

CHIP ID Number

As a result of the CHIP to Tiers transition, as of 10/1/13, all CHIP members will receive new CHIP ID numbers. The CHIP ID number will be exactly like Medicaid numbers and will be a 9-digit numeric number. Providers must be sure to verify whether the member is enrolled in CHIP or Medicaid.

Service Coordination Updates

Please note, per the UCM Chapter 8.1: All Home and Community Support Services Agency (HCSSA) providers, adult day care providers, and residential care facility providers must notify the MCO if a Member experiences any of the following :

- If a Member is at risk of institutionalization, provider will use best efforts to notify plan within 24 hours
- If a Member has a change in condition, Provider shall use best efforts to notify the Health Plan within 24 hours.
- If a Member is hospitalized, Provider shall use best efforts to notify the Health Plan within 24 hours or admission.
- If a Member has an emergency room visit, Provider shall use best efforts to notify the Health Plan within 24 hours.
- If a Member has two or more missed appointments, the Provider will use best efforts to notify the Health Plan of two or more missed appointments by member.

Expedited Credentialing

For new providers joining a group practice already contracted with Molina Healthcare of Texas (MHT), MHT will offer expedited credentialing upon request and upon receipt of a completed credentialing application or attested CAQH number, and submission of all necessary elements to satisfy the credentialing requirement.

Corrected Claims

Providers have 120 days from EOB/Remit Advice to file a corrected claim. A corrected claim is one that contains new, changed information that was not included on the original claim. A provider generally submits a corrected claim when the initial claim was paid or denied based on incorrect information originally entered on the form.

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Molina Core Values vision statement, "... to be an innovative healthcare leader providing quality care and accessible services in an efficient and caring manner."

Spell-of-Illness Limitation to Apply to STAR+PLUS Clients Effective September 1, 2013

Effective for dates of admission on or after September 1, 2013, the spell-of-illness limitation will apply to clients in the STAR+PLUS Program. A spell-of-illness is defined as 30 days of inpatient hospital care, which may accrue intermittently or consecutively. After 30 days of inpatient care is provided, reimbursement for additional inpatient care is not considered until the member has been out of an acute care facility for 60 consecutive days.

An individual may be discharged from and readmitted to a hospital several times, regardless of the admittance reasons, and still be considered to be in the same spell of illness if 60 days have not elapsed between discharge and readmission.

The following are exceptions to the spell-of-illness limitation:

- A prior-approved solid organ transplant has an additional 30-day spell of illness, which begins on the date of the transplant.
- No spell-of-illness limitation exists for THSteps-eligible clients who are 20 years of age and younger when a medically necessary condition exists.
- The member is enrolled in the Medicaid managed care STAR program.

DTaP and Tdap Vaccine Benefits

DTaP and Tdap Vaccines are benefits of Texas Medicaid and available through Texas Vaccine for Children (TVFC). Because of the recent pertussis outbreak, providers are reminded that immunization against pertussis is a benefit of Texas Medicaid for pregnant women and their babies. Younger children can be immunized with one of several DTaP vaccines that are a benefit of Texas Medicaid. Older children, adolescents, and adults can be immunized with Tdap vaccine. Most of these vaccines are available through Texas Vaccines for Children (TVFC) for clients who are 18 years of age and younger. The procedure codes in the following table are benefits of Texas Medicaid:

Procedure Code	Vaccine	Available Through TVFC
90696	DTaP-IPV	Yes
90698	DTaP-IPV-Hib	Yes
90700	DTaP	Yes
90715	Tdap	Yes
90721	DTaP-Hib	No
90723	DTaP-Hep B-IPV	Yes

For members who are 18 years of age and younger, Texas Medicaid does not reimburse for vaccines that are available through TVFC, because TVFC provides the vaccine to providers; however, providers may be reimbursed by Texas Medicaid for the administration of the vaccine. On claims for TVFC-eligible clients, the vaccine procedure codes are processed as informational.

Additional Information

Current Pertussis Outbreak in Texas

For additional information about the pertussis outbreak, providers can refer to the Department of State Health Services (DSHS) bulletin at www.dshs.state.tx.us/news/releases/20130830.aspx

Texas Vaccine for Children (TVFC)

Information on TVFC enrollment and ordering supplies is available on the Department of State Health Services website at www.dshs.state.tx.us/immunize/tolkit/kit1.shtm.

CHIP and CHIP Perinate

See the notice posted to the MCO Resources webpage on August 30, 2013: <http://www.hhsc.state.tx.us/medicaid/mco-resource-docs/2013-37.pdf>

LTSS Provider Rate Change FAQs

Background:

Molina Healthcare of Texas, Inc. ("Molina") adjusted the reimbursement level(s) for Day Adult Health Services (DAHS) and Personal Attendant Services (PAS) to Non-HCBS STAR+PLUS Waiver (Non-STAR+PLUS Waiver) members to reflect the current Medicaid Fee Schedule. This change is in accordance with the terms of our Agreement, Attachment D (Compensation Schedule) in your Provider Services Agreement with Molina for Covered Services with a date of service on or after September 1, 2013.

How will I be reimbursed by Molina as a DAHS provider?

Molina will reimburse DAHS providers at the current Texas Medicaid Fee Schedule, Non-participant level that is effective September 1, 2013. However, your Molina-approved Attendant Care Enhancement Payment (ACEP) level may impact your overall reimbursement from Molina.

How will I be reimbursed by Molina for providing Personal Attendant Services for Non-HCBS STAR+PLUS Waiver clients?

Molina will reimburse PAS providers based on the current Texas Medicaid Fee Schedule, effective September 1, 2013. However, Molina's reimbursement amount is a blended rate based on the non-STAR+PLUS Waiver Priority and non-STAR+PLUS Waiver Non-Priority participant level. Until further notice, the blended rate is \$10.73. Your Molina-approved Attendant Care Enhancement Payment (ACEP) participant level may impact your overall reimbursement. Any changes to your ACEP participant level will be prospective.

How will I be reimbursed for providing PAS related to Consumer Directed Services (CDS) and STAR+PLUS Waiver (SPW) clients?

Molina will continue to reimburse providers for Personal Attendant Services for CDS and SPW clients at the current Texas Medicaid Fee Schedule, effective September 1, 2013. The SPW rate is the Non-participant Priority Payment Rate of \$11.47 per hour = 1 Unit.

Will Molina pay the "Attendant Care Enhancement Payment?"

Yes, Molina will continue to add the Attendant Care Enhancement Payment (ACEP) to the PAS and DAHS rates at the Molina-approved ACEP level. Any changes to your current ACEP level will be prospective.

Molina Web Portal

The Web Portal is a secure area that provides multiple services now available to all Molina Providers both Medicaid and Medicare. In the Web Portal, you will be able to do the following:

- Check member eligibility and benefits
- Search and manage your services request/authorizations
- Search and manage claims
- View other information helpful to you

Register today to access our on-line services. A video will guide you through the easy on-line registration process.

<https://eportal.molinahealthcare.com/provider/login>

Electronic Funds Transfer and Remittance Advice

Molina Healthcare has partnered with payment vendor ProviderNet for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Access to the ProviderNet portal is free to our participating providers. Benefits include:

- Administrative rights to sign up and manage your EFT Account
- Associate new providers in your organization to receive EFT/835s
- View, print and save PDFs of your Explanation of Payment (EOP)

To enroll, visit <https://providernet.alegeus.com> and enter your account information (tax ID, NPI and banking information). If you have questions regarding the registration process, contact Alegeus Provider Services at ProviderNet@alegeus.com or 877-389-1160. Visit www.MolinaHealthcare.com for additional information.

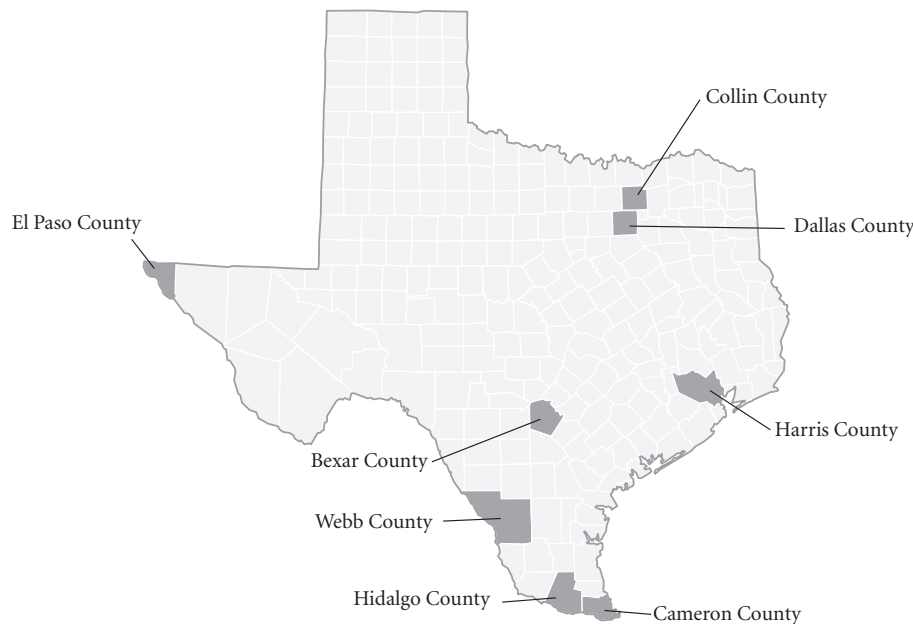
Health Insurance Market Place is now OPEN

The Health Insurance Marketplace (also known as the Exchange in some states) is a one-stop shop for people looking for low cost health insurance. Depending on income, the government covers part of the cost of Marketplace insurance. Molina offers Marketplace health plans in nine states across the country. Anyone can sign up for Marketplace and many people can receive help paying for their Marketplace insurance from the government. Molina is a great choice for people who have been on Medicaid in the past or have another family member on one of our health plans. We offer special programs that not only benefit our Medicaid members, but also are important to those who choose us for their health insurance in the Marketplace.

For information on becoming a Market Place Provider for Molina Healthcare please call Provider Services at 1-866-449-6849.

Molina Medicare Expansion

In 2014, Molina Medicare will offer one (1) plan in Texas. The Molina Medicare Options Plus (HMO SNP) plan will be available in Bexar, Cameron, Collin, Dallas, El Paso, Hidalgo, Harris, and Webb counties. Providers interested in joining our Medicare network please contact Provider Services at 1-866-449-6849.



Molina on the Spot 2014 Events

Coming Soon Molina on the Spot 2014! Come learn about Medicare and more. See below dates and times. Event locations will soon be announced.

Dallas 2014

Tuesday-Feb. 25th 8:30 am- 12:30 pm
 Tuesday-May 27th 8:30 am – 12:30 pm
 Tuesday- August 12th 1 pm-4 pm
 Tuesday- Nov. 11th 1 pm- 4 pm

McAllen 2014

Monday- Feb. 17th 8:30 am -12:30 pm
 Tuesday- May 20th 8:30 am – 12:30 pm
 Tuesday- August 19th 1 pm-4 pm
 Tuesday- Nov. 18th 1pm-4 pm

El Paso 2014

Thursday Feb 20th 8:30 am – 12:30 pm
 Thursday May 22nd 8:30 am – 12:30 pm
 Thursday August 21st 1 pm – 4 pm
 Thursday Nov. 20th 1 pm – 4 pm

Houston 2014

Thursday Feb 27th 8:30 am – 12:30 pm
 Thursday May 29th 8:30 am – 12:30 pm
 Thursday August 28th 1 pm – 4 pm
 Thursday Nov. 13th 1 pm – 4pm

San Antonio 2014

Tuesday-Feb. 25th 8:30 am- 12:30 pm
 Tuesday-May 27th 8:30 am – 12:30 pm
 Tuesday- August 12th 1 pm-4 pm
 Tuesday- Nov. 11th 1 pm- 4 pm

Harlingen 2014

Tuesday- Feb 11th 8:30 am – 12:30 pm
 Tuesday- May 13th 8:30 am – 12:30 pm
 Monday- August 11th 1 pm – 4 pm
 Friday -Nov. 14th 1 pm – 4 pm

Laredo 2014

Thursday Feb 27th 8:30 am – 12:30 pm
 Thursday May 29th 8:30 am – 12:30 pm
 Thursday August 28th 1 pm – 4 pm
 Thursday Nov. 20th 1 pm – 4pm

Beaumont 2014

Thursday Feb 20th 8:30 am – 12:30 pm
 Thursday May 22nd 8:30 am – 12:30 pm
 Thursday August 21st 1 pm- 4pm
 Thursday Nov. 6th 1pm- 4pm

Questions?

If you have any question, please call Molina Healthcare's Provider Services at 1-866-449-6849 for Dallas, Bexar, Harris, Jefferson, El Paso & Hidalgo Service Area (STAR, STAR+PLUS & CHIP) or 1-877-319-6826 for CHIP Rural Service Area (CHIP & CHIP Perinate). Representatives will be available to assist you from 8 a.m. to 5 p.m. Monday through Friday.