# Welcome Maternal Infant Health Program (MIHP) Providers!



# **Topics**

- How do I request a participation packet?
- How are qualified members notified about MIHP services?
- How do Molina members find a contracted MIHP Provider?
- How do I receive referrals for Molina members?
- How do I bill Molina Healthcare?
- What is required for Prior Authorization?
- Who do I contact if I have questions?





# How do I participate with Molina Healthcare?

- Request a participation packet:
- Email your entity name and Tax ID number to:

MHMprovidercontractingmailbox@molinahealthcare.com

### Participation Packet Includes:

- MIHP Care Coordination Agreement
- MIHP-MMP Amendment (Medicaid-Medicare Program)
- Provider Service Agreement PSA SPC MIHP
- Ownership and Control Disclosure Form
- Health Delivery Organization (HDO) Application
- Blank W9





# **Participation Onboarding Questions**

- Q. I already have a signed Coordination Agreement with Molina.
  Do I need to complete another one?
- A. If we have one on file, it is not mandatory that we receive another agreement, but would prefer to have the new one on file.
- Q. How long does the credentialing process take?
- A. If a complete and correct packet is submitted, the credentialing process will take approximately 30-60 days.



# How to complete the onboarding packet.

Be sure to complete the required fields and supply the requested supporting documents. Missing or incomplete information may result in a delay processing your application.

### **PSA (Participation Agreement)**

- Page 1 Enter company names
- Page 16 Complete
- Page 17 Fill out and sign
- Page 18 Fill out highlighted section and sign

### **Updated Coordination Agreement**

This is the new coordination agreement from the State Of Michigan (August 2016)

### MIHP/MMP Amendment (Wayne & Macomb counties and contiguous counties):

- Page 1 Fill out and sign
- Page 2 Enter company name
- Please keep in mind that not all information on the HDO application will be relevant to your business. This is a generic application for all ancillary and facility types. There will be sections and/or items that are not applicable and you may enter an N/A.

### **Disclosure Form:**

This form is REQUIRED by CMS and the State of Michigan. ALL information must be filled in on page one and on pages two and three if applicable.

### W9:

Required for claims payment

If you have additional questions,
Please contact the Molina Contracting Department at: 248-729-0900 or

mhmprovidercontractingmailbox@molinahealthcare.com



# **Participation Onboarding Questions**



- Q. How will I know when the credentialing is complete?
- A. A welcome letter will be sent 30 45 days of the approval.
- Q. Can I still see Molina members during the credentialing process?
- A. Yes, once a complete file is submitted for credentialing, you will be able to service Molina members during the process.



# How are qualified members being notified about MIHP services?

MIHP information is included monthly mailings to women identified as pregnant, welcome packets for newborns, and discussed at in-home postpartum assessment visits (Wayne, Oakland, Macomb and Genesee Counties).



- · Nursing services (including health education and nutrition education)
- · Nutritional counseling



you would like more information about these support services, please call the M.O.M. Program at (888) 898-7969.



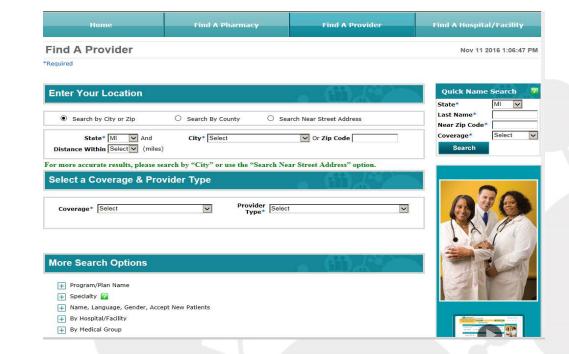
# **Molina Provider Directory**

# Contracted MIHPs are listed in Molina's printed and Online Provider Directory.



The information in this directory is subject to change. If you have any questions regarding the status of a particular provider, please contact Member Services at 1-888-898-7969 or TTY at 1-800-649-3777.

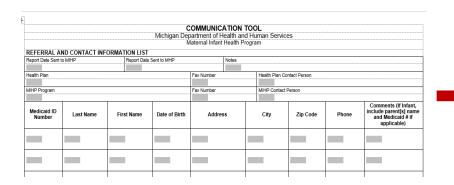
	5273990M



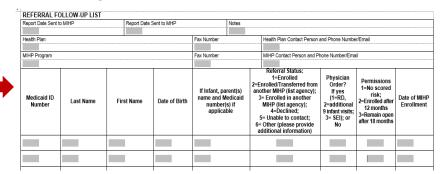


## How do I receive referrals for Molina members?

### **Health Plan sends referrals to MIHP**



MIHP: Use Communication Tool to update referral status.



Molina will fax or email \* the referrals to contracted MIHP providers each month based on number of new pregnancies.

- MIHP to provide the status of each client referred, using the "Date of MIHP Enrollment" column, within 30 days of the referral.
- Add additional enrolled clients to the collaboration form.
- Send the MIHP-MHP Collaboration Form to Monique Stephens:
  - Fax: (844) 861-1932
  - MolinaMIHP@molinahealthcare.com

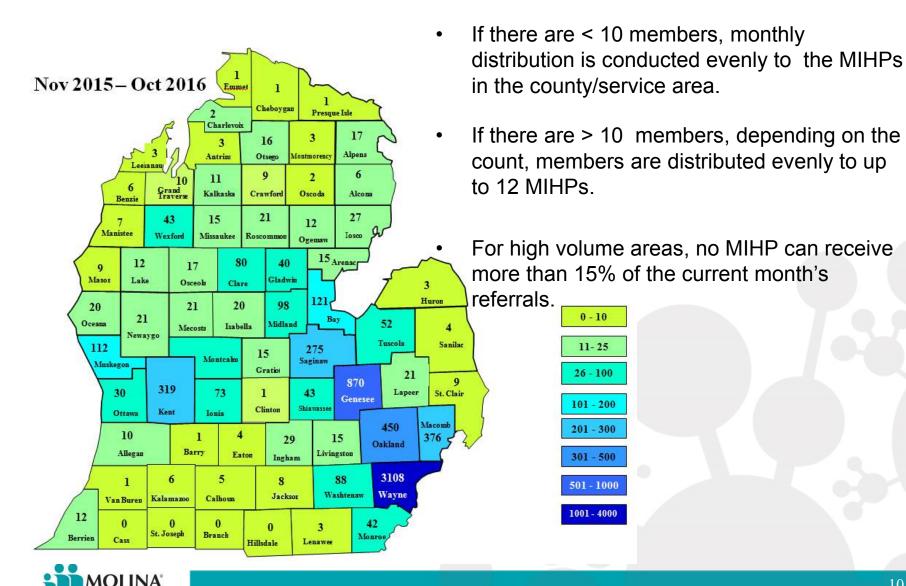
For questions, please contact use using the MIHP email box: MolinaMIHP@molinahealthcare.com

<sup>\*</sup> We do not submit member information to public domain email addresses, i.e. Yahoo, Gmail, etc.





# **Distribution of Referrals by County**



Your Extended Family.

# **How Do I Bill Molina Healthcare?**

Contracted Providers may submit all electronic claims using the Molina Healthcare Provider Portal at: https://provider.molinahealthcare.com/

- Clean electronic claims are typically paid within 7-14 business days.
- Clean paper claims can take up to 45 days.

If you would like to begin submitting claims via EDI, please contact us at (866) 409-2935. Electronic Data Interchange (EDI): Payer ID 38334

paper claims to the Molina Troy, Michigan location as your claims will be returned. Paper Claims may be submitted to the address below. Please do not submit

Molina Healthcare P.O. Box 22668 Long Beach, CA 90801



# What is required for Prior Authorization?

Prior Authorizations are not required for services unless the benefit limit is exceeded.

Where do I find a Prior Authorization form?
 <u>http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx</u>

How do I submit a Prior Authorization Form?

- Medicaid Fax: (800) 594-7404
- Medicare Fax: (For MMP Only) (844) 241-1450

How long does it take to get a response to my request?

• If all of the clinical information is provided they can expect a response in 1-5 days for standard requests. If the request is urgent, a response should be received within 24 hours as long as clinical information is provided.





### **Contact Us**

### **Member and Provider Contact Center**: (888) 898-7969

- Member Eligibility and Benefits
- Claims Status

### **Provider Contracting and Credentialing:**

Phone: (248) 729-0900 Fax: (248) 925-1784 Email:

MHMprovidercontractingmailbox@molinahealthcare.com

- Participation Requests
- Contract Status

### **Provider Services**

Phone: (248) 729-0905; Fax: (877) 708-2112

- Web Portal Access and Training
- Demographic Changes
- Provider Portal: <a href="https://provider.molinahealthcare.com/provider/login">https://provider.molinahealthcare.com/provider/login</a>





