Regulatory Audits;
- Health Plan Employer Data and Information Set (HEDIS®); and
- Treatment, Payment and/or Operation Purposes (TPO).



SECTION G: ON-LINE SERVICES

Web Portal (formerly ePortal) Services

Molina Healthcare offers an on-line service known as Web Portal to all contracted practitioners/providers at no charge. This service provides you with the ability to enhance your office productivity.

Molina Healthcare's web-based Portal is a secure HIPAA site that offers real-time information twenty-four (24) hours a day, seven (7) days a week.

Services

Upon registration, practitioners/providers and their staff will be able to perform the following tasks on-line through ePortal:

- **Member eligibility:**
 - This function allows practitioners/providers to get up-to-date eligibility information about Molina Healthcare Members seeking care at his/her office/facility;
- **PCP Information:**
 - Verify Member's Primary Care Practitioner (PCP); and
 - Obtain PCP rosters.
- **Claims:**
 - Check claim status;
 - Submit CMS-1500 claim forms; and
 - Submit Provider Reconsideration requests.
- **Prior Authorizations:**
 - Check prior authorization status; and
 - Submit prior authorization requests – Information about diagnosis and procedure codes is also readily available.

- **Provider Directory:**

- Search for name, specialty, or



contracted providers by zip code;

- **Download Forms:**

- Print and/or save to most useful and prior authorization request (medical and pharmacy), provider reconsideration review forms, etc.); and

your computer forms frequently used (i.e.

- **Change Mailing Address and Telephone Number.**

These on-line functions are HIPAA compliant and can enhance your office productivity and staff satisfaction.

HealthXnet Service

Molina Healthcare is contracted with Hospital Services Association (HSC) to provide on-line services for practitioners/providers through HealthXnet.

Registration

To register, contact HealthXnet (low monthly subscription fees will apply):

HealthXnet Support Desk

Albuquerque: (505) 346-0290

Toll free: (866) 676-0290

healthxnet@nmhsc.com

www.healthxnet.com

Services

Upon registration, you and your office staff will be able to perform the following tasks on-line through HealthXnet:

- Member eligibility;
- Claims status; and
- Prior authorization status.

Molina Healthcare Website

In addition to on-line services, Molina Healthcare's website provides information, materials, news and updates, and much more. Visit our website at www.molinahealthcare.com :

- **Provider Materials/Information:**

- Provider Manual;
 - Provider Newsletters;
 - Provider Orientation Packet;

- Provider Forms;
- Updates and
- Claim tips and EDI
- Drug Formulary;
- Diversity tool, Care
- Provider Directory;
- Provider Mailings.
- **Guidelines and Policies:**
 - Clinical practice guidelines;
 - Preventive Health guidelines; and
 - Medical policies.
- **Health Care Services:**
 - Interqual website link: <http://www.interqual.com> ; and
 - Prior authorization matrix.
- **Quality Improvement:**
 - Patient safety; and
 - Disease Management Services.



changes;
information;

for Diverse Populations;
and

- **Other:**
 - Fraud prevention;
 - Member rights and responsibilities;
 - Service area; and
 - HIPAA information.

Additional Service: New Mexico Medicaid Portal

The New Mexico Web Portal extends the business capabilities of Medicaid program providers by offering user-friendly tools and resources electronically. Registered users may Log In to access the following interactive features of the portal:

- Claim Status Inquiry;
- Prior Authorization Inquiry;
- Eligibility Inquiry;
- Payment History Inquiry; and
- Reports and Data Files.

Registration

Go to [Web Registration](#) to get started: www.nmmedicaid.acs-inc.com



SECTION H: MATERIALS

Molina Healthcare provides the following materials to assist and guide providers:

Provider Manual

The Provider Manual is updated and is made available on the Molina Healthcare Website for all contracted Molina Healthcare Practitioners/Providers. The following is included in the manual:

- Overview;
- Who to Contact;
- Identifying Members;
- Benefits;
- On-Line Services
- Credentialing/Recredentialing;
- Provider Responsibility;
- Referrals;
- Utilization Management;
- Claims/Payments;
- Complaints, Appeals and Grievances;
- Quality Improvement Program;
- Preventive Health Guidelines;
- Clinical Guidelines;
- Behavioral Health; and
- SCI and UNM SCI Supplement.

Provider Newsletter

The Provider Newsletter is published two (2) times a year, and is available on the Molina Healthcare Website. The newsletter allows Molina Healthcare to notify practitioners/providers of changes and updates to policies and procedures. It also informs Molina Healthcare practitioners/providers of our quality improvement initiatives, and periodically includes updates and reminders on the policies and procedures in the Provider Manual.



Forms and Materials

Forms

The following forms are included in this orientation packet to assist you in your daily delivery of health care services to our Members. If you would like additional copies, please contact your PSR or visit our web site at www.molinahealthcare.com.

- Prior Authorization Guide/Matrix;
- Prior Authorization Request Form;
- Provider Reconsideration Review Form (PRR);
- Medication Prior Authorization Request Form;
- Medication Prior Authorization Criteria – Step Therapy;
- Formulary Addition Request Form;
- Care Coordination/Case Management Referral Form;
- Disease Management Form;
- Prenatal Early Notification Form – 17 P Request Form; and
- Provider Reconsideration Review Form.

Materials

- Provider Coding Tool;
- SCI and UNM SCI Benefit Grid;
- Provider Service Representative Territory Map; and
- Urgent Care/After Hours/Walk-In Clinic Listing.