



Welcome Maternal Infant Health Program (MIHP) Providers!



Your Extended Family.

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 in 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).



MIHP Services are Available to You!
MolinaHealthcare.com



Health Program (MIHP) is a covered benefit that helps pregnant members and infants get the right information for all health services. It will also help you to understand the importance of getting prenatal immunizations when they are scheduled.

MIHP will help to promote healthy pregnancies, positive birth outcomes and healthy infant outcomes include:

- Nursing services (including health education and nutrition education)
- Breast feeding support
- Nutritional counseling

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

598182CM0417

Molina Provider Directory

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

| ALCONA COUNTY | | MATERINFANT HEALTH PROGRAM | | CHEBOYGAN COUNTY | |
|--|--|--|--|--|--|
| Alcona County | Arenac County | Branch County | Charlevoix County | Public Health | Cheboygan County |
| Public Health | Central Michigan District Health Department - Arenac County | Community Health Center of Branch County - Bronson | Health Department of Northwest Michigan - 220 W Garfield | Allegan County Health Department - Allegan Site | District Health Dept No 4 - Cheboygan Site |
| District Health Dept No 2 - Harrisville Site | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| 311 Lake St | 3727 Deep River Rd | 6270 W Main St | 3727 Deep River Rd | 1200 Washington Ave | 800 M139 |
| Harrisville, MI 48740 | Standish, MI 48658 | Eau Claire, MI 49111 | Standish, MI 48658 | Bay City, MI 48708 | Benton Harbor, MI 49022 |
| 989-724-6757 | 989-846-6541 | 269-461-6927 | 989-895-4009 | 989-895-4009 | 855-869-6900 |
| Allegan County | Bay County | Community Health Center of Branch County - 23 N Hanchett St | Community Health Center of Branch County - 358 E Chicago St, Ste C | Public Health | Community Health Center of Branch County - 436 Marshall St |
| Federally Qualified Health Centers | Federally Qualified Health Centers | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Bay County Health Department - Bay City Site | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| Intercare Community Health Network - Pullman Site | Health Delivery Inc - 3884 Monitor Rd | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| 5498 109th Ave | 3884 Monitor Rd | 23 N Hanchett St | 358 E Chicago St, Ste C | 1200 Washington Ave | 436 Marshall St |
| Pullman, MI 49450 | Bay City, MI 48706 | 23 N Hanchett St | 358 E Chicago St, Ste C | Bay City, MI 48708 | Coldwater, MI 49036 |
| 269-236-5021 | 989-671-2000 | 517-278-3412 | 517-279-8465 | 989-895-4009 | 517-279-5252 |
| Public Health | Public Health | Community Health Center of Branch County - 235 E Chicago St | Community Health Center of Branch County - 358 E Chicago St, Ste C | Public Health | Community Health Center of Branch County - 436 Marshall St |
| Allegan County Health Department - Allegan Site | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Health Department of Northwest Michigan - 220 W Garfield | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| 3255 122nd Ave, Ste 200 | 1200 Washington Ave | 235 E Chicago St | 358 E Chicago St, Ste C | 220 W Garfield | 825 S Huron St, Ste 1 |
| Allegan, MI 49010 | Bay City, MI 48708 | Coldwater, MI 49036 | Coldwater, MI 49036 | Charlevoix, MI 49720 | Cheboygan, MI 49721 |
| 236-967-3541 | 989-895-4009 | 517-279-8465 | 517-279-5252 | 231-547-6523 | 231-627-8850 |
| Antrim County | Federally Qualified Health Centers | Community Health Center of Branch County - 436 Marshall St | Community Health Center of Branch County - 436 Marshall St | Public Health | District Health Dept No 4 - Cheboygan Site |
| Health Department of Northwest Michigan - 205 Grove St | Intercare Community Health Network - Benton Harbor Site | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Allegan County Health Department - Allegan Site | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| 205 Grove St | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider | Special Experience - Maternal Infant Health Program (MIHP) Provider |
| Manclona, MI 49659 | 800 M139 | 436 Marshall St | 436 Marshall St | 3255 122nd Ave, Ste 200 | 825 S Huron St, Ste 1 |
| 231-547-6523 | Benton Harbor, MI 49022 | Coldwater, MI 49036 | Coldwater, MI 49036 | Allegan, MI 49010 | Cheboygan, MI 49721 |
| | 855-869-6900 | 517-278-6600 | 517-278-6600 | 236-967-3541 | 231-627-8850 |

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.

1 5273990MI1216

Home
Find A Pharmacy
Find A Provider
Find A Hospital/Facility

Find A Provider

Nov 11 2016 1:06:47 PM

*Required

Enter Your Location

Search by City or Zip
 Search By County
 Search Near Street Address

State* And City* Or Zip Code

Distance Within (miles)

For more accurate results, please search by "City" or use the "Search Near Street Address" option.

Select a Coverage & Provider Type

Coverage* Provider Type*

More Search Options

- Program/Plan Name
- Specialty
- Name, Language, Gender, Accept New Patients
- By Hospital/Facility
- By Medical Group

Quick Name Search

State*

Last Name*

Near Zip Code*

Coverage*





Your Extended Family.

How do I receive referrals for Molina members?

Health Plan sends referrals to MIHP

| COMMUNICATION TOOL | | | | | | | | | |
|--|-----------|-------------------------|---------------|----------------------------|------|----------|-------|---|--|
| Michigan Department of Health and Human Services | | | | | | | | | |
| Maternal Infant Health Program | | | | | | | | | |
| REFERRAL AND CONTACT INFORMATION LIST | | | | | | | | | |
| Report Date Sent to MIHP | | Report Date Sent to MHP | | Notes | | | | | |
| Health Plan | | Fax Number | | Health Plan Contact Person | | | | | |
| MIHP Program | | Fax Number | | MIHP Contact Person | | | | | |
| Medicaid ID Number | Last Name | First Name | Date of Birth | Address | City | Zip Code | Phone | Comments (If Infant, include parent(s) name and Medicaid # if applicable) | |
| | | | | | | | | | |
| | | | | | | | | | |

MIHP: Use Communication Tool to update referral status.



| REFERRAL FOLLOW-UP LIST | | | | | | | | | |
|--------------------------|-----------|-------------------------|---------------|--|--|---|--|-------------------------|--|
| Report Date Sent to MIHP | | Report Date Sent to MHP | | Notes | | | | | |
| Health Plan | | Fax Number | | Health Plan Contact Person and Phone Number/Email | | | | | |
| MIHP Program | | Fax Number | | MIHP Contact Person and Phone Number/Email | | | | | |
| Medicaid ID Number | Last Name | First Name | Date of Birth | If Infant, parent(s) name and Medicaid number(s) if applicable | Referral Status: 1=Enrolled; 2=Enrolled/Transferred from another MIHP (list agency); 3= Enrolled in another MIHP (list agency); 4=Declined; 5= Unable to contact; 6= Other (please provide additional information) | Physician Order? If yes (1=RD, 2=additional 9 infant visits; 3= SEI); or No | Permissions 1=No scored risk; 2=Enrolled after 12 months 3=Remain open after 18 months | Date of MIHP Enrollment | |
| | | | | | | | | | |
| | | | | | | | | | |

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

* We do not submit member information to public domain email addresses, i.e. Yahoo, Gmail, etc.



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

**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?

<http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx>

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

