

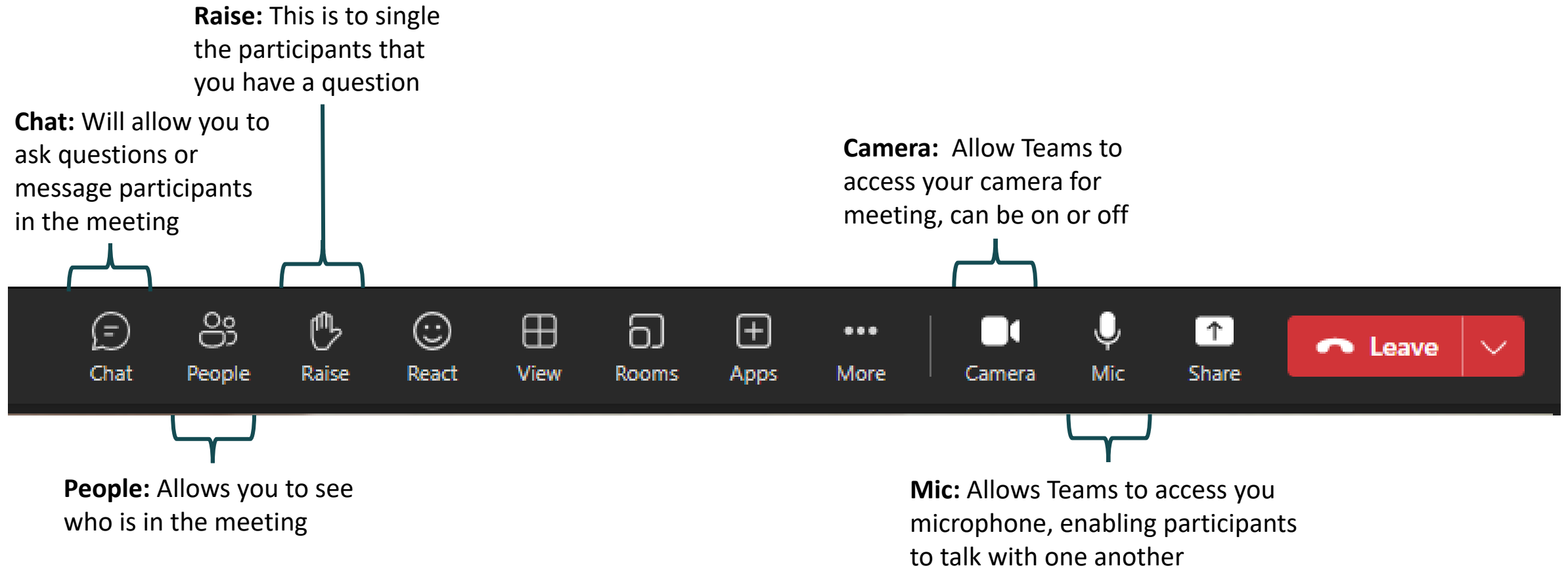
# Provider Orientation - 2023

---

MOLINA HEALTHCARE - MICHIGAN



# Teams Meeting Features



# Welcome and Reflection

Coming together is a beginning, staying together  
is progress, and working together is success.

-Henry Ford



# Agenda

- Welcome to Molina Healthcare
- Provider Responsibilities
- Provider Online Resources
- Member Identification Cards
- Medicaid Redetermination
- Availability
- Prior Authorization (PA)
- Quality Improvement
- Claims and Compensation
- Transportation Services
- Provider Training Opportunities
- Provider Network Services
- Contact Molina

# Welcome to Molina Healthcare!

Dear Provider:

We would like to extend a warm welcome and thank you for joining the Molina Healthcare of Michigan network. We are happy you have joined the Molina Family!

Molina Provider Network Managers (PNM) are available to meet with your office and staff and to respond to questions, please email [MHMProviderServices@MolinaHealthCare.com](mailto:MHMProviderServices@MolinaHealthCare.com).

We look forward to working with you and your staff in providing the highest level of health care services to our Michigan members.

Sincerely,

A handwritten signature in black ink, appearing to read "David Donigian MD".

David Donigian, MD  
Chief Medical Officer

# Provider Responsibilities

# Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

Nondiscrimination in Health Care Service Delivery

Section 1557 Investigations

Facilities, Equipment, and Personnel

Provider Data Accuracy and Validation

Molina Electronic Solutions Requirements

Electronic Solutions

Availity Essentials Portal

Member Rights and Responsibilities

Member Information and Marketing

Member Eligibility Verification

Member Cost Share

Health Care Services

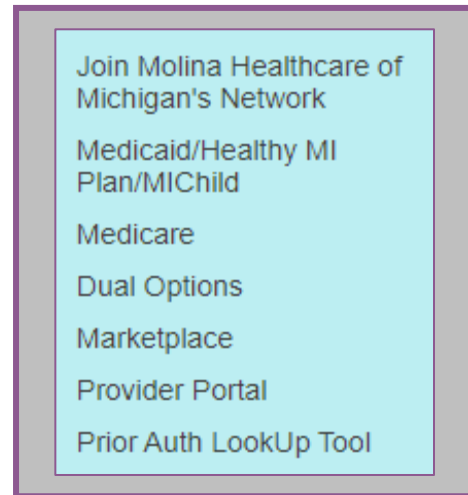
Participation in Quality Programs

Participation in Credentialing

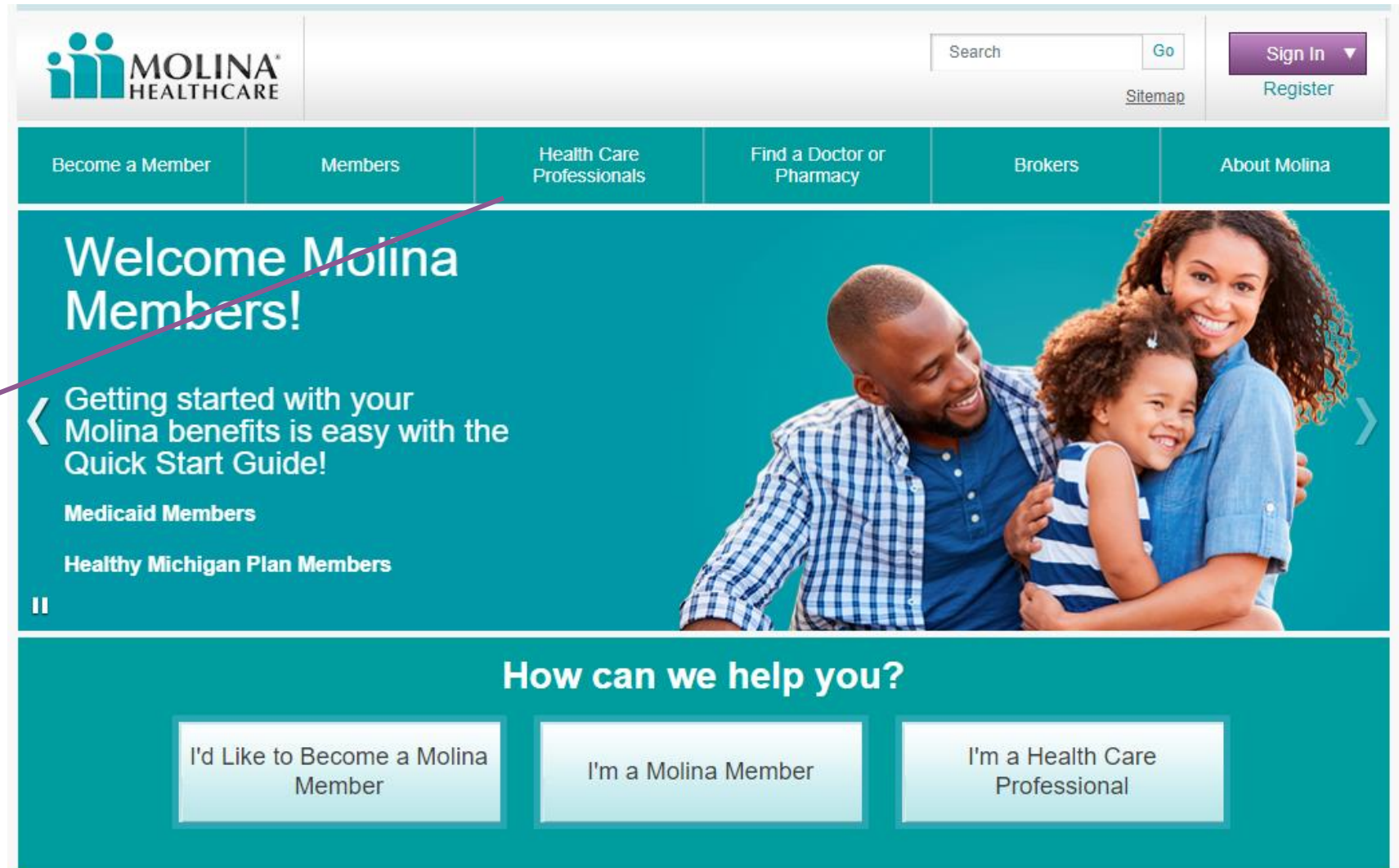
# Provider Online Resources



# Molina Healthcare Website



[Welcome to Molina Healthcare of Michigan](#)



# Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider Online  
Directory

Member Rights and  
Responsibilities

Prior Authorization  
Information

Claim Dispute

Provider Communications: Provider Bulletins and  
Provider Newsletters

Fraud, Waste, and Abuse Information

Advanced Directives

Molina Payment Policies  
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and  
Accountability Act (HIPAA)

Frequently Used Forms



Contact  
Information

Provider  
Manual

Preventive and Clinical Care  
Guidelines

# 2023 Medicaid Provider Manual

## PROVIDER MANUAL (Provider Handbook)

Molina Healthcare of Michigan, Inc.  
(Molina Healthcare or Molina)

Medicaid  
2023

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" have the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com](https://MolinaHealthcare.com).

Providers may request a printed copy of this manual by sending an email request to [MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com) or by phone at 947-622-1230

[Molina Healthcare of Michigan 2023 Medicaid  
Provider Manual - Updated 02/23](#)

Contract Information

Enrollment, Eligibility and Disenrollment

Credentialing and Recredentialing

Claims and Compensation

Appeals and Grievances

Pharmacy

Health Care Services

Quality

Behavioral Health

Compliance

Cultural Competency and Linguistic Services

Member Rights and Responsibilities

Benefits and Covered Services

Provider Responsibilities

Delegation

# 2023 Medicare Provider Manual

## PROVIDER MANUAL

(Provider Handbook)

Molina Healthcare of Michigan, Inc.

(Molina Healthcare or Molina)

Medicare Advantage  
2023

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" have the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Last Updated: 01/2023



Molina Healthcare Medicare Manual

Contract Information

Provider Responsibilities

Cultural Competency and Linguistic Services

Member Rights and Responsibilities

Enrollment in Medicare Advantage Plans

Benefit Overview

Health Care Services

Behavioral Health

Quality Improvement

Risk Adjustment Management Program

Compliance

Claims and Compensation

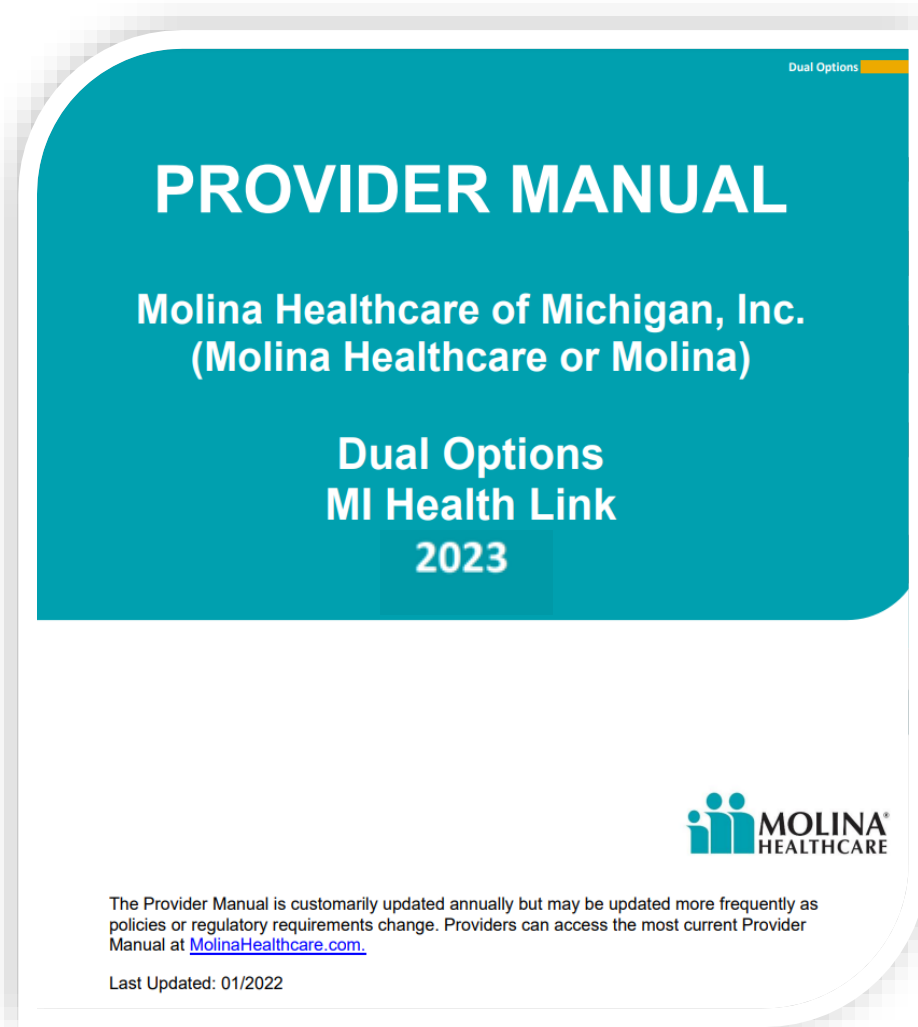
Medicare Member Grievances and Appeals

Credentialing and Recredentialing

Delegation

Medicare Part D

# 2022 Dual Option-MI Health (MMP) Provider Manual



## Molina Healthcare Mi Health Link (MMP) Manual

Molina Dual Options (MMP)

Eligibility and Enrollment

Benefit Overview

Quality

Compliance

Health Care Services

Behavioral Health

Member Rights and Responsibilities

Cultural Competency and Linguistic Services

Delegation

Claims and Compensation

Credentialing and Recredentialing

Medicare Member Grievances and Appeals

Medicare Part D

Risk Adjustment Management Program

Managed Long Term Services & Support

# 2023 Marketplace Provider Manual

## PROVIDER MANUAL (Provider Handbook)

**Molina Healthcare of Michigan, Inc.**  
(Molina Healthcare or Molina)

**Molina Marketplace  
2023**

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" have the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaMarketplace.com](https://MolinaMarketplace.com).

Last Updated: 02/2023



Molina Marketplace Manual

Marketplace Products

Contract Information

Provider Responsibilities

Cultural Competency and Linguistic Services

Member Rights and Responsibilities

Eligibility and Grace Period

Benefits and Covered Services

Health Care services (HCS)

Behavioral Health

Quality

Risk Adjustment Management Program

Compliance

Claims and Compensation

Complaints, Grievance, and Appeals Process

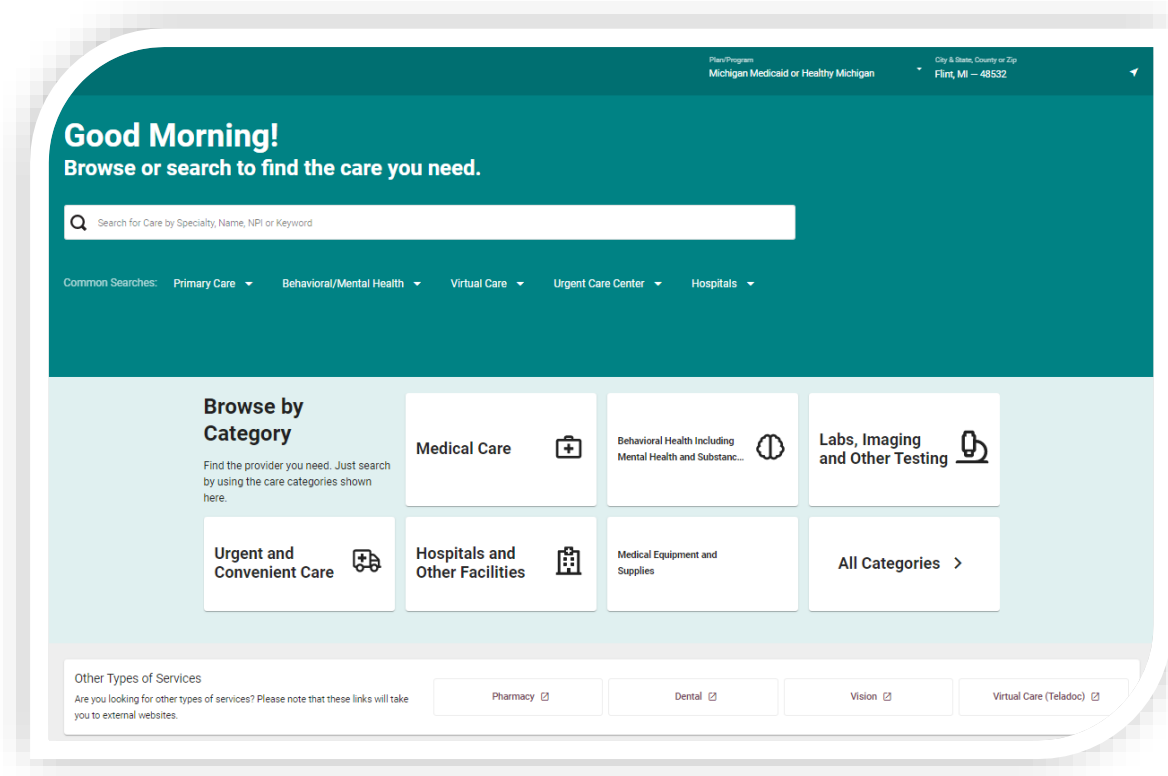
Credentialing and Recredentialing

Delegation

Pharmacy



# Provider Online Resources – Provider Directory



- Molina Healthcare Providers are encouraged to use the Online Provider Directory located on our website to find a Molina Healthcare Plan provider.
- Molina Healthcare providers can be found by visiting our website at [www.MolinaHealthCare.com](http://www.MolinaHealthCare.com) and click on “Find a Doctor or Pharmacy”
- Providers can also update their information by using the Provider Change Form at: [Click Here for Provider Change Form](#)

## Provider Online Resources – CAQH ProView

### Molina Healthcare Strives for Accuracy on the Provider Online Directory

Molina utilizes CAQH profiles for credentialing, updates to practice addresses and other critical information. Although not required, Molina requests that all active Tax ID W9s also be added to the Documents section of the provider CAQH profile.

Molina encourages all providers to sign up to CAQH ProView in order to utilize Direct Assure as a tool to easily update and distribute provider directory data to Molina Healthcare.

**Direct Assure requires re-attestation be completed every 120 days in CAQH ProView.**

Please be sure to stay current on the quarterly updates and attestations for all CAQH profiles.

For more information regarding CAQH Proview please visit:  
[ProView CAQH](#)



# Member Identification Cards


# Molina Healthcare Medicaid ID Card



# Molina Healthcare Healthy Michigan ID Card



# Molina Healthcare Medicare Complete Care ID

 <b>MOLINA<sup>®</sup> HEALTHCARE</b>	
<b>LOB</b> <b>Member:</b> Your Name <b>Member #:</b> MemID  <b>PCP:</b> PCPNAM <b>PCP Tel:</b> XXX-XXX-XXXX	<b>Medicare</b>  <b>RxBIN:</b> RXBIN <b>RxPCN:</b> RXPCN <b>RxGRP:</b> RXGROUP <b>RxID:</b> MemID  <b>MedicareRx</b> Prescription Drug Coverage ContNum
<b>Issued Date:</b> ISSUDAT	

[Website](#)

**Member Services:** XXX-XXX-XXXX  
24-Hour Nurse Advice Line in English: xxx-xxx-xxxx or TTY: 711  
24-Hour Nurse Advice Line in Spanish: xxx-xxx-xxxx

**Providers/Hospitals:** For prior authorization, eligibility and general information, please call Member Services (see above).




**Submit Claims To:**

**Medical/Hospital:** PO Box 22811, Long Beach, CA 90801  
Please call Member Services (see above).

**Pharmacy:** 7050 Union Park Center, Suite 200, Midvale, UT 84047  
Please call Member Services (see above).

[Website](#)

# Molina Healthcare MMP Duals ID (MI Health Link) Card



**Member Name:** <MemFIRST><MemMI><MemLAST>  
**Member ID:** <HIC#>

**Beneficiary ID:** <MEMID>  
PCP Name: <PCPNAM>  
PCP Phone: <PCPPHN>

**MEMBER CANNOT BE CHARGED**  
Copays: \$0

<ContNum>

**Medicare<sup>Rx</sup>**  
Prescription Drug Coverage

**RxBIN:** <RXBIN>  
**RxPCN:** <RXPCN>  
**RxGRP:** <RXGroup>  
**RxID:** <HIC#>

In an emergency, call 911 or go to the nearest emergency room. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice Line.

**Member Services:** (855) 735-5604, TTY: 711  
**24-Hour Nurse Advice Line:** (844)-489-2541  
**Website:** [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals)  
**Behavioral Health Services:** Wayne (313) 344-9099, TTY: (800) 630-1044  
Macomb (855) 996-2264, TTY: 711  
**24 Hr Behavioral Health Crisis Line:** Wayne (800) 241-4949,  
Macomb (586) 307-9100  
**Submit Claims To:** P.O. Box 22668, Long Beach, CA 90801  
EDI Claims: Emdeon Payer ID: 38334  
**Claim Inquiry:** (855) 322-4077

# Molina Healthcare Marketplace ID Card

 <b>Marketplace</b>	
<b>Subscriber Name:</b> <RemitInfo1> <b>Subscriber ID:</b> <PIC_1> <b>DOB:</b> <DOB>	<b>ID #:</b> <Member_ID_1> <b>Member:</b> <Member_Name_1> <b>Plan:</b> <Program_Name_1> <b>Effective Date:</b> <Member_Effective_Date_1>
<b>Medical Cost Share</b> <b>Primary Care:</b> <PCP_Visit_fee_1> <b>Specialist Visits:</b> <Professional_services_1> <b>Urgent Care:</b> <Urgent_Care_fee_1> <b>ER Visit:</b> <Hospital_ER_fee_1> <small>Cost Shares are a summary only. Visit MyMolina.com for plan details. Molina Healthcare of Michigan, Inc.    RxBIN: &lt;Bin_number_1&gt; RxCN: &lt;RxCN_1&gt; RxGROUP: &lt;RxGroup_1&gt;</small>	<b>Prescription Drugs</b> <b>Tier-1:</b> <Financial_Class_1> <b>Tier-2:</b> <Rx_Formulary_fee_1> <b>Tier-3:</b> <Rx_Non_Formulary_fee_1> <b>Tier-4:</b> <Long_Term_1>  <b>MyMolina.com</b>

**This card is for identification purposes only and does not prove eligibility for service.**

**Member:** Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care.

**Miembro:** Emergencias (24 horas al día): si la emergencia médica puede resultar en muerte o discapacidad, llame al 911 inmediatamente o acuda a la sala de emergencias más cercana. No necesita autorización previa para los servicios de emergencia.

**Remit claims to:** Molina Healthcare, P.O. Box 22668, Long Beach, CA 90801

**Member Services:** (888) 560-4087 (TTY/TTD: 711)

**24 Hour Nurse Advice Line:** (888) 275-8750

**Línea de Consejos de Enfermeras 24 horas (español):** (866) 648-3537

**CVS Caremark Pharmacy Help Desk:** (800) 364-6331

**Provider:** Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number.

**Prior Authorization/Notification of Hospital Admission and Covered Services:** (855) 322-4077

**MyMolina.com**

# Medicaid Redetermination

# Define Redetermination

## What is redetermination?

The Michigan Department of Health and Human Services (MDHHS) annually reviews a member's eligibility for Medicaid benefits. This is called redetermination.

## What is passive redetermination?

Some members are approved automatically (known as passively redetermination), meaning they do not have to complete the redetermination packet.

## Who is included in passive redetermination?

Members are defined based on the type of assistance they receive from the Medicaid program. For example, if a member is a foster child, they are passively redetermined each year, until their birthday at age 26.

## When does redetermination occur?

A member's redetermination date is the same month they initially enrolled in Medicaid the first time they applied for benefits. For example, if a member enrolled in April, they would have until April 30<sup>th</sup> to submit their redetermination paperwork.

## How does the redetermination process work?

MDHHS benefit system, [MiBridges](#), generates and sends beneficiaries their redetermination packet **45 days before their redetermination date to the address on file**. Members must complete this packet and return it with proof (documentation) to their assigned MDHHS caseworker.



# Redetermination

## GOALS

To work in partnership with the community to ensure that all eligible members/patients for Medicaid complete the redetermination process and keep their health coverage.



## WHO

- Any Medicaid recipient who receives a redetermination packet from MDHHS, including:
  - TANF (Temporary Assistance for Needy Families)
  - MMP (Medicare/Medicaid Integrated Duals or MI Health Line),
  - HMP (Healthy MI Medicaid Expansion)
  - ABD (Aged/Blind/Disabled), who receives a redetermination packet from MDHHS
- Will members be passively renewed?

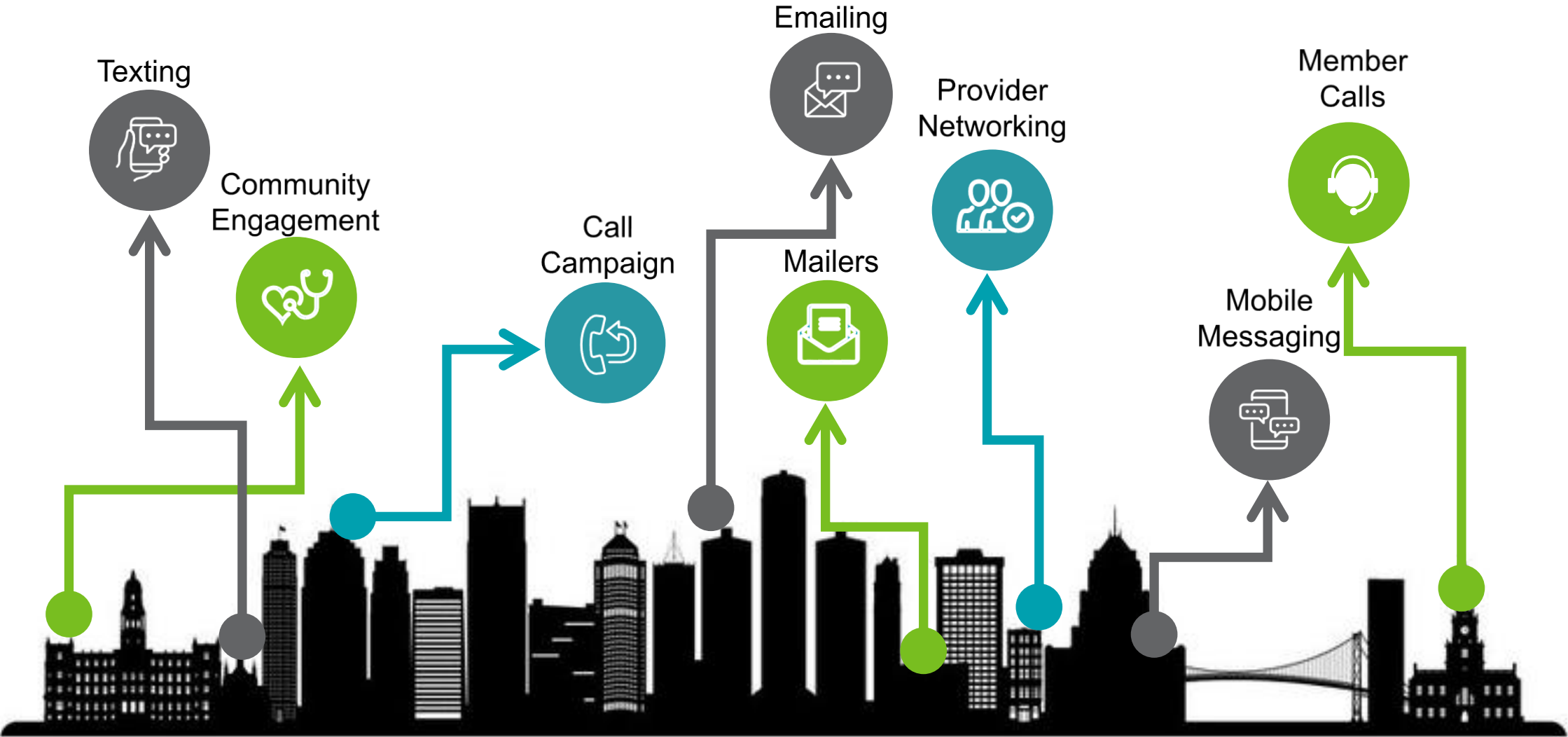


## EFFECTS

- Anxiety about what to do and about losing coverage
- Lack of knowledge about specifics regarding the redetermination process
- May not seek needed care if they lose coverage, potentially leading to worse health outcomes





Approximately, 80% of members **WILL NEED** to complete redetermination paperwork or they will be disenrolled from the Medicaid program.

# How will Molina connect with members?



# Community Collaboration Supporting Medicaid Patients

- We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they do not lose coverage. You can help us by:

<b>Toolkits</b>	<b>Member Handouts</b>	<b>Social Media</b>	<b>Direct Member Outreach</b>
			
Provider & Patient, can be found online; <a href="https://MolinaHealthcare.com/MedicaidRenewals">MolinaHealthcare.com/MedicaidRenewals</a> .	Cobranding with Molina & generic to assist Medicaid members/patients.	Post, like, and tag Molina to inform members/patients.	Molina to provide patient lists to support outreach within the next 60 days.

**If you have any questions, please contact your Provider Services Representative, send an email to [MHMProviderServicesMailbox@molinhealthcare.com](mailto:MHMProviderServicesMailbox@molinhealthcare.com) or give us a call at (947) 218-0886 or (947) 622-1230.**

# Availity

# Availity (Provider Portal)

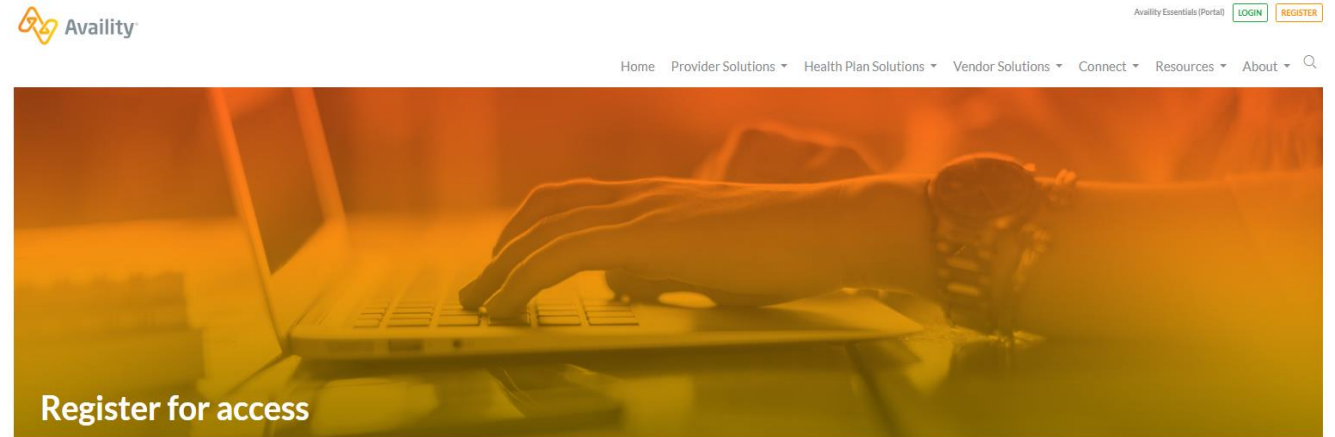
The Availity Provider Portal is a secure website that allows our providers to perform many self-service functions 24 hours a day, 7 days a week.

Molina Healthcare participating providers must register in order to access the portals.

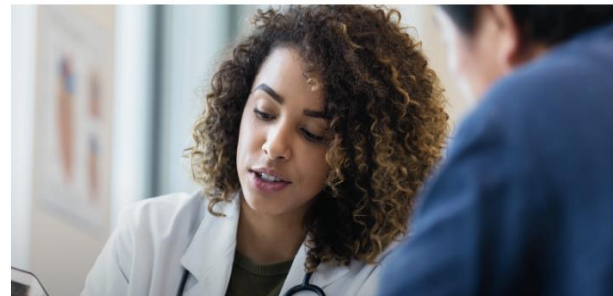
Effective May 2023,  
Molina Healthcare  
transitioned to a  
new provider portal  
platform called  
Availity



[Click here to  
register](#)



To register, select your organization type below



Select this option if you are a healthcare provider.

If you are a healthcare provider – i.e., physician practice, mental health provider, specialist, medical transportation service, or non-physician provider – click below to register. Questions about registering? Join us for a live webinar or explore other registration resources on our [training microsite](#).

[Register](#)

# Availability



## Patient Registration

- Eligibility and Benefits Inquiry
- Authorization & Referrals
- Essentials Plus



## Claims & Payments

- Claims Submission
- Claims Status & Payments
- Corrected Claims



## My Providers

- Express Entry
- Enrollment Center
- Manage Organization



## Payer Spaces

- Applications
- HEDIS Information
- Resources
- News and Announcements


# Prior Authorization (PA)

# Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

PA is designed to:				
Assist in benefit determination	Prevent anticipated denials of coverage	Collaborative approach determine appropriate level of care	Care management and disease management opportunities	Improve coordination of care

The PA Code List is a list of the services that require a provider to submit a PA request and if there are limitations to the code.



[Go](#)

[Sign In](#) [Register](#)

[Sitemap](#)

[Become a Member](#) [Members](#) [Health Care Professionals](#) [Find a Doctor or Pharmacy](#) [Brokers](#) [About Molina](#)

**Need a Prior Authorization?**  
[Code LookUp Tool](#)

**Health Care Professionals**

[Join Molina Healthcare of Michigan's Network](#)  
[Medicaid/Healthy MI Plan/MICHild](#)  
[Medicare](#)  
[Dual Options](#)  
[Marketplace](#)  
[Provider Portal](#)  
[Prior Auth LookUp Tool](#)



# Quality Improvement

# Quality Improvement

Molina's Quality Improvement Department leverages quality improvement science and best practices to ensure measurable improvements in the care and service provided to our members.



Molina's Quality Improvement Program complies with regulatory requirement and accreditation standards.

The Quality Improvement Program provides structure and outline specific activities designed to improve the care, service, and health of our members.

Quality  
Improvement:  
HEDIS  
CHAPS

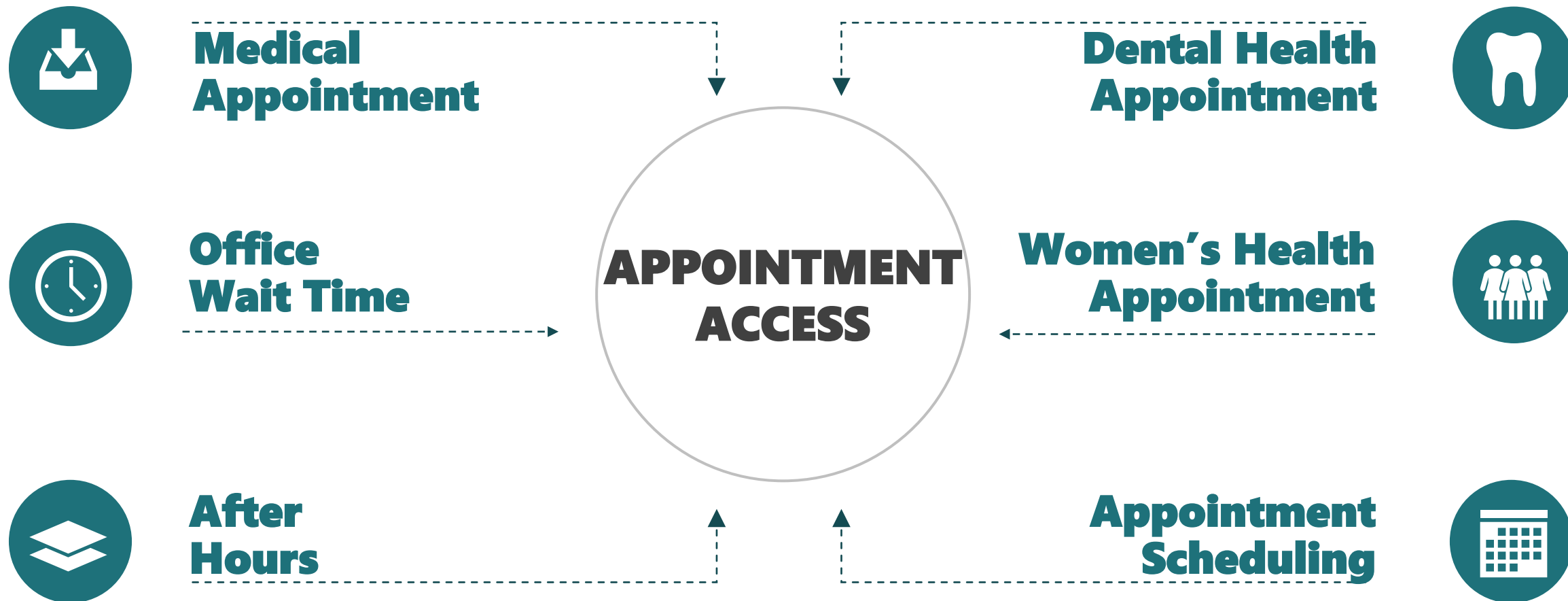
Preventive  
Health &  
Clinical  
Practice  
Guidelines

Behavioral  
Health Toolkit

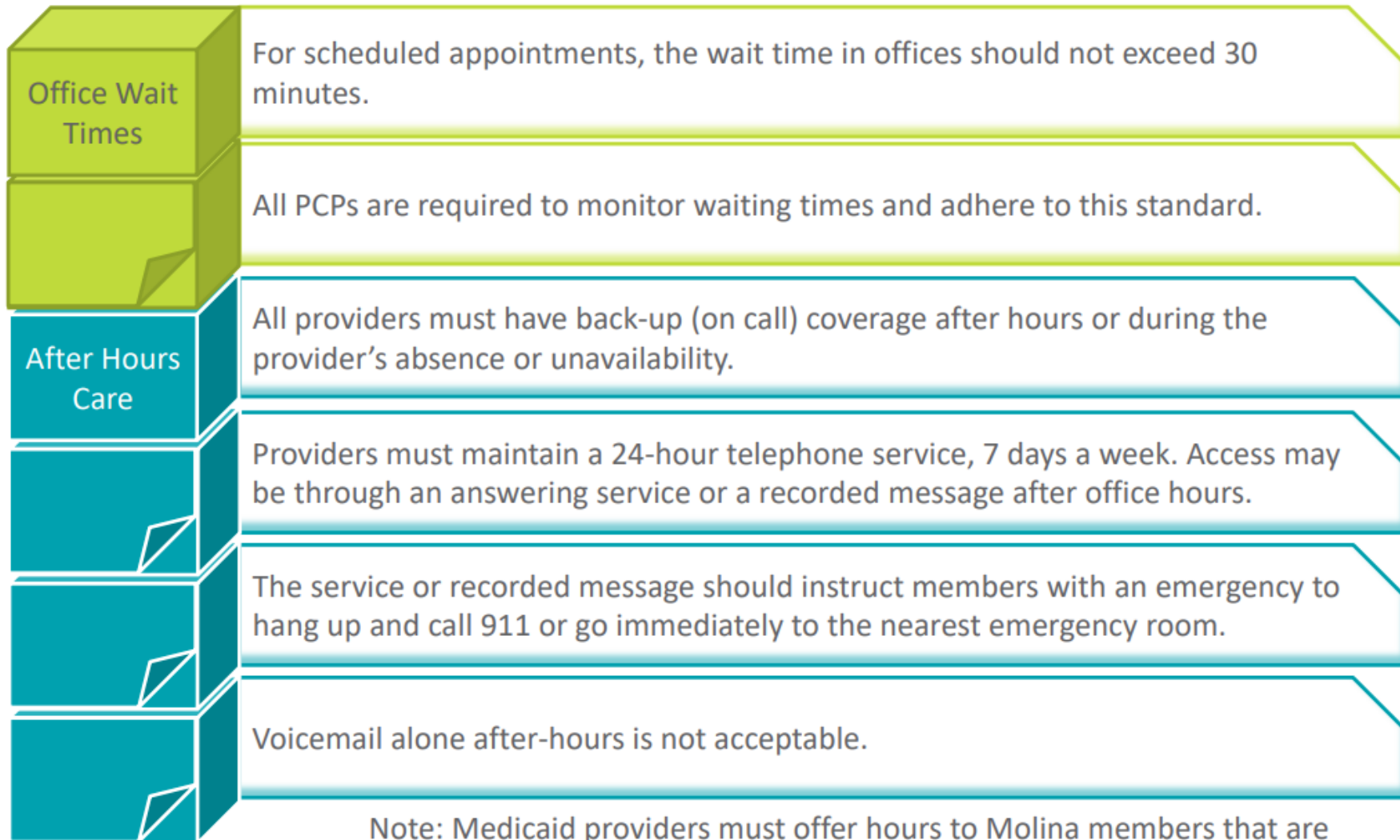
Opioid Safety  
Education &  
Resources

# Access to Care

Molina maintains access to care standards and processes for ongoing monitoring of access to health care provided by contracted PCPs and specialists, providers are required to conform to the Access to Care standards.



## Access to Care Standards



Note: Medicaid providers must offer hours to Molina members that are comparable to commercial plans or Medicaid Fee-for-Service

# Claims and Compensation

# Claim Submission Methods

**01**

Electronic claim submission allows for quick claims submission, tracking, and resubmittal.



**01**  
Electronic Data  
Interchange

**02**

Availity's EDI Clearinghouse service, allows you to submit real-time or batch EDI transactions.



**02**  
Availity  
Essential Portal



**03**  
Clearinghouse

**03**

Service that forwards claims information from healthcare providers to insurance payers.


## Claims – Tips for Claims Disputes

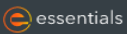
- Providers requesting a reconsideration of a claim that they believe has paid or denied incorrectly, can dispute a claim within 90 days of Molina's remittance advice date.
- Claims disputes can be submitted via one of the following processes:
  - Availity Portal
  - Molina Claims Dispute Request Form found on the Molina website under "Forms" and then faxed to 248.925.1768.
- For more information, regarding claims disputes please refer to the Provider Manuals on the website.



Please view [Appeals/Grievances - Provider Manual](#)

# Appeals and Correct Claims - Availability

Availity

essentials

Home

Notifications 1

My Favorites

Michigan

Help & Training

Patient Registration

Claims & Payments

Clinical

My Providers

Reporting

Payer Spaces

More

Home

Molina Healthcare

Appeal or Correct Eligible Claims

Appeal or Correct Eligible Claims

Give Feedback



Organization

Molina Healthcare Inc

NPI (Optional)

Enter NPI...

Tax ID 

Select TIN...

State

Michigan

Medicare

No

Provider ID 

Enter required fields first...

Continue



# Transportation

# Transportation Services

- Molina Healthcare of Michigan provides non-emergent covered medical transportation services for our Medicaid, Medicare, and MI Health Link members through Access2Care.
- Transportation is provided when members have no other means to get to their doctor's appointments, x-rays, lab tests, pharmacy, medical supplies or other medical care.
- If one of your patients need this service, please have he or she contact Member Services, Monday – Friday, 8:00 am to 5:00 pm (TTY 711) to schedule the transportation.
- Members can request the same-day for urgent non-emergency medical transportation.

Michigan Member Contact Service Center Direct Phone Numbers
Molina Medicaid 888.616.4842
Molina DSNP 888.616.4841
Molina MMP 866.462.4855

**Please note: It is important to have your patient(s) call three (3) business days in advance of the appointment to schedule the transportation.**

# Molina Provider Training Opportunities

# Molina Provider Training Opportunities

The Molina Provider Services Team offers multiple standard trainings to the provider network throughout the year. Any of the standard trainings can be requested by a provider for one-on-one training.



# Provider Network Services

# Provider Network Services



## Satisfaction

- Provider Network Managers and Engagement Teams
- Annual Assessment of Provider Satisfaction



## Communication

- Monthly Updates and Provider Newsletters
- Online Provider Manuals
- Interactive Voice Response (IVR) Phone System

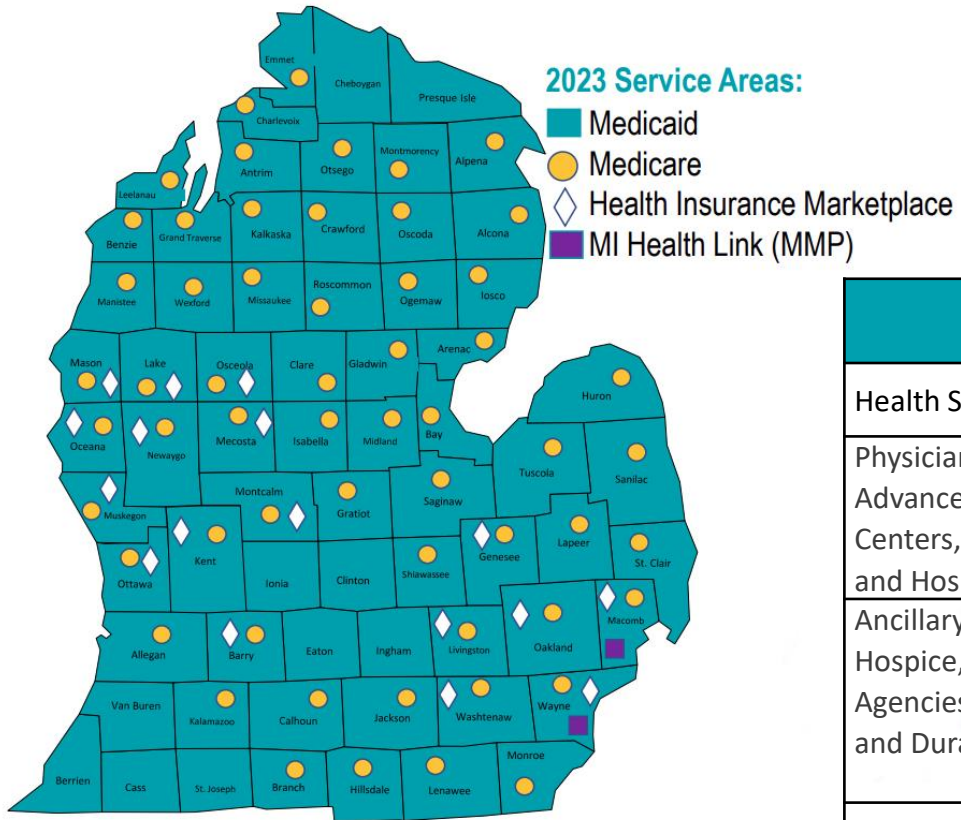


## Technology

- 24-Hour Provider Portal Available via Availability
- Electronic Funds Transfer and Electronic Remittance Advice
- Supplemental Prior Authorization Lookup Tool on Provider Website

# Contact Molina

# Contact Provider Network Team



Provider Type	Email Address
Health Systems and Hospital Networks	<a href="mailto:MHMProviderServicesHospital@MolinaHealthcare.com">MHMProviderServicesHospital@MolinaHealthcare.com</a>
Physicians, Specialists, Physician Networks, Advanced Imaging/Radiology, Ambulatory Surgical Centers, FQHC Non-BH Providers, Anesthesiologists, and Hospitalists, Doulas, Urgent Care.	<a href="mailto:MHMProviderServicesPhysician@MolinaHealthcare.com">MHMProviderServicesPhysician@MolinaHealthcare.com</a>
Ancillary-Skilled Nursing, Long Term Acute Care, Hospice, and Assisted Living Facilities Home Health Agencies, Laboratories, Ancillary Dialysis Centers, and Durable Medical Equipment, Hearing	<a href="mailto:MHMAncillaryContracting@MolinaHealthCare.com">MHMAncillaryContracting@MolinaHealthCare.com</a>
Long Term Services and Support (LTSS)	<a href="mailto:MHMLTSSContracting@MolinaHealthCare.com">MHMLTSSContracting@MolinaHealthCare.com</a>
Behavioral Health Providers, BH Hospitals, and FQHC Behavioral Health Providers	<a href="mailto:MHMBHProviderServices@MolinaHealthcare.com">MHMBHProviderServices@MolinaHealthcare.com</a>
General Inquires	<a href="mailto:MHMProviderServicesMailbox@molinahealthcare.com">MHMProviderServicesMailbox@molinahealthcare.com</a>



