Provider Orientation
2025

Today we'll go over….

- Who your Provider Relations Representative is and how they can help
- How to get in touch with Molina Teams
- Molina's Utilization Management Process
- Our Member benefits for 2026
- How you can team up with Molina to bring better quality healthcare to your patients
- Molina's Appeals & Grievances Process

- Molina's Care Management Support
- How and where to submit claims
- What we're doing in the community
- How to register as a Medicaid provider with the state
- How to contract with Molina, as well as ensure you're information stays up to date

…. And more!

MOLINA®
HEALTHCARE

Thank you for partnering with us!

Within our population we have great diversity. There are always opportunities that we can watch for cultural differences, domestic violence, abuse or neglect. Our health plan members are often vulnerable individuals.

They may have difficulty with language or literacy, and they are beset by social and economic problems that can complicate their ability to obtain care.

Through our partnership with you,

we can make a real difference in their lives.

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Molina Membership

Molina has been in Idaho since **2018**

### And now serving over
20,400 members!

Molina Healthcare in Idaho service areas:

Medicaid – Ada, Adams, Bannock, Benewah, Bingham, Bonneville, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, Washington

Molina Medicare Complete Care (HMO D-SNP) – Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, Washington

Molina Medicare Complete Care Select (HMO D-SNP) – Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, Washington

Molina Marketplace – Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai

Marketplace

Medicaid

Medicare

MOLINA HEALTHCARE®
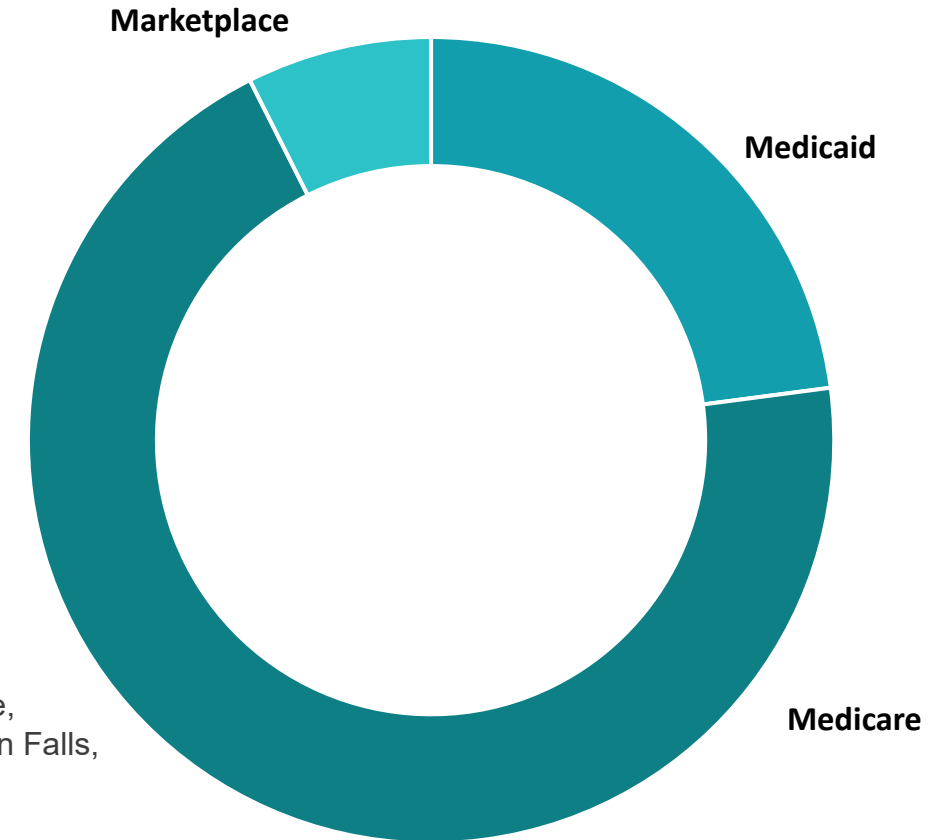
Provider Relations

Idaho Provider Relations Team

Your **Personal Advocates** helping you navigate and partner with the Molina team.

We provide education about:

- **Credentialing** a new provider or making a change to an existing credentialed provider in your group.

- **New Provider** Welcome outreach emails.

- Coordination with **Claims** Research and Resolution Teams.

- **Education** on **resources** available for providers and members.

- **Availity** training.

- **Contacts** for all departments within Molina.

- **Healthcare updates** and education.

- Provider office staff education and **offsite visits**.

- **EDI** claims submission and **EFT** setup.

- **Newsletters** & **Bulletins**

- And more…

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Need help from your PRR Team?

- ## Keshia Schneider

Manager of Provider Relations

Email: Keshia-skye.Schneider@molinahealthcare.com

Phone: (801) 613-1918

- ## Shari Wheeler

Senior Provider Relations Representative

Email: Shari.Wheeler@Molinahealthcare.com

Phone: (801) 572-7602

Specialties: Atypical Providers, Certified Family Homes, PCS, DME & Assisted Living

- ## Chelsey Anderson

Provider Relations Representative

Email: Chelsey.Anderson@Molinahealthcare.com

Phone: (801) 613-7889

Specialties: Hospitals, FQHCs, RHCs, & EMS

- ## Stephanie Sanders

Provider Relations Representative

Email: Stephanie.Sanders2@molinahealthcare.com

Phone: (208) 986-0500

Specialties: SNFs, BH & Hospice

- ## General PRR Email Box:

MHIDProviderSvcReq@MolinaHealthcare.com

MOLINA® HEALTHCARE

Provider Contact Center

The Member and **Provider Contact Centers** support multiple products across all states to assist our members and providers with:

- **Benefit** and **Eligibility** questions

- **Provider Network** inquiries

- **PCP** updates

- **Authorization** inquiries

- **Claim Status** and inquiries

- **Grievance** and **Appeals**

Provider Customer Service can be reached at:
Medicare: (844) 239-4914
Medicaid Plus and **Marketplace: (844) 808-1383**

MOLINA® HEALTHCARE

Community & Member Engagement

Community & Member Engagement

> What does Community & Member Engagement mean for Molina Healthcare of Idaho?

> What are our goals?

> How are we working towards these goals?

> What does success look like?

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Community & Member Engagement

What is Community & Member Engagement?

Community and Member Engagement is the way Molina Healthcare of Idaho actively engages with members, our community partners including providers, and the community at large as a health

plan to wholistically support our members.

1 Member Engagement

- Community events
- Member Advisory Committees
- One-on-One member and partner meetings to enable a smoother experience as we navigate the healthcare system and available resources

2 Provider Engagement

- Health and Wellness events
- Support initiatives that drive access to

healthcare via Molina Cares Accord
- Signature events
- Biannual CBO Stakeholder Meetings

3 Community Based Organizations & Partners

- Biannual Stakeholder CBO Meetings
- Work collaboratively on public health

initiatives
- Molina Cares Accord Sponsorships to meet

community health needs

MOLINA HEALTHCARE

Community & Member Engagement

1 Community Sponsorships — IIBHN Conference, AAA's Caregiver Conferences, SMART Workshops, and the Hands Around the Capital-ADA Celebration

2 **Molina Cares Accord** — Molina's community investment platform and our commitment for 2025 is over $75K YTD

3 **Provider Engagement** — Molina Signature events that collaboratively help you meet community members where they are to promote health and well-being.

4 **Employee Volunteer Time** — Partnerships enable the health plan to support our members and partners who are in our communities.

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Community & Member Engagement

Quality Improvement

- **Medicare Star ratings**

- **Medicaid State and Medicare CMS Regulatory Compliance**

- **NCQA Accreditation**

- **Provider Engagement Program**

  - **Provider Quality Bonus**

  - **Missing Services Lists**

- **Provider and Member Satisfaction**

- **Member Outreach Programs**

2025/26 Outreach and Incentive Programs

Outreach

- Dual-Eligible
- MMCP
- IMPlus
- Marketplace

Targets

- Preventive services
- Maintenance services

Incentives Offered

Range from $25 - $125

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Care works best when caring people work together

Quality Incentives Alignment:
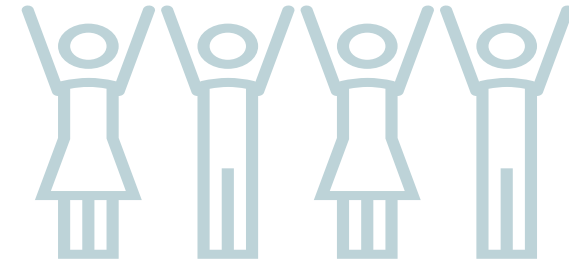
Primary Care	HCBS	Members
BCS - $50	BCS - $75	BCS - $75
CPB - $50	CBP - $75	Flu Shot - $25
COL - $20	COL - $75	COL - $75
Diabetes screenings - $50	Diabetes screenings (3)- $75	Diabetes screenings (3) - $75
AWV - $175	AWV - $75	AWV - $125

MOLINA® HEALTHCARE

HEDIS® Measures

Purpose – Ensure every Molina Healthcare member has an assessment of all needed HEDIS® metrics within the outlined timeframes.

Provider Goals

- Complete all appropriate needed HEDIS® services for all members.

- Ensure all services performed are documented on claims/encounters for all members assigned to the provider.

- Reduce HEDIS® chart review by:
  - Comprehensive coding
  - Supplemental data file
  - Remote EMR access

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

MOLINA HEALTHCARE

Medicare Quality Performance Measures

2025 Medicare Star HEDIS® Measures

Breast Cancer Screening (BCS)

Care for Older Adults (COA - M) – Medication Review

Care for Older Adults (COA - F) – Functional Assessment

Colon Cancer Screening (COL)

Controlling High Blood Pressure (CBP)

Eye Exam for Patients with Diabetes (EED) – Eye Exam

Diabetes (DM) Care – Blood Sugar Control

Kidney Health Evaluation for Patients with Diabetes (KED)

Medication Adherence for Hypertension (RAS antagonists)

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Medication Adherence for Cholesterol (Statins)

Statin Use in Persons with Diabetes (SUPD)

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Provider Support

- **Provider Incentives and programs to promote patient wellness and preventive care.**

- **HEDIS® Tip Sheets on the Availity Portal; Performance reporting; Designated Quality Specialist.**

- **HEDIS® metric reports and missing service reports available.**

NEW in 2026!
PCS Provider Advisory Committee.
- Agency owners, admin staff, direct care workers

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MOLINA HEALTHCARE

Member Engagement

Text Campaigns: Reminders to schedule appointments, education, community & health plan resources.

Incentive programs

Member Advisory Committee (MAC):Quarterly meetings, in-person & virtual options. Open to Molina members, Family/friend caregivers.
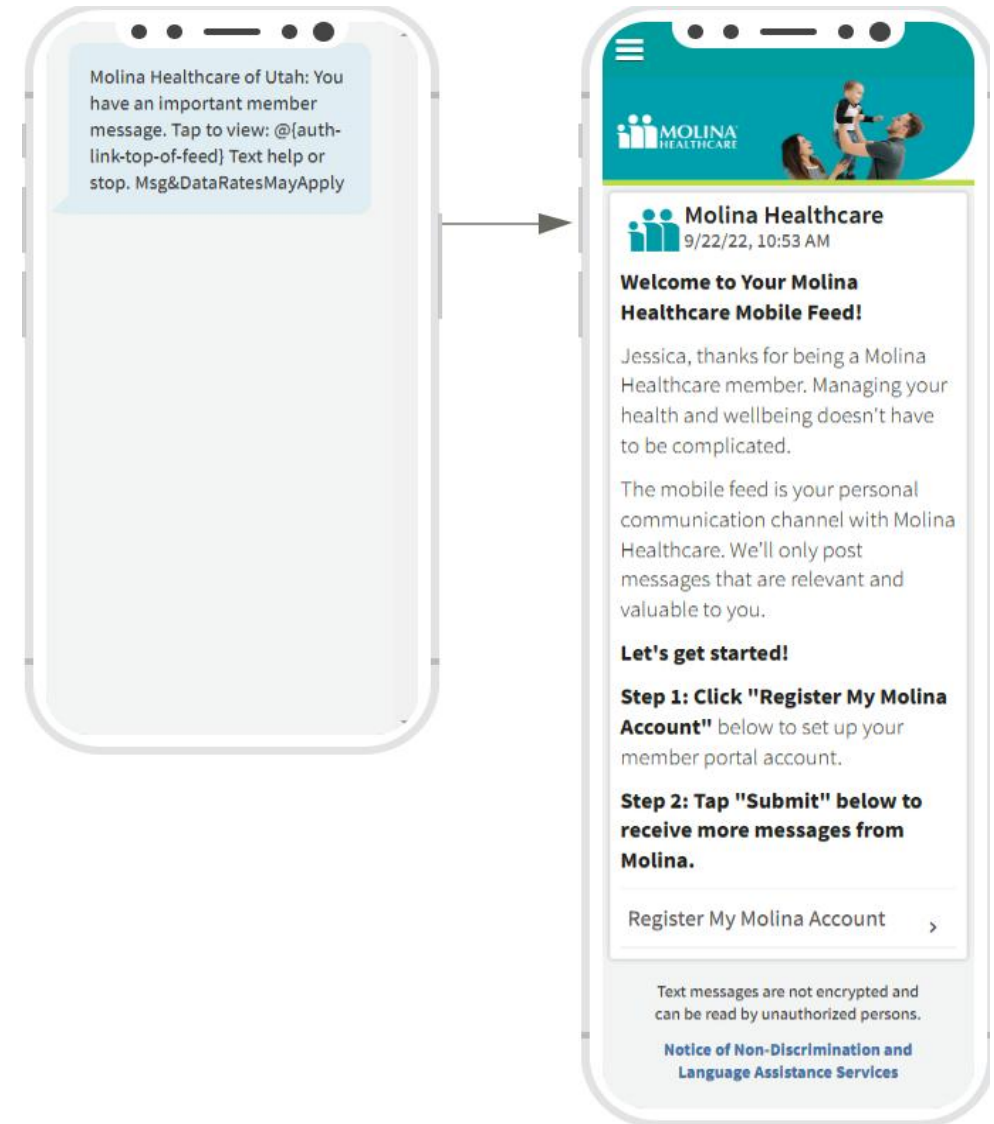
2025 Molina Healthcare Idaho Medicare Member Healthy Reward Incentive Program

Quality measure	Reward Amount	Member Tips
Breast cancer screening	$75	✓ Rewards are loaded on MyChoice debit card.
Colon cancer screening	$75	✓ Incentives earned fund food & produce purchases.
Diabetes (A1c, Eye exam, Kidney Function)	$75	
Flu shot	$25	
Osteoporosis screening	$50	
Annual Wellness Visit	$125	

Important Dates!

Complete screenings:
1/1/2025-12/31/2025
Claim rewards:
1/1/2025-1/1/2026
Use rewards:
1/1/25-3/31/2026 (with active Molina Enrollment)

Claim Rewards by phone or member portal self-attestation.

Questions? If your Molina members have any additional questions about the program, please direct them to call (844) 485-1046, TTY 711; Monday – Friday, 8 a.m. - 5 p.m. (MDT).

Monitoring Satisfaction

Member Satisfaction Survey

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Measures member satisfaction with:
1. Rating of All Health Care
2. Rating of Health Plan
3. Rating of Personal Doctor
4. Rating of Specialist Seen Most Often
5. Preventive Services

2024 Results

MEASURE	SUMMARY RATE		CHANGE
	2023	2024	
Rating of Health Care % 9 or 10	56.9%	54.2%	-2.7
Getting Care Quickly % Usually or Always	87.6%	87.2%	-0.4
How Well Doctors Communicate + % Usually or Always	96.2%	93.2%	-3.0
Coordination of Care + % Usually or Always	89.6%	87.0%	-2.6
Rating of Personal Doctor % 9 or 10	75.9%	77.6%	1.7
Rating of Specialist + % 9 or 10	68.5%	70.9%	2.4

Measure Name	2024 Summary Rate Score
Would Recommend (%Yes)	63.8%
All Other Plans (Comparative Rating) (%Well or Somewhat above average)	21.9%
Overall Satisfaction (%Completely or Somewhat Satisfied)	53.3%
Finance Issues (%Well or Somewhat above average)	21.3%
Utilization and Quality Management (%Well or Somewhat above average)	22.9%
Network/Coordination of Care (%Well or Somewhat above average)	22.1%
Pharmacy (%Well or Somewhat above average)	19.5%
Health Plan Call Center Service Staff (%Well or Somewhat above average)	25.5%
Provider Relations (%Well or Somewhat above average)	38.4%

Provider Satisfaction Survey

The Provider Satisfaction Survey targets providers to measure their satisfaction with Molina Healthcare of Idaho. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

MOLINA HEALTHCARE

IDHW/Medicaid Provider Registration
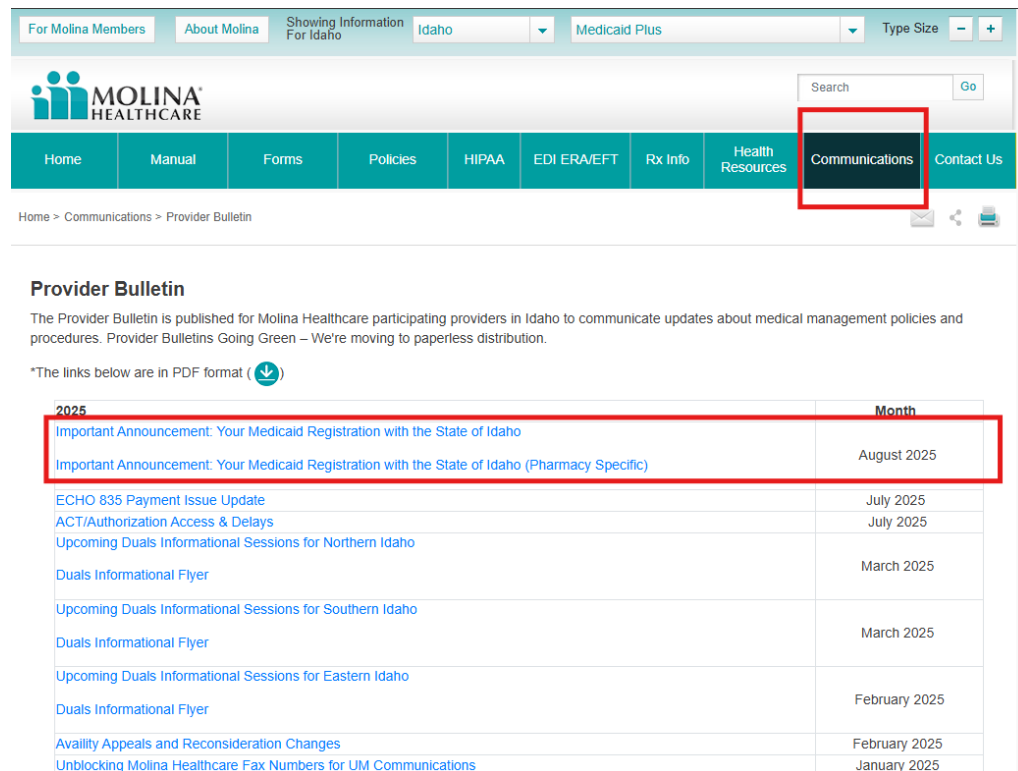

- When Molina Healthcare of Idaho (MHID) receives notification from the Idaho Department of Health & Welfare (IDHW) that a provider is not registered with the State, MHI will terminate the effected lines of business, including Medicaid and Medicare.

- When the provider becomes registered/recredentialed with the Idaho Department of Health & Welfare, and requests to be reinstated with MHI, the provider will need to send an e-mail notification to MHIDPNA@MolinaHealthCare.Com.

- If the request from the provider to be reinstated with MHI is less than 180 days from the date that the provider was reinstated by the IDHW, MHI will use the IDHW reinstatement date. (This will be verified by MHI through the IDHW website).

- If the request from the provider to be reinstated with MHI is greater than 180 days from the date that the provider was reinstated by IDHW, MHI will use the provider's request date with MHI for reinstatement as the effective date.

IDHW Provider Registration 2026

Effective January 1, 2026, the Idaho Department of Health & Welfare (IDHW) will require all providers to register to participate in Medicaid programs. This new regulation aims to ensure high standards of care, enhance patient safety, and to maintain the integrity of claims processing for payment with Molina. If your registration is not updated by January 1, 2026, your Molina provider profile will be updated to a "No Pay" contract and claims submitted for payment may be disrupted.

Information & Instructions

Helpful Contacts & Links

- To check your IDHW Medicaid registration status, please visit: Idaho Medicaid Health PAS Online
- To review your Availity registration status, or general Availity assistance, please reach out to you Molina Provider Representative.
- To check your Molina Medicaid registration status, please email us at MHID_Provider_Medicaid_id@molinahealthcare.com and share your Medicaid ID number and any contact information that may have been updated.
- Idaho State Health Board: (866) 686-4272, option 1
- IDHW Provider Enrollment email: IDProviderEnrollment@gainwelltechnologies.com
- IDHW website: Idaho Medicaid Health PAS OnLine

Contracting

- If you would like to become contracted with Molina Healthcare of Idaho or have questions about your contract, please email the Idaho Provider Contracting team at MHIDProviderContracting@MolinaHealthCare.Com
  - ➢ Please attach a Contract Request Form and current W-9 dated within the last 180 days. The form is found at https://www.molinahealthcare.com/providers/id/medicaid/forms
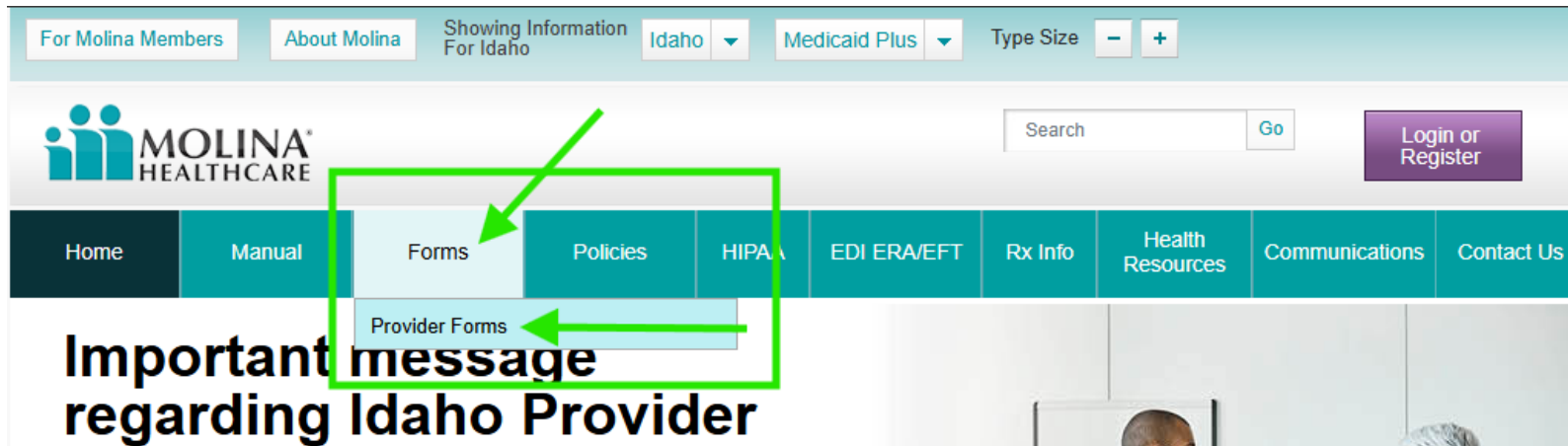
- If you are adding a provider to you group and need to affiliate/credential them with your existing contract, please email MHIDPNA@MolinaHealthCare.Com
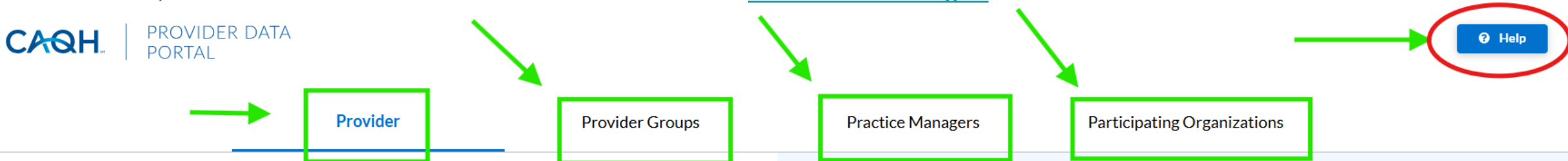
Providers must be registered with the state before Molina can add them to the network.

CAQH

The Council for Affordable Quality Healthcare

- CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more. To access CAQH ProView follow this link: CAQH ProView Log-In

CAQH | PROVIDER DATA PORTAL

Provider | Provider Groups | Practice Managers | Participating Organizations

Help

Resources available on the home page

TO LEARN MORE

CAQH Provider Data Portal for Providers User Guide v45.0

CAQH Provider Data Portal Dentist Quick Reference Guide v3.0

CAQH Provider Data Portal Practitioner Quick Reference Guide v3.0

CAQH-Provider-Data-Portal-Quick-Help-Guide_Final

Sign In

Check for CAQH ID

Username
Forgot Username

Password 👁
Forgot Password

☐ Remember me

Sign In

First Time Here?

1. Dentists: Sign in using the American Dental Association's portal
2. If you received a welcome email, use the link in your email to begin the sign in process.
3. If you are a first-time user, register here.

Experiencing Issues? Check our System Status

MOLINA HEALTHCARE

Provider Appeals & Reconsiderations

Provider Claims Appeal is a formal written request for review of a claim denial or partial payment. All claim appeals must be clearly identified as "Provider Claims Appeal" by written request and be accompanied with all necessary documentation which may include but is not limited to, medical records or if claim was previously reviewed through the reconsideration process.

- The denial or limited authorization of a requested service, including the type or level of service.
  - The authorization did not meet medical necessity.
  - Partial Approvals
- The reduction, suspension, or termination of a previously authorized service.
- The denial of whole payment for services rendered.
  - No auth obtained.
  - Timely submission of authorization.

  - The Appeal must be filed within the specified timeframe from the date of the Health Plan's Action.

If the Provider would like to dispute the processing, payment or nonpayment of a claim, the dispute shall be classified as a **Claim Reconsideration**. (example: timely filing, duplicate, code edit, NCCI Edit, rate of payment/contracted rate issue). The claim Reconsideration does not include paperwork unlike the Claims Appeal. The Claim Reconsideration must be requested by the provider within 120 calendar days of Molina's original remittance advice date.

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Provider Appeals

If the Provider would like to formally dispute the processing, payment or nonpayment of a claim, the dispute shall be classified as a Provider Appeal.

The Appeal must be filed within the specified timeframe from the date of the Health Plan's Action.

Marketplace - 180 calendar days

Medicaid Plus- 60 calendar days

Medicare - 60 calendar days if PAR

*Please refer to your specific contract as timeframes may vary.

Providers should submit the following documentation:

- Any medical records or documentation to support the adjustment and a copy of the Authorization form (if applicable) must accompany the request.

- The **claim number clearly** marked on all supporting documents. We process the appeal based on the claim number provided.

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Submitting Provider Appeals Forms

Forms may be submitted via Availity, fax, or mail.

Appeals submitted via Availity at: https://availity.com/molinahealthcare

Medicaid Plus & Marketplace Appeal Form: Provider Claims Appeal Request Form

Medicaid Plus & Marketplace Appeals:

Molina Healthcare of Idaho, Inc.
Attn: Appeals and Grievance, Complaints Dept
PO Box 182273
Chattanooga, TN 37422
Fax: 877-682-2218 Attn: Appeals

Medicare Appeals to:
Molina Contracted Provider Appeals
PO Box 22816
Long Beach, CA 90801
Fax: 562-499-0610

MOLINA HEALTHCARE
7050 Union Park Center - Suite 200
Midvale, UT 84047

PROVIDER CLAIMS APPEAL REQUEST FORM

Provider Information:

Provider Name: _____

NPI# _____

Contact Person: _____

Phone: _____ Fax: _____

Mailing Address: _____

_____

Claim Number: _____

DOS: _____

Member Name: _____

Member ID Number: _____DOB_____

Reason for Request:

Please include a copy of the EOB with the appeal and any supporting documentation.
Please fax request to: 877-682-2218/ Attn: Appeals

Molina Care Management

Improving Care One Member at a Time

- Less fragmented care

- Member centric/Improved outcomes

- Use of Motivational Interviewing, to empower and encourage self-advocacy for sustained benefits

- Connection to services available in the community (non-covered benefits)

- Reduces member frustration

- ICT working together to ensure care plan goals are met.

- Acts as the member's advocate.

- Delivery of service at the Right place, Right time and Right level of care

- Medication reconciliation (Poly Pharmacy)

- Early identification of health concerns leading to improved PCP engagement

- Improved Health Literacy amongst the most vulnerable populations.

- Continuity of Care (90-day transition period)

Inquiries for Care Management can be sent to directly to the Team at MHIDCaseManagement@molinahealthcare.com, the Director of Care Management for IMPlus; Crystal Shipler at Crystal.Shipler@molinahealthcare.com or call 801-561-3405 & the Director of Care Management for MMCP; Nicole Withroe at Nicole.Withroe@molinahealthcare.com or call 801-996-7946.

MOLINA HEALTHCARE

Case Management Structure

*Molina Healthcare's Integrated Care Management program is a collaborative process aimed at meeting an individual's health needs, promoting quality of life, addressing social determinants of health and obtaining the best possible outcomes for the member, delivering the right care, at the right time, in the right setting.

*Molina care managers use information from the assessment process to develop and implement individualized care plans with the member in a timely manner based on the member's own identification of primary health concern in addition to other available data.

*Interdisciplinary Care Team (ICT): involves working collaboratively with the member's entire healthcare team to prevent duplication of services and improve health outcomes.

*Program is primarily conducted telephonically, however, can do face-to-face as when beneficial.

*Care Management Team Includes: Social Workers, Registered Nurses, Substance Abuse Counselors & Community Connectors.

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Idaho Care Management
by Line of Business

MMCP	Medicaid Plus	Waiver Members
• Voluntary program with one set of comprehensive benefits • Assessments done within 30, 60 or 90 days based on Risk stratification and annually • HRAs • Face to Face comprehensive needs assessments • Idaho based care management staff • All members are assigned to a CM	• Mandatory program for all dual eligible members who are given Medicaid Enhanced plan benefits, they get to choose who their primary Medicare payor(will not be Molina). • Assessments due within 90 days of enrollment and annually • Wellness Assessment • Idaho based care management staff • All members are assigned to a CM	• Coordination of all HCBS and LTSS services & needs • Provider notification of UAI and Support plans • TOC performed by current Care Coordinator/Care Manager • Initial & Annual UAI performed by IDHW. Generation of corresponding service & support plans by Molina • All members enrolled in CM

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Is a Prior Authorization Required?

Molina's preferred method is the Code Look Up Tool on the Molina Healthcare website under Health Care Professionals.

[Health Care Professionals (molinahealthcare.com)](molinahealthcare.com)

- Medicaid - [Provider Forms (molinahealthcare.com)](molinahealthcare.com)
- Medicare - [Medicare Providers (molinahealthcare.com)](molinahealthcare.com)
- Marketplace - [Forms and Documents (molinamarketplace.com)](molinamarketplace.com)

General Rule: If you are not contracted with Molina, you will need a PA.

Please note – Absence of the code on the PA tool lookup does not guarantee coverage or payment

Utilization Management and Prior Authorizations

How to obtain a Prior Authorization

Prior Authorizations can be obtained by:

- Faxing PA form to UM Team
- Submit through Availity

	PHONE	FAX
Medicaid	(888) 483-0760	(866) 472-0589
Marketplace	(855) 322-4081	(833) 322-1061
Medicare MMP	(855) 322-4081	(844) 251-1451
Medicare	(855) 322-4081	(844) 251-1450

*Service hours 8am-5pm local M-F, unless otherwise specified

Prior authorization request forms and information can be found at Provider Forms (molinahealthcare.com)

We welcome your suggestions and comments as well as any feedback around UM guidelines. Feel free to reach out to: MHIDPriorAuthorizations@MolinaHealthCare.Com

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Molina is Green

Molina requires all contracted Providers to participate in and comply with Molina's electronic solution requirements which include but are not limited to electronic submission of prior authorization requests, prior authorization status inquiries, health plan access to electronic medical records (EMR), electronic Claim submission, electronic fund transfers (EFT), electronic remittance advice (ERA), and electronic Claim appeals. Molina's electronic solution provides benefits to providers including faster claim processing, increased overall efficiencies, improved processing accuracy and reduced HIPAA violations.

Molina offers the following **electronic claims submission options**:

- Submit Claims directly to Molina Healthcare of Idaho via Availity: **Availity Provider Portal**

- Submit Claims to Molina through your EDI clearinghouse using Payer **ID 61799**. Please refer to our website www.molinahealthcare.com and then select "EDI ERA/EFT" for more information.

Molina requires an Itemized Bill on all claims that exceed $100k in billed charges. If Itemized is not received with the original claim the provider is to submit a corrected claim and include the itemized.

The Provider Portal offers the following claim submission functions:
- Submit Professional (CMS1500) and Institutional (UB/UB-04) Claims and upload attachments
- Submit corrected claims, void claims
- Check claim statuses and more

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Black and Red Claim Submissions

In order to accurately process paper claim submissions, a provider must bill on acceptable claim forms to ensure accuracy of the data being input into our systems.

CMS guidelines state: "For both CMS-1500 and UB-04 Claims, the only acceptable claim forms are those printed in Flint OCR Red, J6986, (or exact match) ink. Although a copy of the CMS-1500 and UB-04 form can be downloaded, copies of the form cannot be used for submission of claims, since your copy may not accurately replicate the scale and OCR color of the form. Please resubmit on red-lined form.

The clearinghouses began rejecting claims on our behalf that are not submitted on the appropriate forms effective 10/01/2022.

You can find Medicare CMS-1500 completion and coding instructions, as well as the print specifications in Chapter 26 of the Medicare Claims Processing Manual (Pub.100-04).

Any paper claims submissions received outside of the appropriate Claims PO Box will be returned to the submitting provider.

Medicaid
Molina Healthcare of Idaho
PO Box 22630
Long Beach, CA 90801

Medicare & Marketplace
Molina Healthcare of Idaho
PO Box 22617
Long Beach, CA 90801

MOLINA HEALTHCARE

Corrected Claims Submission

- Providers can submit corrected claims when **changing** or **adding** information, such as a change in coding.

- There are **2** ways to submit a corrected claim to Molina Healthcare:

  1. Electronic Data Interchange (EDI)
  2. Availity Portal

- Tips on submitting corrected claims:

  - **Always** submit through the Availity Portal or electronically
  - **Do Not** submit corrected claims through the claims appeals or reconsideration process
  - **Always** include the number 7 in box 22 along with the original claim that is being corrected on a CMS 1500. For a UB04 use the number 7 as the last digit in your type of bill
  - **Do Not** submit a corrected claim with only the codes that were edited by Molina Healthcare on the original claim

Billing Molina Members

- The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization.

- Providers, as well as subcontractors and referral providers, agree that under no circumstance shall a Member be liable to the Provider for any sums that are the legal obligation of Molina to the Provider. Balance billing a Member for Covered Services is prohibited, except for the Member's applicable copayment, coinsurance, and deductible amounts.

- Providers may seek payment from a Member only if the services are not covered services and if, prior to providing the services, the Provider informed the Member that the services were not covered. The Provider must inform the Member that the services are not covered and have the Member acknowledge the information. If the Member still requests the service, the Provider must obtain such acknowledgment in writing prior to rendering the service. Regardless of any understanding worked out between the Provider and the Member regarding private payment, once the Provider bills Molina Healthcare of Idaho for a Service that has been provided, the Provider cannot charge the Member more for a covered service than the contractually allowable amount but may charge an agreed upon amount for noncovered or heightened services.

- Molina shall require, as a condition of payment, that the Provider accept the amount paid by the Health Plan or appropriate denial made by the Health Plan or, if applicable, payment by the Health Plan that is supplementary to the Member's third-party payer, plus any applicable amount of cost sharing or patient liability responsibilities due from the Member as payment in full for the service. Providers cannot bill Members for any other amount other than the applicable amount of cost sharing or patient liability responsibilities.

- If Molina Healthcare of Idaho is made aware of members being balance billed outside of agreed upon non-covered services, or agreed upon heightened services, the provider will be outreached and notified to cease billing of monies inappropriately billed and require any payments received be immediately refunded. If the provider continues to bill the member, Molina Healthcare of Idaho will report the provider to IDHW for investigation of potential fraud.

MOLINA HEALTHCARE

EFT and EDI Enrollment & Support

EFT/ERA

ECHO Health Inc.	
Website	www.providerpayments.com
Customer Service	(888) 834-3511
Email	EDI.ERAEFT@MolinaHealthcare.com
Register	Echo Enrollment

EDI

Submitting Electronic Claims, Encounters, Referral Certification and Authorization	
Website	To enroll, please visit https://enrollments.echohealthinc.com
Customer Service (835 Files)	(888) 834-3511
Email (835 Files)	EDI@echohealthinc.com

More information can be found on our website as well:

Important Announcement:

Molina Healthcare is working to simplify and improve payment transactions for your business, offering more choice in payment methods. Beginning 09/06/2022, Molina partnered with Change Healthcare and ECHO Health, Inc. (ECHO) to provide payment solutions to better meet provider needs.

Getting Started

New Availity Portal Users

- Go to [Welcome to Molina Healthcare, Inc - ePortal Services](#)
- Go to [Molina Healthcare of Idaho Home](#)
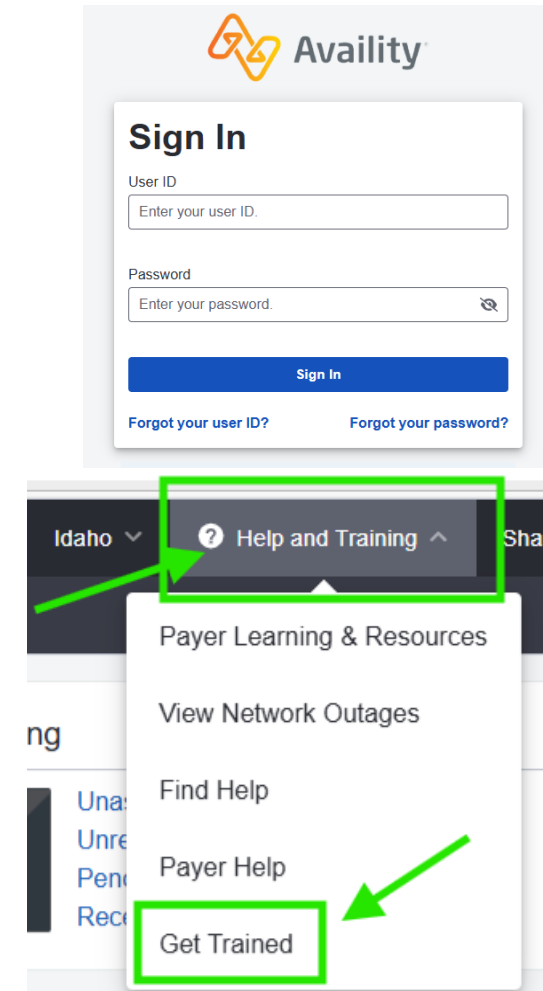 - From the Healthcare Provider Home page select one of the two links:
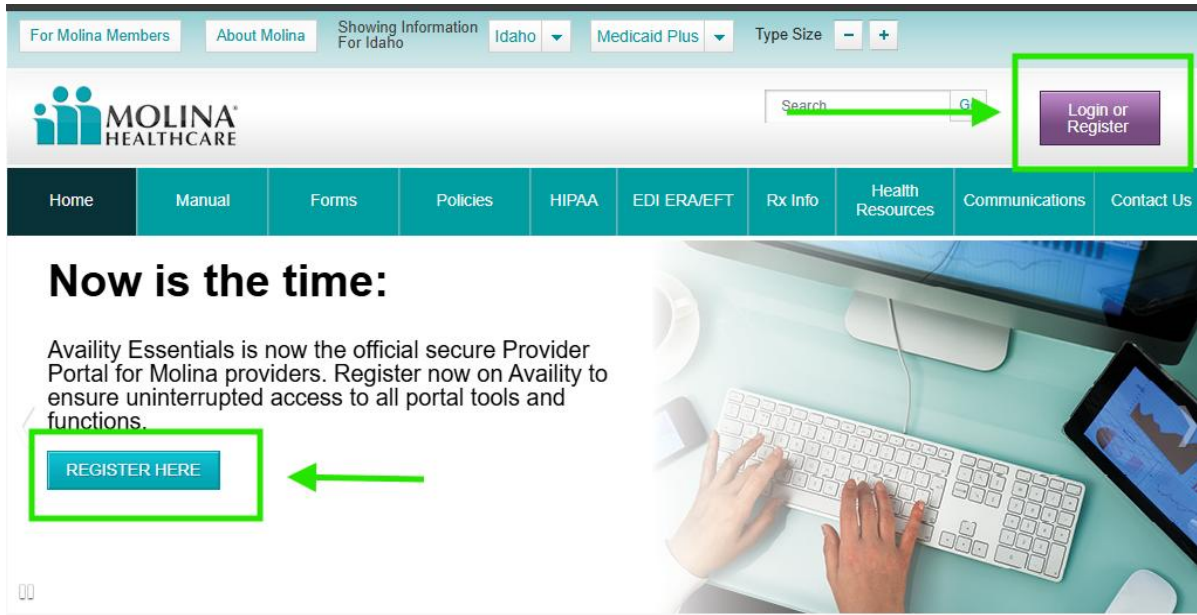
Training Resources within Availity

- In Availity Portal, select **Help and Training > Get Trained**.
  - In the Availity Learning Center (ALC) that opens in a new browser tab, search the catalog by keyword "Molina".

Existing Availity Portal Users

- Go to [Availity Essentials](#)

Availity Features

Claims submission & Monitoring

Appeals

Claims Reconsiderations

Smart Home Page

2 Way Secure Messaging

Member Specific Benefits

Molina & Availity update notifications

Quick Claims Templates

Prior Authorization

HEDIS Gaps in Care Tool

Member Eligibility

Training Guides & Resources

Care Coordination Portlet

Claims Corrections

Patient Care Portlet

Payment Information

Idaho State Map

Service areas and products

D-SNP plans:

■ **Molina Medicare Complete Care (HMO D-SNP) H5628-013-001** ⭐
(FIDE) Service area (5): *Ada, Boise, Canyon, Gem, Owyhee*

■ **Molina Medicare Complete Care Select (HMO D-SNP) H5628-014-001 (Coordination Only)** ⭐
Service area (5): *Ada, Boise, Canyon, Gem, Owyhee*

■ **Molina Medicare Complete Care (HMO D-SNP) H5628-013-002 (FIDE)** ⭐
Service area (38): *Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Bonner, Bonneville, Boundary, Butte, Camas, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Franklin, Fremont, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Payette, Power, Shoshone, Teton, Twin Falls, Valley, Washington*

■ **Molina Medicare Complete Care Select (HMO D-SNP) H5628-014-002 (Coordination Only)** ⭐
Service area (38): *Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Bonner, Bonneville, Boundary, Butte, Camas, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Franklin, Fremont, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Payette, Power, Shoshone, Teton, Twin Falls, Valley, Washington*

- **Plan termination + member crosswalk**
  (Molina Medicare Complete Care H5628-008 > H5628-013-001 & H5628-013-002)
- **Plan termination + member crosswalk**
  (Molina Medicare Complete Care Select H5628-011 > H5628-014-001 & H5628-014-002)
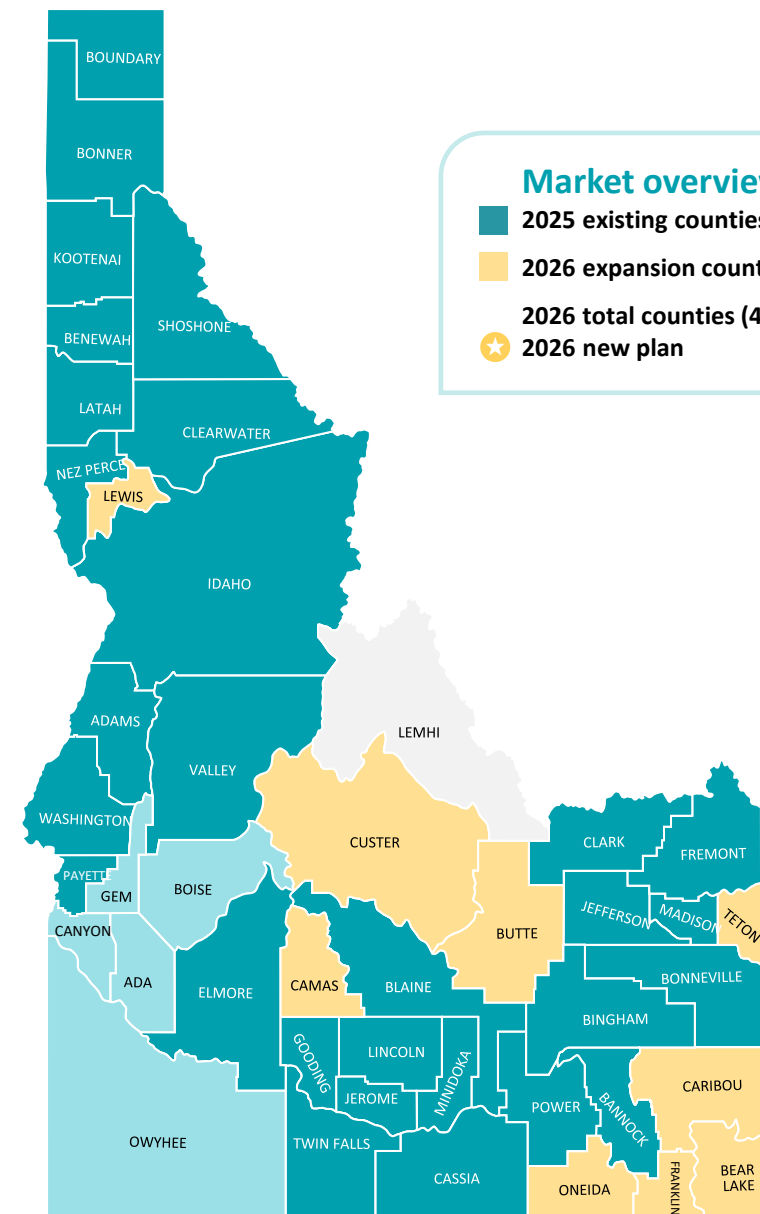
Market overview

- ■ **2025 existing counties (34)**
- ■ **2026 expansion counties (9)**
- **2026 total counties (43)**
- ⭐ **2026 new plan**

MOLINA HEALTHCARE®

Idaho Key **Supplemental** Benefits

Benefits				SSBCI benefits*	
🧍	Chiropractic	💳	OTC	🚗	Transportation for non-medical needs
🚴	Fitness	🛡️	Personal emergency response system (PERS+)	🍏	Healthy food allowance
👂	Hearing	🦶	Podiatry	💡	Utilities (electricity, natural gas and water)
🍽️	Home-delivered meals	👓	Vision		
🚐	Non-emergency medical transportation	🌍	Worldwide emergency/ urgent coverage		

Disclaimer:

Molina offers a variety of Medicare Advantage plans, and **benefit details may vary by plan**. Certain benefits may differ in availability, delivery or eligibility criteria. Please refer to each plan's **evidence of coverage (EOC)** for complete details.

*Special Supplemental Benefits ("SSBCI") might be available to a member if they have any of the following conditions: chronic heart failure, cardiovascular disorders, diabetes, cancer and end-stage liver disease. And Other eligible conditions not listed. These conditions may not apply to all types of SSBCI mentioned. Eligibility for this benefit cannot be guaranteed based solely on the member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Molina.

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Molina Healthcare: Idaho – D-SNP
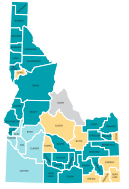
Service Area (5): *Ada, Boise, Canyon, Gem, Owyhee*

Plan	Premium	PCP/Specialist	Prescriptions	Dental	Hearing	Vision	Pre-Funded MyChoice Debit Card Benefits*
Molina Medicare Complete Care (HMO D-SNP) H5628-013-001 (FIDE)	**$0**	**$0/$0** copay	Tier 1 & Tier 6: **$0** Deductible: **$0 - $615** Tier 2: **20%** Tier 3: **20%** Tier 4: **30%** Tier 5: **25%** Or **LIS Cost Share**	**Idaho Smiles** (state Medicaid qualifiers apply)	**$0 exam** **2 Pre-selected** hearing aids every two years	**$0** exam **$250** eyewear allowance every year	**$143** a month in healthy food, OTC, utilities and transportation
Molina Medicare Complete Care Select (HMO D-SNP) H5628-014-001 (coordination only)	**$0**	**$0/$10** copay	Tier 1 & Tier 6: **$0** Deductible: **$0 - $615** Tier 2: **20%** Tier 3: **20%** Tier 4: **30%** Tier 5: **25%** Or **LIS Cost Share**	**$0** preventive **$500** comprehensive	**$0 exam** **2 Pre-selected** hearing aids every two years	**$0** exam **$250** eyewear allowance every year	**$77** a month in healthy food, OTC, utilities and transportation

Key Selling Points	Chiropractic	Fitness	Healthy Food*	Hearing	Meals	OTC	PERS	Podiatry	Transportation*	Utilities*	Vision
Molina Medicare Complete Care (HMO D-SNP) H5628-013-001 (FIDE)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Molina Medicare Complete Care Select (HMO D-SNP) H5628-014-001 (coordination only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*Benefits may require SSBCI verification.

Molina Pre-Funded MyChoice Debit Card

- **Over the counter (OTC):**
- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and dental care products
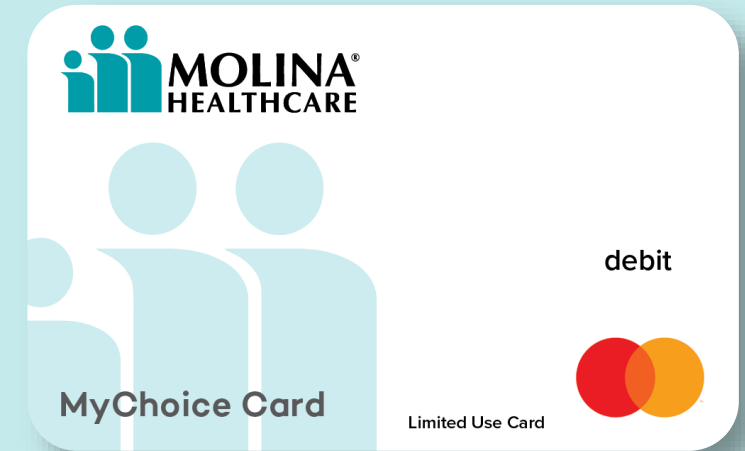- And more

- **Transportation:**
- Ride share (Uber, Lyft, taxi)
- Public transportation

Healthy food allowance:
- Beverages
- Bread, grains and flour
- Baking and cooking mixes
- Processed cereal products
- Fruits and vegetables
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Nuts and seeds
- Prepared and preserved food

Utilities:
- Electricity
- Natural gas
- Water

Disclaimer:
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NationsBenefits

With NationsBenefits' all-in-one pre-funded debit card solution, Molina Healthcare empowers members to effortlessly pay for eligible items and approved services, bringing added convenience, choice, and value to their health care experience.

- Food and produce*
- OTC and transportation*
- Hearing
- Meals

(877) 208-9243

molina.nationsbenefits.com

How to order

Online | App | Phone | Retail

*SSBCI benefit approval will be required prior to receiving the benefit

MOLINA HEALTHCARE

Questions?

Team/Department	Email Contact
Provider Relations	MHIDProviderSvcReq@MolinaHealthCare.Com
Contracting	MHIDProviderContracting@MolinaHealthCare.Com
Provider Network Services	MHIDPNA@MolinaHealthCare.Com
Care Management	MHIDCaseManagement@MolinaHealthcare.com
Utilization Management	MHIDPriorAuthorizations@MolinaHealthCare.Com
Quality	Lindsay.Haskell@molinahealthcare.com
Community Engagement	Yvette.Primero@molinahealthcare.com

Thank you!

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HEALTHCARE