



## MOLINA HEALTHCARE OF NEW MEXICO, INC.

### PROVIDER QUICK REFERENCE GUIDE

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Dear Valued Molina Healthcare of New Mexico, Inc. (Molina Healthcare) Practitioner/Provider:

This Quick Reference Guide (Reference Guide) is designed to allow our providers to link directly to our on-line Provider Manual, Provider On-Line Portal (Web Portal), Forms, Provider Newsletters, and other valuable tools and information.

It is important to note that this Reference Guide is not all inclusive, and is designed only for those most frequently asked questions from our practitioners and providers.

Practitioners and providers are encouraged to contact their dedicated Provider Service Representative (PSR) for a detailed orientation and/or questions, issues and problems that may be encountered.

**Please Note:** Provider Services works collaboratively with the Healthcare Services (HCS), Quality Improvement (QI) Departments, and Medical Directors to provide education to ensure that the appropriate staff (clinical nurses, practitioners, physicians, etc.) at our provider offices receives appropriate and effective materials and education. The HCS clinical and technical staff will accompany Provider Services to provide education on criteria necessary to make review decisions on prior authorization requests and concurrent review, care coordination/case management referrals and initiatives (i.e. pre natal notification, 17-P, Project ECHO, etc. The QI staff assists with requirements for medical record documentation, EPSDT requirements and forms, preventive requirements and initiatives and billing codes (diagnosis and procedure codes) for HEDIS measurements, clinical practice guidelines and patient safety.

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## SECTION I

### WHO TO CONTACT

To ensure Molina Healthcare contracted practitioners and providers are able to easily access their designated PSR, call a specific department and access tools and resources on-line the following overview and links that include book marks directly to the specific subject are provided:

1. **Provider Service Representative:** The attached PSR Territory Map reflects the geographic area that each PSR is responsible for, and includes the PSR name, telephone number and email address. [Provider Services Territory Map](#)
  2. **Department Telephone Contact:** Department telephone numbers and mailing addresses can be easily accessed by following this link: [Who To Contact - All Departments](#)
  3. **Behavioral Health Contact:** Salud, SCI and UNM SCI: [Who To Contact - Behavioral Health](#)
  4. **Dental, Vision and Transportation Contact:** Salud [Who To Contact - Dental, Vision and Transportation](#)
  5. **Website Information:** Forms, Formulary, Provider Newsletters, Provider Communications, Fraud Prevention, and much more.
    - a. Forms: [Provider Frequently Used Forms](#)
    - b. Formulary: [Drug Formulary](#)
    - c. Provider Newsletters: [Partners in Care Newsletters](#)
    - d. Fraud Prevention: [Fraud Prevention Tips](#)
    - e. Additional Information – please refer to links in other Sections (i.e. Member Rights & Responsibilities, Quality Improvement, etc.)
  6. **Provider Self Services Web Portal:** Molina Healthcare’s on-line portal for claims and prior authorization submission and verification, PCP Rosters, member eligibility and PCP verification, and direct access to the provider on-line directory (POD): [Provider Self Services Web Portal](#)
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## SECTION II

### Claim Submission for Salud, SCI and UNM SCI

1. **Claim Processes and Guidelines:** [insert link to provider manual section when available]
  - a. Submit claims and check claim status on the on-line portal: [Provider Self Serve Web Portal](#)
  - b. Claim Forms (Professional and Institutional)
    - a. Professional: [CMS 1500 Form](#)
    - b. Institutional: [UB 04 Form](#)
  - c. Instructions for completing claim forms: [Provider Manual - Section K Claims](#)
  - d. Clean Claim requirements [Provider Manual - Section K Claims](#)
  - e. Claim Appeal and Dispute process [Provider Manual - Section L Appeals](#)

2. Electronic Data Interchange (EDI):
  - a. Filing Claims Electronically process [Provider Manual - Section K Claims](#)
  - b. Companion Guide, Clearinghouse Information and EDI Enrollment Form: [EDI Information and Enrollment](#)
3. Electronic Fund Transfer (EFT)/835 Processing– Molina Healthcare Vendor: ProviderNet: [ProviderNet Portal](#)
  - a. FREE to our contracted providers – Receive electronic payment and Remittance Advice
  - b. Register is easy and view, print, download and/or save Remittance Advice
4. Anti-Fraud Program Information [Provider Manual - Provider Responsibility Section G](#)
  - a. What is Fraud, Waste and Abuse?
  - b. Who commits fraud?
  - c. How to report fraud.
  - d. How does Molina Healthcare notify providers when coding and/or medical record documentation issues are identified:
    - i. Provider Letters with detailed description of coding/record findings
  - e. Who do I contact and what recourse do I have?
    - i. Provider Letters provide a contact number for questions, issues, etc.
    - ii. You may appeal the findings/decision

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## SECTION III

**Claim Payment Recoupment for Salud, SCI and UNM SCI:** Upon identification of an overpayment, Molina Healthcare notifies the Practitioner/Provider via an Overpayment Request Notice. Practitioners/Providers have sixty (60) days to respond, otherwise, Molina Healthcare will begin recover efforts with the overpayments. The provider can have the overpayment taken directly from upcoming payments, or may choose to submit the entire amount.

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## SECTION IV

### **Prior Authorization Requirements and Process for Salud, SCI and UNM SCI**

1. **Prior Authorization Requirements** – Physical and Behavioral Health : Inpatient and Outpatient prior authorization processes, criteria utilized, communications, and services requiring authorization are outlined in the 2012 Provider Manual: [provider manual link]
  - a. Request and check status for a prior authorization on the on-line portal: [Provider Self Serve Web Portal](#)
  - b. Services Requiring Prior Authorization: [Prior Authorization Matrix](#)
  - c. Request Prior Authorization Medical and Behavioral: [Prior Authorization Request Form](#)

- d. Request Prior Authorization Drugs/Pharmacy: [Medication Prior Authorization Request](#); Facet Injection Questionnaire: [Facet Questionnaire](#); Epidural Steroid Injection: [Epidural Steroid Form](#); and Prescription Drug Clarification [Prescription Drug Prior Authorization Criteria](#)
  2. **Referral Process** – Specialty referral process and requirements, specialty services not requiring referrals, and optional referral form developed for providers.
    - a. Referral Form: [In Plan Referral Form](#)
  3. **Care Coordination/Case Management** – An important part of utilization management within the Healthcare Services Department is identification and placement of members/individuals with special, serious and/or catastrophic health care needs. Providers are requested to assist in identification and referring these members into the Care Coordination/Case Management Program to help these members receive follow-up services, transportation, community health workers assistance, medications and as necessary education to better understand their condition and services that can be received to help: [provider manual link]
    - a. Referral Form for Care Coordination/Case Management: [Care Coordination/Case Management Referral Form](#)
    - b. Referral Form for Disease Management: [Disease Management Referral Form](#)
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## SECTION V

### Provider and Member Appeals for Salud, SCI and UNM SCI

1. Member Complaints and Appeals – Assisting members with filing, filing of verbal or written complaint or appeal, expedited appeals, time limitations, processing, internal reconsiderations/fair hearings, and continuation of benefits: [Provider Manual - Complaints and Appeals Section L](#)
    - a. Representative Consent Form
    - b. Member Grievance (Complaint)/Appeals Form
  2. Provider Complaints, Appeals and Reconsiderations – Formal appeals (utilization management/clinical & PRRs upheld) provider reconsideration review requests (claim disputes): [provider manual link]
    - a. Provider Reconsideration Form: [Provider Reconsideration Review Form](#)
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## SECTION VI

### Accessing Ancillary Providers for Salud, SCI and UNM SCI

1. Ancillary Providers Access - All contracted PCP and Specialist Practitioners are given instruction on how to obtain prior authorization, as necessary to all contracted ancillary providers, and provided a list of prior authorization service that require authorization:
    - a. Submit a prior authorization request for ancillary services and check status on-line: [Provider Self Serve Web Portal](#)
    - b. Services Requiring Prior Authorization: [Prior Authorization Matrix](#)
    - c. Request a Prior Authorization: [Prior Authorization Request Form](#)
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## SECTION VII

### Early and Periodic Screening and Treatment (EPSDT) Benefit for Salud

1. To ensure providers receive necessary information and tools to provide comprehensive health care to our membership from birth to twenty-one years of age, Molina provides the following in the Provider Manual: [Provider Manual - Preventive Health Guidelines Section N](#)
    - a. EPSDT Overview and Requirements
    - b. Procedure and Diagnosis Codes: Immunizations, pregnancy identification, blood lead screening, vision screening and hearing screening.
    - c. Periodicity Schedule
    - d. Appointment scheduling assistance
    - e. Transportation
    - f. EPSDT Provider Toolkit
    - g. Preventive Health Guidelines
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## SECTION VIII

### Quality Improvement Program and Initiatives for Salud, SCI and UNM SCI

1. To provide a comprehensive Quality Improvement Program (QIP); providers receive education and information on our comprehensive and focused QIP: [Provider Manual - Quality Improvement Program Section M](#)
  - a. Program Philosophy
  - b. Quality Improvement (QI) Goals
2. QIP Areas of Emphasis (i.e. HEDIS, Disease Management, Patient Safety, etc.): [QIP Major Areas of Emphasis](#)
  - a. [HEDIS](#)
  - b. [Patient Safety Program](#)

- c. [Clinical Practice Guidelines](#)
  - d. [Preventive Health Guidelines](#)
  - e. [Telehealth: Envision NM and Project ECHO](#)
  - f. CMEs: [Cultural Competency](#)
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## **SECTION IX**

### **Provider Communications**

1. To ensure practitioners/providers receive timely updates, changes and news, Molina Healthcare sends “Blast-Fax” news releases periodically to practitioners/providers. Please visit our Provider Self Serve Portal (FREE to all contracted providers) and Website for updates and tools for you and your office staff:
  - a. All provider mailings and Blast Fax releases: [Provider Communications](#)
  - b. [Provider Newsletters](#)
  - c. [Provider News](#)
  - d. Check member eligibility, submit and manage claims , submit and manage prior authorizations, view and print PCP Rosters and access forms: [Provider Self Serve](#)