

# MHNY Provider Training Specialty Program

0101218

| Presented by:  
MHNY Provider Relation  
& Behavioral Health Team



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# Introduction to Molina Healthcare of New York, Inc.

Provider Orientation

## *Three Decades of Delivering Access to Quality Care*

Molina Healthcare's history and member-focused approach began with the vision of Dr. C. David Molina, an emergency department physician who saw people in need and opened a community clinic where caring for people was more important than their ability to pay.



Today Molina Healthcare serves the diverse needs of 4.2 million plan members and beneficiaries across the United States through government-funded programs. Molina Healthcare provides NCQA-accredited care and services that focus on promoting health, wellness and improved patient outcomes. While the company continues to grow, we always put people first. We treat everyone like family, just as Dr. Molina did – making Molina Healthcare your extended family.



# Why Molina

## Quality outcomes

- Our plans have been ranked among America's top 100 Medicaid plans by the National Committee for Quality Assurance (NCQA)
- The majority of Plans received a Multicultural Health Care Distinction from the NCQA awarded to organizations that lead the market in providing culturally and linguistically sensitive services, and working to reduce health care disparities
- Our more than 35 years of experience working with diverse populations and government programs has helped to
- streamline implementation and oversight.

## Better coordination

- Our holistic approach to providing care including behavioral health, long-term care and advanced case management helps eliminate redundancies.

## Community engagement

- Our programs engage the community on multiple levels supporting and creating volunteer initiatives, in-clinic
- events, educational outreach programs and leadership opportunities for state and local officials.

## Economic growth

- Molina Healthcare stimulates your state and local economy by creating job opportunities

## National Brand

Third largest Plan in terms of Revenue and Employees

- 19 Billion in Revenue – 21,000 Employees

## The Molina Family of Health Plans

- Molina Healthcare of California
- Molina Healthcare of Utah
- Molina Healthcare of Michigan
- Molina Healthcare of Washington
- Molina Healthcare of New Mexico
- Molina Healthcare of Texas
- Molina Healthcare of Ohio
- Molina Healthcare of Florida
- Molina Healthcare of Wisconsin
- Molina Healthcare of Illinois
- Molina Healthcare of South Carolina
- Molina Healthcare of Puerto Rico
- Molina Healthcare of New York
- Molina Healthcare of Mississippi
- Molina Healthcare of Idaho



# Molina Healthcare of New York

Acquisition – (2/2017) Total Care –Onondaga, Cayuga, Tompkins

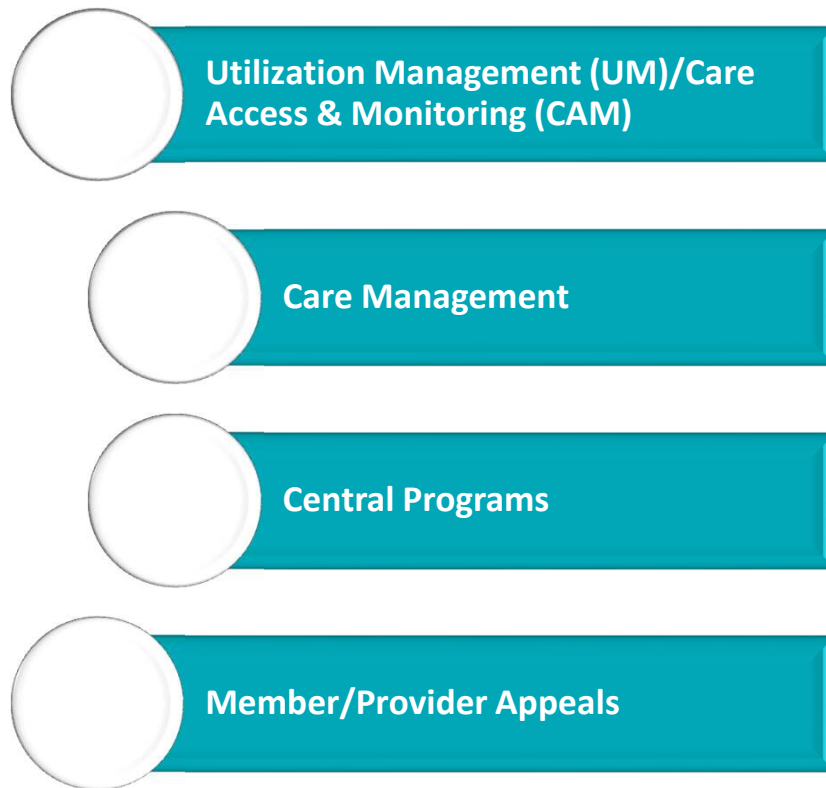
Core Business Lines

- Medicaid – CHP, HARP, Essential Plan
- Medicare Advantage (MA) (TBD)

Highlights

- Local Headquarters in Syracuse
- Approved for VBR Pilot Program
- Implemented Robust Pay for Performance Program
- 70% of Provider Contracts in VBR Relationship
- Awarded State Innovative Grant for Telehealth
- Integrated BH Management In House
- Investments in the local Community

# Healthcare Services Teams



- Health Care Services at Molina consists of five teams.
- The teams must work together in an integrated approach to provide quality care and excellent customer service to our members and providers.

# Care Management

Molina Healthcare's Care Management Program involves collaborative processes aimed at meeting an individual's health needs, promoting quality of life, and obtaining cost-effective outcomes.

Care Management employs a multi-disciplinary team approach in developing interventions to meet member needs. Members of this team may include but not limited to:

- Member and their caregiver/representative
- Member's PCP
- Molina Medical Director
- Molina Behavioral Health Director
- Case Manager
- CAM Inpatient Review Nurse
- Molina Pharmacist
- Molina BH Specialist
- Molina or External SW
- Any provider who can provide input on the members care

## Care Management: Case Managers

- Case Managers (CM) are nurses and social workers who conduct health risk assessments either by phone or face-to-face to identify member needs and develop specific interventions to help meet those needs.
- Molina Case Managers use information from the assessment process to develop and implement individual care plans with the member based on member's own identification of primary health concern and an analysis of available data on the member's medical condition and history.
- Molina Case Managers provide different levels of interventions based on the individual needs and conditions of each member.

## Transition of Care (ToC)

- Transitions of Care are when a member moves from one health care setting to another, usually during an acute health care episode.

### *Examples:*

Hospital → Rehab/Skilled Nursing Facility

Hospital/Rehab/Skilled Nursing Facility → Home

Sometimes a member can use both of the above during a single episode of care.

- During an episode of illness in a facility, members may receive care in multiple discharge settings, which can result in fragmented and poorly executed transitions.
- The Molina Healthcare ToC Program is designed to proactively identify members at higher risk for readmission and implement interventions to provide a safe discharge, with the goal of preventing readmissions or ED visits within the first 30 days post discharge.

## ToC (cont.)

- The ToC program provides members with a ToC Coach who is either an RN or Social Workers. The ToC Coach will meet with the member while they are in the hospital to assess the members needs.
- Currently Molina New York has imbedded at SUNY Upstate Hospital. The ToC Coach performs daily rounds for the Molina Members that are hospitalized, and works with the discharge planning team at the hospital to ensure a safe discharge. The ToC Coach will perform an assessment of the members needs and assist the member in reaching their health care goals. At times the ToC coach will perform a post-discharge home visit to determine on going barriers to reaching the members health care goals.



## Referrals and Prior Authorization

- Referrals are made when medically necessary services are beyond the scope of the PCPs practice. Most referrals to in-network specialists do not require an authorization from Molina.
- *Information is to be exchanged between the PCP and Specialist to coordinate care of the patient.*
- Prior Authorization is a request for prospective review. It is designed to:
  - Assist in benefit determination
  - Prevent unanticipated denials of coverage
  - Create a collaborative approach to determining the appropriate level of care for Members receiving services
  - Identify Case Management and Disease Management opportunities
  - Improve coordination of care
- Requests for services listed on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and trained staff that have the authority to approve services.
- A list of services and procedures that require prior authorization is included in our Provider Manuals and also posted on our website at: [www.molinahealthcare.com](http://www.molinahealthcare.com)

# Request for Prior Authorization

- Authorization for elective services should be requested with supporting clinical documentation for medical necessity review. Information generally required to support decision making includes: Current (up to 6 months), adequate patient history related to the requested services.
  - Physical examination that addresses the problem.
  - Lab or radiology results to support the request (Including previous MRI, CT, Lab or X-ray report/results).
  - PCP or Specialist progress notes or consultations.
  - Any other information or data specific to the request.
  
- Upon receipt of necessary information for a Utilization Management (UM) decision to be made, the following timeframes and methods will be followed by Molina:
  - Pre-authorization: Molina must make decision and notify Member/Member's Representative and Provider, by phone and in writing, within three (3) business days of receipt of necessary information. For Medicaid, Molina's decision must be made as fast as the Member requires or within three (3) business days of receipt of necessary information but no more than fourteen (14) days of the request.
  - Concurrent: Molina must make decision and notify Member/Member's Representative and Provider by phone and writing within one (1) business day of receipt of necessary information. For Medicaid, Molina must make a decision as fast as the Member's condition requires and within one (1) business day of receipt of necessary information but no more than fourteen (14) days of the request.
  - Expedited: An expedited review may be requested when a delay would seriously jeopardize the Member's life, health, or ability to maintain or regain maximum functions. Expedited reviews must be completed within three (3) business days of receipt of expedited request. Molina can deny an expedited request and process within standard timeframes. If not all necessary information is received, Molina has up to fourteen (14) days to make a determination.
  
- Upon receipt of prior authorization, the Plan will provide a Molina unique authorization number. This authorization number must be used on all claims related to the service authorized.
  
- Our goal is to ensure our members are receiving the *Right Services at the Right Time AND in the Right Place*. Providers can help meet these goals by sending all appropriate information that supports the member's need for Services when they send us the authorization request.

## Submitting Service Requests

Providers should send requests for prior authorizations to the Healthcare Services Department using the Molina Healthcare Service Request Form which is available on our website at: [www.molinahealthcare.com](http://www.molinahealthcare.com)

Service Requests may be called in or faxed to the Healthcare Services Department to the numbers listed below, or submitted via our Provider Web Portal.

**Web Portal:** <https://eportal.molinahealthcare.com/Provider/Login>

**Phone: (877) 872-4716** please follow the prompts for prior authorization

**Fax: (866) 879-4742**, please indicate on the fax if the request is non-urgent or urgent. Please see the manual for definition of expedited/urgent.

*Note – Please refer to the Molina Prior Authorization Service Request Form for telephone and fax #'s for certain services including but not limited to, imaging and NICU.*

## Prior Authorization Request Form

Refer to Contact/FAX Numbers above



### MEMBER INFORMATION

Plan:  Molina® Medicaid  Other:

Member Name:  DOB: / /

Member ID#:  Phone: (  )  -

Service Type:  Elective/Routine  Expedited/Urgent<sup>1</sup>

<sup>1</sup>Definition of Expedited/Urgent service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

### REFERRAL/SERVICE TYPE REQUESTED

<b>Inpatient</b>	<b>Outpatient</b>	<input type="checkbox"/> Home Health
<input type="checkbox"/> Surgical procedures	<input type="checkbox"/> Surgical Procedure	<input type="checkbox"/> DME
<input type="checkbox"/> Admissions	<input type="checkbox"/> Diagnostic Procedure	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> SNF	<input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Pain Management
<input type="checkbox"/> LTAC	<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> In Office

Diagnosis Code & Description:

CPT/HCPC Code & Description:

Number of visits requested:  DOS From: / /  to / /

Please send clinical notes and any supporting documentation

### PROVIDER INFORMATION

Requesting Provider Name:  NPI#:  TIN#:

Servicing Provider or Facility:  NPI#:  TIN#:

Contact at Requesting Provider's office\*:

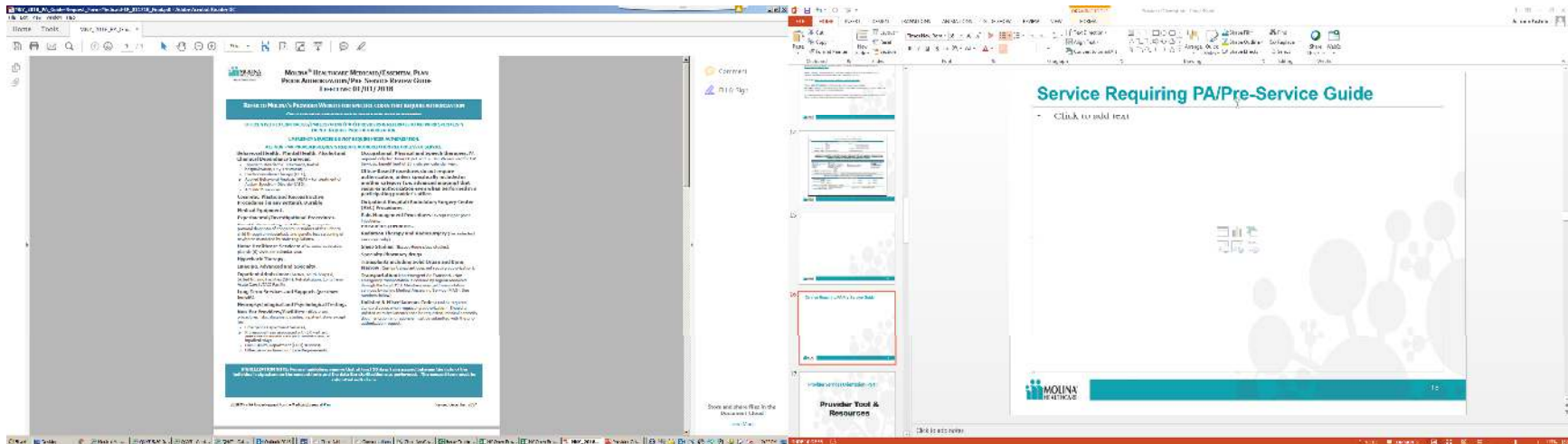
\*Phone Number: (  )  -

\*Fax Number: (  )  -

For Molina® Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.

# Service Requiring PA/Pre-Service Guide

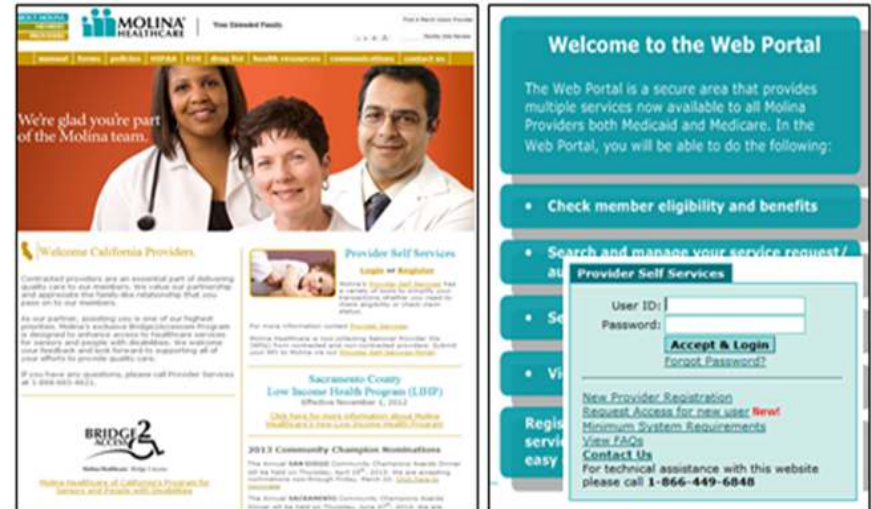


This PA Guide is for 1/1/18; however, this information is updated quarterly. To get the most updated version, please visit [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

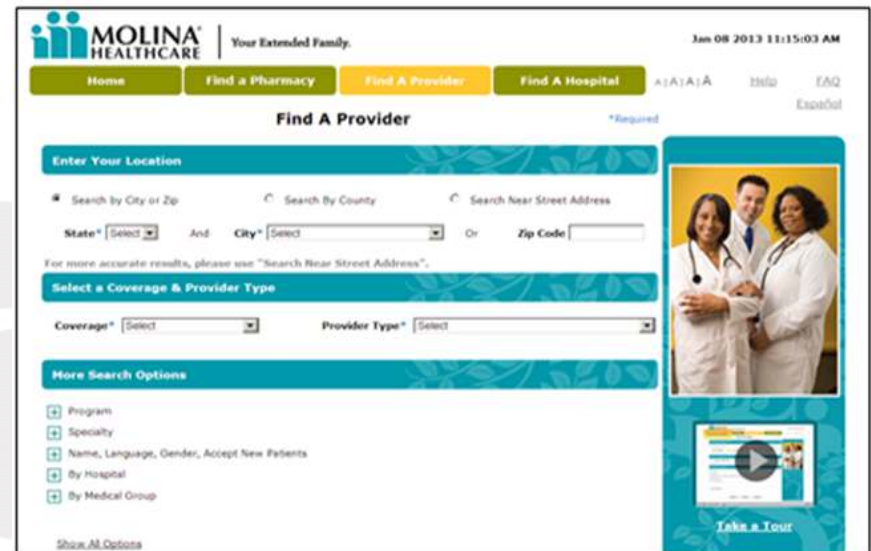
# Provider Online Resources

- Provider Manuals
- Provider Online Directories
- Web Portal
- Preventative & Clinical Care Guidelines
- Prior Authorization Information
- Advanced Directives
- Model of Care Training
- Claims Information
- Pharmacy Information
- HIPAA
- Fraud Waste and Abuse Information
- Frequently Used Forms
- Communications & Newsletters
- Member Rights & Responsibilities
- Contact Information

[www.Molinahealthcare.com](http://www.Molinahealthcare.com)



The screenshot shows the Molina Healthcare web portal. The top navigation bar includes links for Home, Find a Pharmacy, Find a Provider, Find a Hospital, and a language selector (English, Spanish). The main content area features a 'Welcome to the Web Portal' section with a list of services: 'Check member eligibility and benefits', 'Search and manage your service request / Provider Self Services', and 'Register service easy'. A login form is visible with fields for 'User ID:' and 'Password:', and buttons for 'Accept & Login' and 'Forgot Password?'. Below the login form, there are links for 'New Provider Registration', 'Request Access for new user New!', 'Minimum System Requirements', and 'View FAQs'. A contact number '1-866-449-6848' is provided for technical assistance.



The screenshot shows the 'Find a Provider' search page. The page has a navigation bar with 'Home', 'Find a Pharmacy', 'Find a Provider', and 'Find a Hospital'. The search form includes a 'Enter Your Location' section with radio buttons for 'Search by City or Zip', 'Search by County', and 'Search Near Street Address'. Below this are input fields for 'State\*', 'City\*', and 'Zip Code'. A note states: 'For more accurate results, please use "Search Near Street Address".' There is also a 'Select a Coverage & Provider Type' section with dropdown menus for 'Coverage\*' and 'Provider Type\*'. A 'More Search Options' section lists checkboxes for 'Program', 'Specialty', 'Name, Language, Gender, Accept New Patients', 'By Hospital', and 'By Medical Group'. A 'Show All Options' link is at the bottom. On the right side, there is a 'Take a Tour' button and a video player showing a group of healthcare professionals.



## Molina Web Portal

- Molina participating providers may register for access to our Web Portal for self service member eligibility, claim status, provider searches, to submit requests for authorization and to submit claims.
- The Web Portal is a secure website that allows our providers to perform many self-service functions 24 hours a day, 7 days a week.

Web Portal Highlights	
▪ Member eligibility verification and history.	▪ Claims status inquiry.
▪ View Coordination of Benefits (COB) information.	▪ View Nurse Advice Line call reports for members.
▪ Update provider profile.	▪ View HEDIS® missed service alerts for members.
▪ View/Download PCP Member Roster.	▪ Status check of authorization requests.
▪ Submit online service/prior authorization requests.	▪ Submit claims online.

- The portal is the preferred method for member verification, and claims submission; register online at <https://eportal.molinahealthcare.com/Provider/login>

## Provider Manual and Highlights

Molina's Provider Manuals are written specifically to address the requirements of delivering healthcare services to our members, including the responsibilities of our participating providers. Providers may view the manual on our provider website, at: [www.molinahealthcare.com](http://www.molinahealthcare.com)

Provider Manual Highlights	
▪ Benefits and Covered Services Overview	▪ Long Term Supports and Services
▪ Claims, Encounter Data and Compensation (including the no balance billing requirements)	▪ Member Grievances and Appeals
▪ Compliance and Fraud, Waste, and Abuse Program	▪ Member Rights and Responsibilities
▪ Contacts	▪ Model of Care
▪ Credentialing and Re-credentialing	▪ Pharmacy
▪ Utilization Management, Referral and Authorization (Healthcare Services)	▪ Preventive Health Guidelines
▪ Eligibility, Enrollment, and Disenrollment	▪ Provider Responsibilities
▪ Health Management (Health Education & Disease Management)	▪ Quality Improvement
▪ Health Insurance Portability and Accountability Act (HIPAA)	▪ Transportation Services
▪ Interpreter Services	



# Provider Directory

Providers may use Molina's Provider On-line Directory (POD) located on our website or request a copy of the Provider Directory from their Provider Services Representative(s).

To find a provider, visit us at [www.molinahealthcare.com](http://www.molinahealthcare.com), and click:

- ✓ Find a Provider, or
- ✓ Find a Hospital, or
- ✓ Find a Pharmacy

The screenshot shows the Molina Healthcare website's 'Find A Provider' search interface. At the top left is the Molina Healthcare logo with the tagline 'Your Extended Family.' and the date 'Jan 08 2013 11:15:03 AM'. Below the logo are navigation buttons for 'Home', 'Find a Pharmacy', 'Find A Provider', and 'Find A Hospital'. To the right are links for 'A|A|A|A', 'Help', 'FAQ', and 'Español'. The main heading is 'Find A Provider' with a '\*Required' note. The search area is divided into three sections: 1. 'Enter Your Location' with radio buttons for 'Search by City or Zip', 'Search By County', and 'Search Near Street Address'. It includes dropdown menus for 'State\*' and 'City\*', and a text input for 'Zip Code'. A note says 'For more accurate results, please use "Search Near Street Address"'. 2. 'Select a Coverage & Provider Type' with dropdown menus for 'Coverage\*' and 'Provider Type\*'. 3. 'More Search Options' with expandable sections for 'Program', 'Specialty', 'Name, Language, Gender, Accept New Patients', 'By Hospital', and 'By Medical Group'. A 'Show All Options' link is at the bottom. On the right side, there is a vertical banner featuring a photo of three healthcare professionals and a 'Take a Tour' button.

# Molina Healthcare Member Identification (ID) Card

## Medicaid Managed Care

**Member:** John Doe  
**CIN #:** ABC12345C  
**Date of Birth:** 01/01/1964  
**Effective Date:** 01/01/2016

**PCP Name:** Joe Smith  
**PCP Phone:** (315) 999-9999

PRESCRIPTION DRUGS		RX BIN	004336
Non-Preferred Brand Name Drugs	\$3.00	RXPCN	ADV
Preferred Brand Name Drugs	\$1.00	RXGRP	RX0546
Generic Drugs	\$1.00		
Over the Counter Drugs (OTC)	\$0.50		

**Members:**  
**Emergency Services:** Call 911 or go to the nearest Emergency room.  
 This card does not guarantee coverage. To confirm eligibility, obtain specific benefit information, or to speak with a Nurse 24/7, call Molina Member Services at 1-800-223-7242/TTY: 711.

**Pharmacy Benefit:** Contact Molina Healthcare at 1-800-223-7242.  
**Dental Benefit:** Contact Healthplex at 1-800-468-9868.  
**Behavioral Health Benefit:** Contact Molina Healthcare at 1-800-223-7242.  
**Providers:**  
**Remit claims to:** Molina Healthcare Inc., PO Box 22615, Long Beach, CA 90801  
**Pharmacists:** Contact Caremark Pharmacy Helpdesk at 1-800-364-6331.  
 MolinaHealthcare.com

## Child Health Plus

**Member:** Jane Doe  
**Identification #:** AB12345C  
**Date of Birth:** 01/01/1964  
**Effective Date:** 01/01/2016

**PCP Name:** Joe Smith  
**PCP Phone:** (315) 999-9999

**RX BIN** 004336  
**RXPCN** ADV  
**RXGRP** RX0546

**Members:**  
**For a life-threatening medical condition:**  
 • Call 911 or go to the nearest emergency facility  
 • Then **WITHIN 48 HOURS** of receiving care, you or someone on your behalf must call your Molina Primary Care Provider (PCP)  
 • All follow-up care must be coordinated by your Molina PCP  
**For Routine Appointments And Referrals**  
 • Non-urgent/non-life threatening or routine care, and/or referrals, call your Molina PCP

This card does not guarantee coverage. To confirm eligibility, obtain specific benefit information, or to speak with a Nurse 24/7, call Molina at 1-800-223-7242/TTY: 711  
**Pharmacy Benefit:** Contact Molina Healthcare at 1-800-223-7242.  
**Dental Benefit:** Contact Healthplex at 1-800-468-9868.  
**Behavioral Health Benefit:** Contact Molina Healthcare at 1-800-223-7242.  
**Providers:**  
**Pharmacists:** Contact Caremark Pharmacy Helpdesk at 1-800-364-6331.  
**Remit claims to:** Molina Healthcare Inc., PO Box 22615, Long Beach, CA 90801  
 MolinaHealthcare.com

## Molina Healthcare PLUS

**Member:** Jane Doe  
**CIN #:** ABC12345C  
**Date of Birth:** 01/01/1964  
**Effective Date:** 01/01/2016

**PCP Name:** Joe Smith  
**PCP Phone:** (315) 999-9999

PRESCRIPTION DRUGS		RX BIN	004336
Non-Preferred Brand Name Drugs	\$3.00	RXPCN	ADV
Preferred Brand Name Drugs	\$1.00	RXGRP	RX0546
Generic Drugs	\$1.00		
Over the Counter Drugs (OTC)	\$0.50		

**Members:**  
**Emergency Services:** Call 911 or go to the nearest Emergency room.  
 This card does not guarantee coverage. To confirm eligibility, obtain specific benefit information, or to speak with a Nurse 24/7, call Molina Member Services at 1-800-223-7242/TTY: 711.

**Pharmacy Benefit:** Contact Molina Healthcare at 1-800-223-7242. **Dental Benefit:** Contact Healthplex at 1-800-468-9868.  
**Behavioral Health Benefit:** Contact Beacon Health Solutions at 1-844-265-7594.  
**Providers:**  
**Remit claims to:** Beacon Health Options, Attn: Claims Department, Molina Healthcare, 500 Unicorn Park Drive, Suite 103, Woburn, MA 01801  
**Pharmacists:** Contact Caremark Pharmacy Helpdesk at 1-800-364-6331.  
 MolinaHealthcare.com

## Molina Essential Plan

**Member:** John Doe  
**CIN #:** ABC12345C  
**Date of Birth:** 01/01/1964  
**Effective Date:** 01/01/2018

**PCP Name:** Joe Smith  
**PCP Phone:** (315) 999-9999

**PRESCRIPTION DRUGS** Co-pays may apply.  
**RX BIN** 004336  
**RX PCN** ADV  
**RX GRP** RX0546

**Members:**  
**Emergency Services:** Call 911 or go to the nearest Emergency room.  
 This card does not guarantee coverage. To confirm eligibility, obtain specific benefit information, or to speak with a Nurse 24/7, call Molina Member Services at 1-800-223-7242/TTY: 711.

**Pharmacy Benefit:** Contact Molina Healthcare at 1-800-223-7242.  
**Dental Benefit:** Contact Healthplex at 1-800-468-9868.  
**Behavioral Health Benefit:** Contact Molina Healthcare at 1-800-223-7242.  
**Providers:**  
**Remit claims to:** Molina Healthcare Inc., PO Box 22615, Long Beach, CA 90801  
**Pharmacists:** Contact Caremark Pharmacy Helpdesk at 1-800-364-6331.  
 MolinaHealthcare.com

## Verifying Member Eligibility

- Molina offers various tools to verify member eligibility. Providers may use our online self-service Web Portal, integrated voice response (IVR) system, eligibility rosters or speak with a Customer Service Representative.

*Please Note – At no time should a member be denied services because his/her name does not appear on the PCP's eligibility roster. If a member does not appear on the eligibility roster the provider should contact the Plan for further verification.*

**Web Portal:** <https://eportal.molinahealthcare.com/Provider/login>

**Customer Service/IVR Automated System: (877) 872-4716**

# Access Standards

Molina Healthcare monitors compliance and conducts ongoing evaluations regarding the availability and accessibility of services to Members. Please ensure adherence to these regulatory standards:

APPOINTMENT TIME	WAIT TIME STANDARDS
Urgent Care	Within twenty-four (24) hours of the request.
Non-Urgent “sick” visit	Within forty-eight (48) to seventy-two (72) hours of request.
<b>Primary Care Provider (PCP) or Prenatal Care</b>	
Emergency Care	Immediately upon presentation at a service delivery site.
Routine Care (non-urgent)	Within four (4) weeks of the request.
Adult Baseline and Routine Physicals	Within twelve (12) weeks from enrollment.
Well Child Care	Within four (4) weeks of request
Initial PCP office visit for Newborn	Within two (2) weeks of hospital discharge.
Initial Prenatal Visit	Within three (3) weeks during first trimester, two (2) weeks during the second trimester, and one (1) week thereafter.
Initial Family Planning Visits	Within two weeks of request.
<b>Specialty Care Provider (SCP)</b>	
Routine Care (non-urgent)	Within four (4) to six (6) weeks of the request.
<b>Mental/Behavioral Health</b>	
In-Plan, Non-Urgent Care Mental Health or Substance Abuse Visits	Within two (2) weeks of request.
In-Plan Mental Health or Substance Abuse Follow-Up visits	Visits (pursuant to an emergency or hospital discharge): within five (5) days of request, or sooner as clinically indicated.



**All physicians must have back-up coverage after hours or during absence/unavailability. Molina Healthcare requires providers to maintain a 24-hour telephone service, 7 days a week.**

## Nurse Advice Line

- MHNH provides 24 hour/7 day a week Nurse Advice Services for members.
- The Nurse Advice Line provides access to 24 hour interpretive services.
- Members may call the Nurse Advice Line directly:
  - English or to request assistance in other languages: (800) 223-7242
- The Nurse Advice TTY is 711.
- The Nurse Advice Line telephone number is also printed on membership cards.

## Provider Standard of Care

In becoming a Molina Provider, you and your staff agree to follow and comply with Molina's administrative, medical management, quality assurance, and reimbursement policies and procedures.

For a full description of our Provider responsibilities and Standards of Care please refer to Section 2 of the Molina Provider Manual.



# Credentialing / Re-credentialing Application Process

## Purpose & Objectives

- Molina is committed to providing quality care and services to its members. To help support this goal, Molina completes an assessment of organizational providers with whom it contracts. In addition, Molina completes a reassessment of all contracted organizational providers every thirty-six (36) months. Organizational providers are required to meet established criteria. Molina does not contract with organizational providers that do not meet the criteria.
- The decision to accept or deny an organizational provider is based upon primary source verification, secondary source verification, and additional information as required. The information gathered is confidential and disclosure is limited to parties who are legally permitted to have access to the information under state and federal law.



## What Is Credentialing?

- ✓ To be a participating provider in the Molina network, all providers must go through the credentialing process every 36 months and be approved.
- ✓ We make sure every Provider is educated, trained and licensed to practice in the Specialty listed on their Application.
- ✓ We make sure all pertinent information in the APPLICATION is the correct by contacting the PRIMARY SOURCE to verify.
- ✓ We gather all documentation related to the Provider's ability to provide Quality Care to our members.
- ✓ We conduct recredentialing every three years to ensure all providers maintain a current license, malpractice insurance and check for any changes to their credentials.

# It all centers around the Credentialing Application

Every Provider completes a Credentialing Application. This is the First Step of the Credentialing Process.

There two different types of applications.

- **Individual Practitioner Application**
  - This application applies to individual providers who are referred members and/or listed in the Molina Online directory for members to select such as physicians, social workers, psychologists, counselors, etc.
- **Health Delivery Organization (Facility) Application**
  - This application applies to facilities who are referred members and/or listed in the Molina Online directory for members to select such as behavioral health and substance abuse.



# Submitting Credentialing Application



- The following information must be completed and submitted to Molina Healthcare to start the credentialing process.
- **Individual Practitioner Application**
  - **Option 1** – If practitioner is enrolled with Council for Affordable Quality Healthcare (CAQH) and the application is current (attestation date within 120 days), please provide the following information and attachments:
    - ✓ **Name**
    - ✓ **DOB**
    - ✓ **NPI**
    - ✓ **CAQH #**
    - ✓ **Copy of W-9**
  - **Option 2** - Complete and submit a current practitioner credentialing application along with the following documents:
    - ✓ **New York Practitioner Application**
    - ✓ **Completed Attestation and Release Form (signed and dated within 120 days)**
    - ✓ **Current Copy of Malpractice Insurance**
    - ✓ **Copy of W-9**

# Submitting Credentialing Application Cont'd

- **Health Delivery Organization (Facility) Application**
  - Complete and submit a current Molina Health Delivery Organization credentialing application along with the following documents:
    - ✓ **Health Delivery Organization Application**
    - ✓ **Completed Attestation and Release Form (signed and dated within 120 days)**
    - ✓ **Completed CMS Ownership Form**
    - ✓ **Copy of Current State License**
    - ✓ **Copy of Current Malpractice/Liability Insurance**
    - ✓ **Copy of Most Recent CMS Survey or Accreditation Certificate**
    - ✓ **Copy of W-9**



# Introduction to Molina's Provider Portal

- Account Registration
- Eligibility Verification
- Authorization Submission
- Electronic Claims Submission
- Claims Creation & Status Update

# Registration Instructions

## 1. Begin registration

- Click “New Registration Process”
- Select “Other Lines of Business”
- Select state
- Select role type “Facility or Group”
- Click “Next”

## 2. Required Fields

- Enter first name
- Enter last name
- Enter email address
- Enter email address again to confirm

## 3. Username and Password

- Create a user ID using 8-15 characters
- Create a unique password with 8-12 characters
- Select three security questions and answers

## 4. Complete Registration

- Accept “Provider Online User Agreement” by clicking on the check box
- Enter the code in the textbox as shown in the image
- Click “Register”

## Logging into the Provider Portal

Once you have registered, you can log in to the Provider Portal from our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

**1. Select “I am a Health Care Professional.”**

**2. Enter the user ID and password that you set up during the registration process.**

# From the Molina Healthcare Website

www.MolinaHealthcare.com



Select Sign In



# From the Molina Public Website

The screenshot shows the Molina Healthcare website interface. At the top, there are navigation options for location (Texas), language (English), and font size. The main navigation bar includes links for Home, Become a Member, Find a Doctor or Pharmacy, Staying Healthy, Members, and About Molina. A search bar and a 'Sign In' dropdown menu are also present. The 'Sign In' menu is open, showing options for Member, Health Care Professional, and About Molina. A callout box points to the 'Health Care Professional' link with the text 'Choose Health Care Professional'. Below the navigation, a banner asks 'Need to make a payment?' and offers a 'Pay Now' button. A section titled 'How can we help you?' features three buttons: 'I'd Like to Become a Molina Member', 'I'm a Molina Member', and 'I'm a Health Care Professional'. At the bottom, there is a section for 'Quick Tools for Molina Members'.

# Provider Portal via Direct Link

<https://Provider.MolinaHealthcare.com/>

## Welcome to the Provider Portal!

Take care of business on your schedule. The portal is yours to use 24 hours a day, seven days a week. It's an easy way for you to accomplish a number of tasks, including:



Check member eligibility



Submit and check the status of your claims



Submit and check the status of your service or request authorizations



View your HEDIS scores

## Provider Login

User ID:  Password:

[Forgot Your Password?](#) [Account Unlock](#)

**Sign In**

Login with User ID and Password

No account yet? It's simple to get one | [Register now](#)  
Provider already registered? | [Request Access for new user](#)



- Provider Portal**
- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- ▶ Member
- HEDIS Profile
- Reports
- Links
- Forms
- ▶ Account Tools

### Messages and Announcements

- You have (0) new messages
- You have (2) announcements

### Recent Activity

- [Click here to view your recent Service Request/Authorizations](#)
- [Click here to view your recent Claims](#)
- [Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)

- Member Eligibility
- Claim Status Inquiry
- Downloaded Claims Report
- Member Roster
- Reports
- Links
- Forms

### Quick Member Eligibility Search

Search by Member ID  [Go](#)

### What's New

Happy New Year!

● ○ ●

### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)

A modernized expandable menu bar

00000000 - Other Lines Of Business - xxx0000 - MOLINA MEDICAL

Welcome, Primary Admin User: webportal [Log Out](#)  
Jan 13 2016 6:04:40 AM  
[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

### Provider Portal

- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- ▶ Member
- HEDIS Profile
- Reports
- Links
- Forms
- ▶ Account Tools

### Messages and Announcements

- You have (0) new messages
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### Recent Activity

- [Click here to view your recent Service Request/Authorizations](#)
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- [Click here to view your ready for batch Claims](#)

### Quick Member Eligibility Search

Search by Member ID

### What's New

Happy New Year!

### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes  
 No

[See Responses](#)

### My Favorites [Edit](#)

- Member Eligibility
- Claim Status Inquiry
- Downloaded Claims Report
- Member Roster
- Reports
- [http://](#) Links
- Forms

Quick Link Buttons are changeable by Users to access their most used features

The screenshot shows the Molina Healthcare Provider Self Services portal. At the top, there is a header with the Molina Healthcare logo, the text "Provider Self Services", and a user ID "000000000 - Other Link". Navigation links include "Home", "Provider Search", "FAQ", "Training", and "Contact Molina".

The main content area is divided into four columns:

- Provider Portal:** A vertical menu with items: Member Eligibility, Claims, Service Request/Authorization, Member Roster, HEDIS Profile, Reports, Links, Forms, and Account Tools.
- Messages and Announcements:** Shows "You have (0) new messages" and a notification bell icon.
- Recent Activity:** Includes a link: "Click here to view your recent Service Request/Authorizations".
- My Favorites:** A grid of quick link buttons with icons and labels: Member Eligibility, Create Professional Claims, Create Institutional Claim, Claim Status Inquiry, Downloaded Claims Report, Create Service Request/Authorizatio..., Service Request/Authorizatio..., and Member Roster.

An "Edit My Favorites" modal window is open in the center, featuring two lists:

- Available Favorites:** Clear Coverage, Reports, Links, Forms, HEDIS Profile.
- Selected:** Member Eligibility, Create Professional Claims, Create Institutional Claim, Claim Status Inquiry, Downloaded Claims Report, Create Service Request/Authorizations, Service Request/Authorization Inquiry, Member Roster.

At the bottom of the modal, there is a "Save" button and a note: "\* You can select up to 8 favorites:". A "What's New" section on the left side of the modal shows "June 201" and "HEDIS IL".





### Provider Portal

Member Eligibility

▶ Claims

▶ Service Request/Authorization

▶ Member

HEDIS Profile

Reports

Links

Forms

▶ Account Tools

### Mess



If you know a Member's ID, you can search for them on the homepage

### Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

[Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)



Member Eligibility



Claim Status Inquiry



Downloaded Claims Report



Member Roster



Reports



Links



Forms

### Quick Member Eligibility Search

Search by Member ID

[Go](#)

### What's New

Happy New Year!

### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)





You can also go to the Member Eligibility Search page directly

00000000 - Other Lines Of Business - xxx0000 - MOLINA MEDICAL

Welcome, Primary Admin User: webportal [Log Out](#)

Jan 13 2016 6:04:40 AM

[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

### Provider Portal

Member Eligibility

▶ [Claims](#)

▶ [Service Request/Authorization](#)

▶ [Member](#)

[HEDIS Profile](#)

[Reports](#)

[Links](#)

[Forms](#)

▶ [Account Tools](#)

### Messages and Announcements

You have (0) new messages

You have (2) announcements

### Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

[Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)



Member Eligibility



Claim Status Inquiry



Downloaded Claims Report



Member Roster



Reports



Links



Forms

### Quick Member Eligibility Search

Search by Member ID

[Go](#)

### What's New

Happy New Year!

### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)

Reminder: Member Eligibility information is updated every 30 minutes

Eligibility searches are limited to Provider's state of business, except for Medicare which is available for all states. For eligibility questions, please contact [Molina Member Services](#)

*NOTE - Eligibility verification is not a guarantee of payment.*



[Help](#)  
Eligibility Information is current as of Oct 16 2014 04:30:09 PM PST

### Member Search

Enter Member ID or First and Last Name and Date of Birth.

Member ID:

OR

First Name:

Last Name:

Date of Birth:   
(mmdyyyy)

### Search Options

Gender:

Zip Code:

Line of Business:

To see member eligibility from certain date enter date here:  (mmdyyyy)

Search for Member

Clear All



[Back to Roster](#)

Eligibility Information is current as of Oct 16 2014 04:30:09 PM PST

## Member Eligibility Details

Quick View	Member Information	Quick Links
<ul style="list-style-type: none"><li>✓ Member is currently enrolled</li><li>✓ No Missed Services</li><li>✓ No enrollment restrictions</li></ul>	<p>Member ID: 000000000</p> <p>Enrollment Plan: STAR</p> <p>Enrollment Status: ACTIVE</p> <p>Enrollment Effective Date: 05/01/2014</p> <p>Enrollment Termination Date:</p>	<p><a href="#">Print</a></p> <p><a href="#">Submit Professional Claim</a></p> <p><a href="#">Claim Status</a></p> <p><a href="#">Submit Service Request/Authorization</a></p> <p><a href="#">Service Request / Authorization Inquiry</a></p>

Member Details | Member Health Record

[Member Information](#) • [Enrollment Information](#) • [Primary Care Provider Information](#) • [IPA/Group Information](#) • [History](#)

**Name:** EVERDEEN, KATNISS  
**Date of Birth:** 06/08/2006  
**Mailing Address:** 123 MAIN ST, FREER, TX, 78357  
**Member #:** 000000000  
**Gender #:** Female  
**Home #:**  
**Alternative #:**  
**Mobile #:**  
**Email ID:**

Quick view sections to help find information

[+ Additional Member Information](#) Expand to view Additional Member Information

## Member Eligibility Details

Quick View	Member Information	Quick Links
<ul style="list-style-type: none"><li>✓ Member is currently enrolled</li><li>✓ No Missed Services</li><li>✓ No enrollment restrictions</li></ul>	<p>Member ID: 000000000</p> <p>Enrollment Plan: STAR</p> <p>Enrollment Status: ACTIVE</p> <p>Enrollment Effective Date: 05/01/2014</p> <p>Enrollment Termination Date:</p>	<p><a href="#">Print</a></p> <p><a href="#">Submit Professional Claim</a></p> <p><a href="#">Claim Status</a></p> <p><a href="#">Submit Service Request/Authorization</a></p> <p><a href="#">Service Request / Authorization Inquiry</a></p>

**Member Details** | Member Health Record

[Member Information](#) | [Enrollment Information](#) | [Primary Care Provider Information](#) | [IPA/Group Information](#) | [History](#)

**Name:** EVERDEEN, KATNISS  
**Date of Birth:** 06/08/2006  
**Mailing Address:** 123 MAIN ST, FREER, TX, 78357  
**Member #:** 000000000  
**Gender #:** Female  
**Home #:**  
**Alternative #:**  
**Mobile #:**  
**Email ID:**

[+ Additional Member Information](#) Expand to view Additional Member Information

## Member Eligibility Details

### Quick View

- ✓ Member is currently enrolled
- ✓ No Missed Services
- ✓ No enrollment restrictions

### Member Information

Member ID: 000000000  
 Enrollment Plan: STAR  
 Enrollment Status: ACTIVE  
 Enrollment Effective Date: 05/01/2014  
 Enrollment Termination Date:

### Quick Links

- [Print](#)
- [Submit Claim](#)
- [Claim Status](#)
- [Submit Service Request/Authorization](#)
- [Service Request / Authorization Inquiry](#)

Member Details

Member Health Record

- [Service History](#)
- [Service Authorizations](#)
- [Inpatient Admissions & Emergency Department Visits](#)
- [Lab Results](#)
- [Allergies](#)
- [Medications](#)

## Service History

Date of Service Start Date



(mm/dd/yyyy)

Date of Service End Date



(mm/dd/yyyy)

Provider

Search

Date of Service	Provider	Service Description
12/11/2014	MOLINA HEALTHCARE	OFFICE VISIT

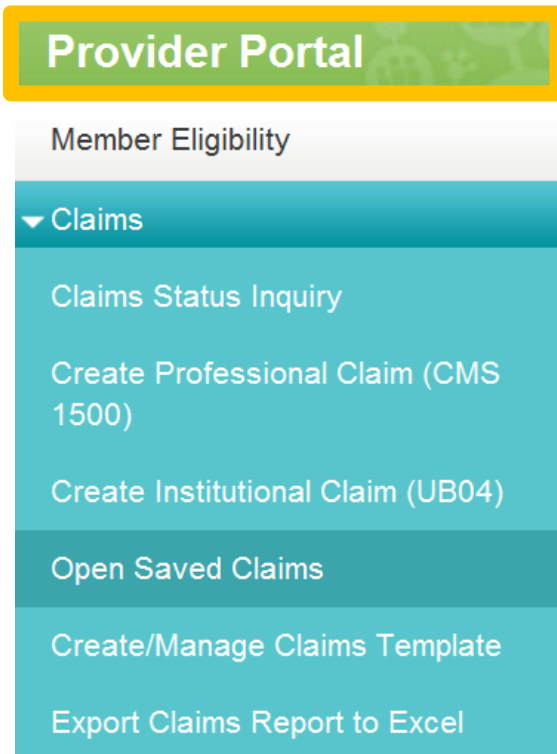
Showing 1-1 of 1  per page

Page 1 of 1

This information is based on the claims and encounters data; if you know of any discrepancies or if you need any historical Service History information, please contact the Molina Case Manager or Provider Services.

## Claims Drop Down Menu

From the home screen, click on “Claims” to open the menu of claim functions available on the portal. You can:



Open a previously saved claim

Create a claims template

Export claims

Check the status of a claim

Create a claim



Provider

Welcome, Primary Admin User: webportal [Log Out](#)

Jan 13 2016 6:04:40 AM

[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

You can view claims opened in the last 30 days

### Provider Portal

Member Eligibility

▶ [Claims](#)

▶ [Service Request/Authorization](#)

▶ [Member](#)

[HEDIS Profile](#)

[Reports](#)

[Links](#)

[Forms](#)

▶ [Account Tools](#)

### Messages

You have (0) new messages

You have (2) announcements

### Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

[Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)



Member Eligibility



Claim Status Inquiry



Downloaded Claims Report



Member Roster



Reports



Links



Forms

### Quick Member Eligibility Search

Search by Member ID  [Go](#)

### What's New

Happy New Year!



### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)



Your Extended Family.



### Provider Portal

Member Eligibility

#### Claims

Claims Status Inquiry

Create Professional Claim (CMS 1500)

Create Institutional Claim (UB04)

Open Saved Claims

Create/Manage Claims Template

Export Claims Report to Excel

▶ Service Request/Authorization

▶ Member

HEDIS Profile

Reports

Links

Forms

▶ Account Tools

You can view Claims Status from the past year

### Announcements

### Recent Activity

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims
- Click here to view your ready for batch Claims

### My Favorites [Edit](#)

- Member Eligibility
- Claim Status Inquiry
- Downloaded Claims Report
- Member Roster
- Reports
- Links
- Forms

### Quick Member Eligibility Search

Search by Member ID

### What's New

Happy New Year!

### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

- Yes
- No

[See Responses](#)

## Claim Status Inquiry

On the claim status inquiry screen, you can perform a claim status inquiry with multiple search functions.

The screenshot shows the 'Claims Status Inquiry' interface. At the top left, there is a teal navigation bar with a dropdown arrow and the text 'Claims'. Below this, a yellow-bordered box highlights the 'Claims Status Inquiry' link. The main content area is titled 'Claims Inquiry' and includes a search form. The search form has a 'Search' section with 'Claim Type' set to 'All' and 'Search Options' set to 'Claim Status'. A yellow callout box points to the 'Claim Type' dropdown with the text 'Search by claim type UB/1500'. To the right, the 'Claim Status' dropdown is set to 'All', with another yellow callout box pointing to it that says 'Search by claim status, member name/DOB, member ID number or claim tracking number'. Below the search options, there is an 'Optional Search Criteria' section with the instruction 'Enter optional criteria to narrow your search'. This section includes 'Received Date' with 'From' and 'To' date pickers, 'Patient Control No.', 'Claim No.', and 'Claims Status' (set to 'All'). On the right side, there are fields for 'Date of Service', 'NPI', and 'Gender' (set to 'Select'). At the bottom right, there are 'Search', 'Clear', and 'Cancel' buttons. A small status message at the top right reads 'Information on Claims accepted into the adjudication system is current as of Aug 14 2015 09:30:07 AM'.



# Claim Status Inquiry

From the Claim Details screen, you can view the claim line time charges for your claim. Identify the “Check Number” and “Check Date,” to see if any lines were denied in the status fields.

**Claim Details**

General Information

Member Name:	Claim Number:
Claim Status Category:	Claim Status Effective: 8/11/2014
Claim Header Status: Paid	Billed Amount(\$): 194.44
Rendering Provider Name:	Check Number:
Rendering Provider NPI:	Service Date From: 08/11/2014
Check Paid Date: 08/25/2014	Patient Control Number:
Service Date To: 08/11/2014	Amount Paid(\$): 194.44

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insurance	Member Copay	Line Status Effective	Status	Remit Message
1	08/11/2014	08/11/2014		T1019		0	54.61	54.61	0.00	0.00	0.00	8/11/2014	Paid	
				T1019		0	54.61	54.61	0.00	0.00	0.00	8/11/2014	Paid	
				T1019		0	54.61	54.61	0.00	0.00	0.00	8/11/2014	Paid	
				T1019		0	30.61	30.61	0.00	0.00	0.00	8/11/2014	Paid	

per page Page 1 of 1

[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#) [View Diagnosis Code](#) [Print Claim Summary](#) [Back](#)

Save a previously paid claim as a template for future submissions.

Void or correct a claim.

Print your claim summary as an EOB here.



# Claim Status Inquiry

Once you have entered your criteria and selected the search button, a list of your claims will display.

**Search**  
Claim Type: \* All Search Options: \* Claim Status Claim Status: \* All

**Optional Search Criteria**  
Enter optional criteria to narrow your search

Received Date: From: mm/dd/yyyy To: mm/dd/yyyy Date of Service: From: mm/dd/yyyy To: mm/dd/yyyy

Patient Control No: NPI: Gender: Select

Claim No: Claims Status: All

Search Clear Cancel

### Claims Found

Claim ID	Member Name	Total Charged Amount(\$)	Service Date From	Service Date To	Received Date	Status	Claim Type	Attachments
		194.44	08/11/2014	08/14/2014	08/15/2014	Paid	PROFESSIONAL	No
		194.44	08/18/2014	08/21/2014	08/22/2014	Paid	PROFESSIONAL	No
		194.44	08/25/2014	08/28/2014	08/29/2014	Paid	PROFESSIONAL	No
		194.44	09/01/2014	09/04/2014	09/05/2014	Paid	PROFESSIONAL	No
		82.22	09/08/2014	09/09/2014	09/12/2014	Paid	PROFESSIONAL	No

Showing 11-15 of 15 10 per page Page 2 of 2

## Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Dec 13 2014 04:30:07 AM PST ?

Search

Claim Type:  Search Options:  First Name:  Last Name:  Date of Birth:

Operational Search Criteria

Enter optional criteria to narrow your search

Received Date: From:  To:  Date of Service From:  To:

Patient Control No:  NPI:  Gender:

Click the arrow to open up the expandable menu

## Provider Portal

Member Eligibility

▶ Claims



▶ Service Request/Authorization

Member Roster

HEDIS Profile

Reports

Links

Forms

▶ Account Tools

Information on Claims accepted into the adjudication system is current as of Aug 14 2015 06:30:04 AM PST

Search Options:  Member Number:

To:

Date of Service From:  To:

NPI:

Gender:

Search

Clear

Cancel

- Provider Portal
- Member Eligibility
- Claims
  - Claims Status Inquiry
  - Create Professional Claim (CMS 1500)
  - Create Institutional Claim (UB04)
  - Open Saved Claims
  - Create/Manage Claims Template
  - Export Claims Report to Excel
- Service Request/Authorization
- Member Roster
- HEDIS Profile
- Reports
- Links
- Forms
- Account Tools

Information on Claims accepted into the adjudication system is current as of Aug 14 2015 08:30:04 AM PST

Search Options: Member Number Member Number:

Select Create Professional Claim or Create Institutional Claim

Date of Service From:  To:   
mm/dd/yyyy mm/dd/yyyy

NPI:

Gender: Select

Search Clear Cancel

## Create a Claim

- You can create and submit a claim through the Provider Portal at no charge. You will receive a confirmation number once the claim is submitted.
- It will take 1 to 3 business days for the claim to be viewable to customer service staff.
- Claims can take up to **30 calendar days** to complete processing.

### Institutional Claims



These are generally billed on a UBO4 claim form.

### Professional Claims

These are generally billed on a CMS 1500 claim form.

# Completing the Patient Information

Complete all required (\*) fields of member information. If you enter the Member ID and service dates, the fields at the top of the form will auto populate with the member's information.

Member	Provider	Summary
*- Required Field <a href="#">Help</a>		
What would you like to do? * <input checked="" type="radio"/> Create Claim <input type="radio"/> Correct Claim <input type="radio"/> Void Claim		
<b>Eligibility Check</b>		
Enter the insured's ID or their last name, first name and Date of Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search .		
Insured's ID Number: *	<input type="text"/>	<input type="button" value="Advanced Search"/>
OR		
Last Name: *	<input type="text"/>	First Name: * <input type="text"/>
AND		DOB: * <input type="text"/>
Service From Date: *	<input type="text"/> 	Service To Date: * <input type="text"/> 
	(mm/dd/yyyy)	(mm/dd/yyyy)

Complete with the member's Medicaid ID Number.

## Completing the Patient Information

Once this page is filled in completely, click “Next” at the bottom of the screen.

The screenshot shows a web form for entering patient information. At the top, a dropdown menu for "Patient Relationship to Insured:" is set to "18-Self". Below this are sections for "Other Insurance", "Patient Conditions", and "Verify Required Information".

- Other Insurance:** A question "Is there another benefit plan?" is present.
- Patient Conditions:** Questions include "Is patient's condition related to" with checkboxes for "Employment", "Auto Accident", and "Are there any patient condition data".
- Verify Required Information:** This section contains:
  - A text input field for "Patient Account Number:".
  - Radio buttons for "Member Authorized Assignment of Benefit:" (Yes/No).
  - A dropdown menu for "Release of Information:" with options "Select", "I-Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Fed", and "Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Cla".
  - A text input field for "Prior Authorization Number:".

At the bottom, there are buttons for "Next >>", "Save for Later", "Save as Template", and "Cancel".

Two yellow callout boxes provide instructions:

- One points to the "Patient Account Number:" field, stating: "This is the account number you generate for your member."
- Another points to the "Release of Information:" dropdown, stating: "Choose 'Y' if you have a signed document on file. Choose 'I' if you only have informed consent to release medical information."

## Completing the Patient Information

Complete the patient's primary information by selecting the "YES" radio button under "Other Insurance." This will populate additional fields to be completed. You will also want to attached the explanation of benefits to your claim.

### Patient Information


Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self".

**Patient Relationship to Insured:** \* 18-Self

### Other Insurance

Is there another benefit plan? \*  Yes  No

---

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
DOB	<input type="text"/> 	Sex	<input type="text"/>		
	(mm/dd/yyyy)				
Plan/Program name	<input type="text"/>	Policy Number	<input type="text"/>		
Group Number	<input type="text"/>				

Do you have an EOB? \*  Yes  No



## Completing the Provider Information

The billing provider information should already be populated. If the information is incorrect, please email [MHNYProviderRelations@MolinaHealthcare.com](mailto:MHNYProviderRelations@MolinaHealthcare.com) to have the information corrected.

<< Previous   Next >> Save for Later   Save as Template

**Member**   **Provider**   Summary

---

**Select a Billing Provider Information**

**Billing Provider:** \*

Last Name	First Name	Middle Initial	TIN	NPI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address1	Address2	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

**Provider Information**

**Rendering Provider:** \*

NPI	Last Name	First Name	Middle Initial	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

registered group information.



## Completing the Provider Information

Fill in your diagnosis codes here ensuring they are the correct diagnosis codes based on the date of service. (ICD-9 for dates prior to Oct. 1, 2015 and ICD-10 for dates after).

You can use the magnifying glass to search by code or description.

Diagnosis Code			
Remove	DX No.	Diagnosis Code	Diagnosis Description
	* 1	<input type="text"/>	
<input type="checkbox"/>	2	<input type="text"/>	

+ Add more Diagnosis Code

### Diagnosis Search

Diagnosis Code Search

Diagnosis Code:

Diagnosis Description:

# Completing the Provider Information

## Claim Line Details

- Use the magnifying glass to search for the correct place of service.
- Add the procedure codes, modifiers and DX pointers.
- Use the magnifying glass to search for your procedure code.

The “Diagnosis Code (DX) Reference” is where you point to the correct DX code.

**Claim line 1**

**Claim Line Details \*** Select a Rendering Provider:

NPI:  Last Name:  First Name:  Middle Initial:  Zip Code:

	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charges	Units of Measurement	Quantity	EPSDT Family Plan	
* 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="No"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text" value="0.00"/>	<input type="text" value="No"/>	<a href="#">More Details</a>

**Drug Information**

NDC Number:  Prescription Date:

+ Add more Claim lines

---

**Claim line 2**

**Claim Line Details \*** Select a Rendering Provider:

NPI:  Last Name:  First Name:  Middle Initial:  Zip Code:

	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charges	Units of Measurement	Quantity	EPSDT Family Plan	
(Remove) 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="No"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text" value="0.00"/>	<input type="text" value="No"/>	<a href="#">More Details</a>

**Drug Information**

NDC Number:  Prescription Date:

+ Add more Claim lines

Select Rendering Provider per claim line

## Completing the Provider Information

- Select the unit type.
- Enter the number of units per line item under quantity.
- Add the total charges per line item.

**Claim Line Details \***

<a href="#">(Remove)</a>	Service From Date	Service To Date *	Place of Service *	Emergency	Procedure Code *	Modifier	Diagnosis Code Reference *	Charges	Units of Measurement *	Quantity *	EPSDT	Family Plan	<a href="#">More Details</a>
<input checked="" type="checkbox"/>	07/01/2014	07/01/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/>	07/01/2014	07/01/2014	12	No	T1019	J2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>
<input type="checkbox"/>	07/02/2014	07/02/2014	12	No	T1019		1	18.61	UN-Unit	4	No	No	<a href="#">More Details</a>
<input type="checkbox"/>	07/02/2014	07/02/2014	12	No	T1019	J2	1	30.61	UN-Unit	8	No	No	<a href="#">More Details</a>

[+ Add more Claim lines](#)

The charge is the total amount billed for that line item, not the amount for a single unit.

Report quantity in units.

## Supporting Information

Add any attachment to support your claim such as a primary payer's explanation of benefits or medical records.

- **Select the “Type of Attachment” (attachments should not exceed 128MB).**
- **Select “Browse” to search for the document.**
- **Upload the attachment after selecting file.**

**Supporting Information**

**Type of Attachment :** Select

**File :**

- 21 - Recovery Plan
- A1 - Autopsy Report
- A3 - Allergies/Sensitivities Document
- AM - Ambulance Certification
- AS - Admission Summary
- B1 - Referral Form
- B2 - Prescription
- B3 - Physician Order
- BR - Benchmark Testing Results
- BS - Baseline
- BT - Blanket Test Results
- CB - Chiropractic Justification
- CK - Consent Form(s)
- CT - Certification
- D2 - Drug Profile Document
- DA - Dental Models
- DB - Durable Medical Equipment Prescription
- DG - Diagnostic Report
- DJ - Discharge Monitoring Report
- DS - Discharge Summary**
- EB - Explanation of Benefits (Coordination of Medicare Secondary Payor)

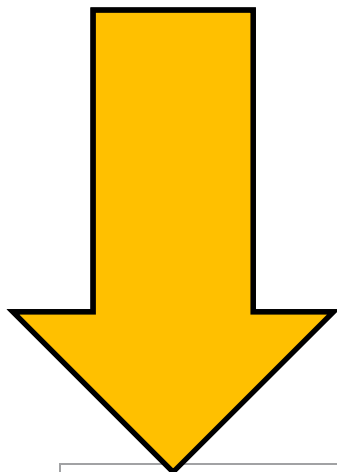
**Comments**

Remarks

[Browse...](#) [Upload](#)

time.  
Attachments should not exceed 20 MB.

## Provider Information



- Add any comments with a maximum of 256 characters.
- Add the total charge of the claim and balance due.
- When finished, click "Next".

**Comments**

Remarks

256 Characters Max.  characters remaining.

**Total Amount**

Total Charge:  Total Paid:  Total Adjusted Amount:  Balance Due:

# Validate Information

- View the summary page.
- Check the insured information, provider information, and general claim information for errors.
- If an error is found, you can go back to the previous screens by clicking “Member” or “Provider.”
- Once you validate all information is correct, click “Submit” in the bottom right corner.



- Provider Portal**
- Member Eligibility
- Claims**
  - Claims Status Inquiry
  - Create Professional Claim (CMS 1500)
  - Create Institutional Claim (UB04)
  - Open Saved Claims
  - Create/Manage Claims Template
  - Export Claims Report to Excel
- ▶ Service Request/Authorization
- ▶ Member
  - HEDIS Profile
  - Reports
  - Links
  - Forms
- ▶ Account Tools

### Messages and Announcements

- You have (0) new messages
- You have (2) announcements

### Recent Activity

- [Click here to view your recent Service Request/Authorizations](#)
- [Click here to view your recent Claims](#)
- [Click here to view your ready for batch Claims](#)

### My Favorites Edit

- Member Eligibility
- Claim Status Inquiry
- Downloaded Claims Report
- Member Roster
- Reports
- Links
- Forms

### Quick Member Eligibility Search

Search by Member ID

### What's New

Happy New Year!

### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes

No

[See Responses](#)





## Batch Submissions

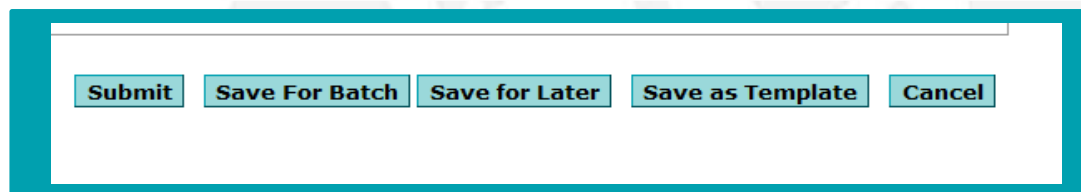
You can also build claims and submit a batch of claims all at once. To do this, complete a claim following the normal process, then, instead of submitting, select “Save for Batch.”



Claims saved for a batch can be found in the “Saved Claims” section in the side menu. Ready-to-batch claims need to be selected and then can be submitted all at once.



You will still receive an individual claim number for each claim submitted.





Provider S

Welcome, Primary Admin User: webportal [Log Out](#)

Jan 13 2016 6:04:40 AM

[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

### Provider Portal

Member Eligibility

▶ [Claims](#)

▶ [Service Request/Authorization](#)

▶ [Member](#)

HEDIS Profile

Reports

Links

Forms

▶ [Account Tools](#)

### Mes



You have (2) announcements

You can view claims saved claims

### Recent Activity



[Click here to view your recent Service Request/Authorizations](#)



[Click here to view your recent Claims](#)



[Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)



Member Eligibility



Claim Status Inquiry



Downloaded Claims Report



Member Roster



Reports



Links



Forms

### Quick Member Eligibility Search

Search by Member ID

[Go](#)

### What's New

Happy New Year!

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Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes

No

[Vote](#)

[See Responses](#)



## Open a Saved Claim

You can open a previously saved claim from the Provider *Web* Portal home page.

- These are the claims that were saved for batch or claims that were saved prior to completion.

**Saved Claim Details**

Status:  Claim Type:  Service Date  
From:  To:

**Ready to Batch**

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
No items to display					

**Incomplete Claims**

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
No items to display					

### Provider Portal

Member Eligibility

#### Claims

Claims Status Inquiry

Create Professional Claim (CMS 1500)

Create Institutional Claim (UB04)

Open Saved Claims

Create/Manage Claims Template

Export Claims Report to Excel

Select the claim you want to complete for submission.

## Saved Claim Details

Status:

Claim Type:

Service Date

From :

To :

Search

Cancel

### Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>	SMITH, JOHN	TN0000000000	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000001	Institutional	07/31/2012	09/07/2012

Page 1 of 1 10 per page Showing 1-2 of 2

Edit

Submit

Delete

Select numerous claims if you want to send in a batch or just one to edit

Tracking Number	Claim Type	Service From Date	Service To Date
TN0000000002	Professional	01/05/2015	01/05/2015
TN0000000003	Institutional	01/05/2015	01/05/2015

per page Showing 1-2 of 2

Edit

Delete

Click on the Tracking Number to view or complete the claim. Click on member name to view member details. Click on Select to insert Check mark, then click on Delete button to delete the item selected.

From this screen you can create, correct, or void a claim

[Next >>](#)
[Save for Later](#)
[Cancel](#)

\*\* Required Field
[Help](#)
[FAQ](#)

Member
Provider
Summary

What would you like to do?  Create Claim  Correct Claim  Void Claim

---

**Eligibility Check**

Enter the insured's ID or their last name, first name and Date of Birth. If you dont know the ID search by Last name,First name and Date of Birth using Advance Search.

Insured's ID Number: \*  Advanced Search  
 OR  
 Last Name: \*       First Name: \*       DOB: \*   
(mm/dd/yyyy)  
 AND  
 Service From Date: \*  (mm/dd/yyyy)      Service To Date: \*  (mm/dd/yyyy)

---

**Insured's Information**

Last Name:       First Name:       Middle Initial:   
 DOB:       Sex:   
 Address1:       Address2:   
 City:       State:       Zip Code:   
 Payor Name:  MHC TX      Program Name:       Payor ID:  00-1111111

---

**Patient Information**

Note: If there are no dependents for the Insured, Patient Relationship will be prepopulated as "Self".

**Patient Relationship to Insured:**  18-Self

---

**Other Insurance**

Is there another benefit plan? \*  Yes  No

---

**Patient Conditions**

Is patient's condition related to the following? (check all that apply)

Employment       Another Party Responsible       Other Accident  
 Auto Accident      Place(State):\*  Select

Are there any patient condition dates that need to be entered? (eg.Last menstruation, X-ray,immunization,etc..)  Yes  No

---

**Verify Required Information**

Patient Account Number:\*   
 Member Authorized Assignment of Benefit:\*  Yes  No      Provider Assignment code:  Select  
 Release of Information:\*  Select  
 Prior Authorization Number:

[Next >>](#)
[Save for Later](#)
[Cancel](#)

## Saved Claim Details

Status:

Claim Type:

Service Date

From :

To :

Search

Cancel

### Ready to Batch

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>			Professional	01/05/2015	01/05/2015
<input type="checkbox"/>			Institutional	07/31/2012	09/07/2012

Showing 1-2 of 2

Select a single Incomplete Claim to edit

Edit

Submit

Delete

### Incomplete Claims

Select	Member Name	Tracking Number	Claim Type	Service From Date	Service To Date
<input type="checkbox"/>		TN0000000002	Professional	01/05/2015	01/05/2015
<input type="checkbox"/>	SMITH, JOHN	TN0000000003	Institutional	01/05/2015	01/05/2015

Page 1 of 1 10 per page Showing 1-2 of 2

Edit

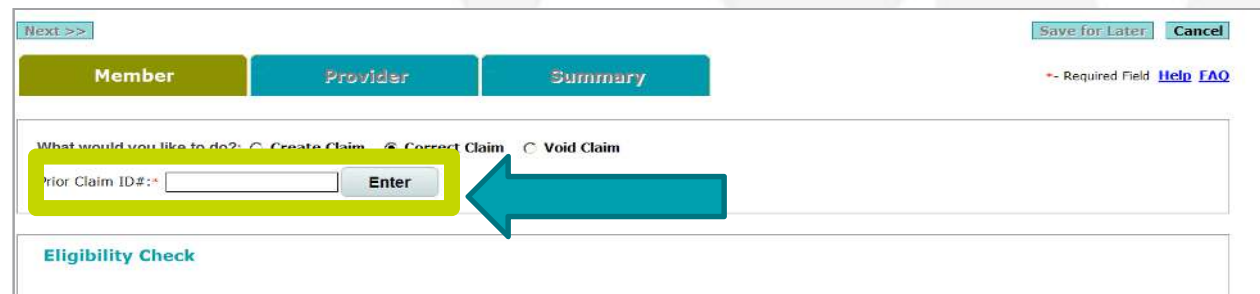
Delete

Click on the Tracking Number to view or complete the claim. Click on member name to view member details. Click on Select to insert Check mark, then click on Delete button to delete the item selected.

## Correcting a Claim

You can now submit a corrected claim on the Provider Portal in one of two ways. One way is by selecting the “Create a Professional Claim,” then select the radio button for “Correct Claim” in the first field.

- You will need to enter the previously assigned 11 digit claim ID number that you are correcting, then select enter to proceed.



A screenshot of the claim correction form. The form has a "Next >>" button at the top left and "Save for Later" and "Cancel" buttons at the top right. Below these buttons are three tabs: "Member", "Provider", and "Summary". The "Provider" tab is selected. Below the tabs, there is a question: "What would you like to do?" with three radio button options: "Create Claim", "Correct Claim", and "Void Claim". The "Correct Claim" option is selected. Below this, there is a text input field labeled "Prior Claim ID#:" with an "Enter" button next to it. A yellow box highlights the input field and the "Enter" button, and a blue arrow points to the "Enter" button. Below the input field, there is an "Eligibility Check" section.

## Correcting a Claim

You can also submit a corrected claim by searching for the claim in the “Claim Status” inquiry field.

- Enter the information related to the claim you want to correct such as the 11 digit claim number, or enter a date span to pull claims.
- Select the claim you want to edit by clicking on the

**Claims Inquiry**

Search  
Claim Type: All Search Options: Claim Status Claim Status: All

Optional Search Criteria  
Enter optional criteria to narrow your search

Received Date: From: 06/01/2014 To: 03/25/2015 Date of Service From: mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Patient Control No: NPI: Gender: Select

Claim No: Claims Status: All

Search

**Claims Found**

Claim ID	Member Name	Total Charged Amount(\$)	Service Date From	Service Date To	Received Date	Status
		163.83	08/11/2014	08/15/2014	08/15/2014	Paid
		163.83	08/18/2014	08/22/2014	08/22/2014	Paid
		130.83	08/25/2014	08/29/2014	08/29/2014	Paid
		109.22	09/03/2014	09/05/2014	09/05/2014	Paid
		163.83	09/08/2014	09/12/2014	09/12/2014	Paid
		163.83	09/15/2014	09/19/2014	09/19/2014	Paid

here  
ice  
vice



## Correcting a Claim

- Once you have selected the claim you will be correcting, it will populate the Claim Details screen.
- Select “Correct Claim.”
- Once you have selected “Correct Claim,” your claim will be opened and you can make changes.

Service Date To:09/22/2014 Amount Paid(\$):163.83

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insura
1	09/22/2014	09/22/2014		T1019		0	54.61	54.61	0.00	0.00
2	09/24/2014	09/24/2014		T1019		0	54.61	54.61	0.00	0.00
3	09/26/2014	09/26/2014		T1019		0	54.61	54.61	0.00	0.00

Showing 1-3 of 3  per page

[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#)

**\*Note:** The claim must be in a paid or denied status to make corrections.



## Correcting a Claim

- Once you have entered the claim number you are correcting, the screen will automatically populate the claim information for the patient.
- You can proceed with making your changes to the fields needed, such as the diagnosis code and procedure codes.

Type in corrected diagnosis code here.

**Diagnosis Code**

Remove	DX No.	Diagnosis Code	Diagnosis Description
<input type="checkbox"/>	* 1	781.2	ABNORMALITY OF GAIT
<input type="checkbox"/>	2		

+ Add more Diagnosis Code

**Claim Line Details \***

(Remove)	Service From Date *	Service To Date *	Place of Service *	Emergency	Procedure Code *	Modifier	Diagnosis Code Reference *	Charges *	Units of Measurement *	Quantity	EPSDT	Family Plan	
* 1	06/02/2014	06/13/2014	12	Yes	T1019		1	273.05	Select	0.00	No	No	More Details
<input type="checkbox"/>	06/02/2014	06/13/2014		No					Select	0.00	No	No	More Details

Insert an additional procedure here.

# Correcting a Claim

Add attachments to claims during submission and to previously submitted “pended” claims. To do so, perform a claim search through the Provider Portal.

1. Select the “Pending Claim” to which you want to add an attachment.

2. Select your “Type of Attachment” and then add your document.

**Supporting Information**

Type of Attachment :

File :

Supported file formats are PDF, TIF, JPG, BMP and GIF. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

**Remarks**

Clinical Notes or Comments: 256 character Max

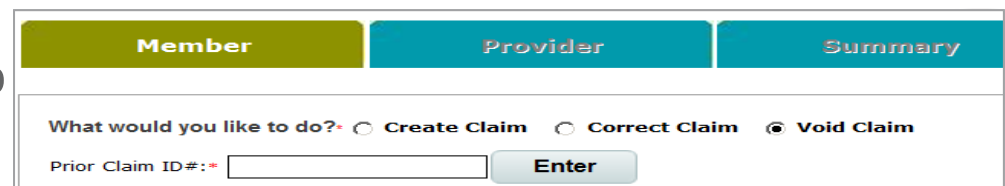
256 characters remaining.

## Voiding a Claim

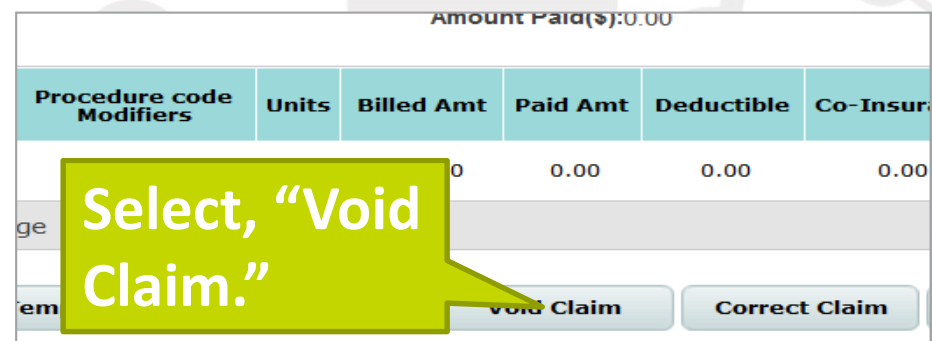
You may find that you need to void a claim that has been paid or is in processing.

- Select the “Void Claim” button and enter the claim number you want to void.
- Claims voided after they have been paid will generate a cost recovery request.

- A claim can only be voided for up to a year through the Provider Portal.
- Corrected claims still must be submitted within your contractually agreed timelines.



The screenshot shows a navigation bar with three tabs: 'Member' (highlighted in green), 'Provider' (highlighted in teal), and 'Summary' (highlighted in teal). Below the tabs, there is a section titled 'What would you like to do?\*' with three radio button options: 'Create Claim', 'Correct Claim', and 'Void Claim' (which is selected). Below the options is a text input field labeled 'Prior Claim ID#:\*' and an 'Enter' button.



The screenshot shows a table with the following columns: 'Procedure code Modifiers', 'Units', 'Billed Amt', 'Paid Amt', 'Deductible', and 'Co-Insur'. The 'Amount Paid(\$):0.00' is displayed above the table. A callout box with the text 'Select, “Void Claim.”' points to the 'Void Claim' button located below the table. The 'Correct Claim' button is also visible.

Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insur
		0	0.00	0.00	0.00



**Provider Portal**

- Member Eligibility
- Claims**
  - Claims Status Inquiry
  - Create Professional Claim (CMS 1500)
  - Create Institutional Claim (UB04)
  - Open Saved Claims
  - Create/Manage Claims Template
  - Export Claims Report to Excel
- ▶ Service Request/Authorization
- ▶ Member
  - HEDIS Profile
  - Reports
  - Links
  - Forms
- ▶ Account Tools

**Messages and Announcements**

- You have (0) new messages
- You have (2) announcements

**Recent Activity**

- [Click here to view your recent Service Request/Authorizations](#)
- [Click here to view your recent Claims](#)
- [Click here to view your ready for batch Claims](#)

**My Favorites** [Edit](#)

- Member Eligibility
- Claim Status Inquiry
- Downloaded Claims Report
- Member Roster
- Reports
- Links
- Forms

**Quick Member Eligibility Search**

Search by Member ID

**What's New**

Happy New Year!

**Coming Soon !**

Keep an eye out for changes in 2016!

**Poll**

Do you like our new look?

Yes

No

[See Responses](#)

# Creating a Claim Template

Template section in the side menu.  
You can customize the information in the template examples are:

member information,  
provider information,  
and claim specific  
information such as  
the procedure codes.



## Provider Portal

Member Eligibility

### Claims

Claims Status Inquiry

Create Professional Claim (CMS 1500)

Create Institutional Claim (UB04)

Open Saved Claims

Create/Manage Claims Template

Export Claims Report to Excel

Service Date to: 06/18/2014 Amount Paid(\$): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	HCPCS/Service Code	Procedure code Modifiers	Units	Billed Amt	Paid Amt	Deductible	Co-Insur
1	06/16/2014	06/18/2014		T1019		0	109.20	0.00	0.00	0.00

Showing 1-1 of 1  per page

[Save As Template](#) [Appeal Claim](#) [Void Claim](#) [Correct Claim](#)

## Create/Manage Claims Template

### Manage and Use Templates

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	UB04-Institutional	TX_Prov_0511815	
<input type="checkbox"/>	UB04-Institutional	TX_Prov_0512115	This is from correction.
<input type="checkbox"/>	UB04-Institutional	TX_Prov_0512115TI	From Incomplete

1 Page 1 of 1 10 per page Showing 1-3 of 3

Create Load Delete

Create a template from a blank claim, or Load a previously created template

## Creating a Claim Template

- Once you select the claim type, the claim fields will appear.
- Enter information in the “Member,” “Provider,” and “Summary” tabs.
- Select “Save As Template” button in the top right of your claim.
- Templates can be named for future use.

<< Previous Print Save as Template Cancel

Member Provider **Summary** Help FAQ

Collapse All

**Member Summary**

**Insured Information** Edit

Insured's ID:	Service To Date:
Service From Date:	First Name:
Last Name:	DOB:
Middle Initial:	Address1:
Sex:	City:
Address:	Zip Code:
State:	Program Name:
Payor Name: MHC OH	Another Health Benefit Plan: No
Payor ID: 20-0750134	

Patient Relationship to Insured:

**Patient Condition** Edit

Auto Accidents: No	Place(State):
Employment: No	Other Accident: No
Another Party Responsible: No	

**Required Information** Edit

Patient Account Number:	Member Authorized Assignment of Benefit: Yes
Provider Assignment Code: Select	Release of Information:
Prior Authorization Number:	

**Provider Summary**

**Billing Provider Information** Edit

Last Name/Facility Name:	First Name:
Middle Initial:	NPI:



## Saving as a Template

You can create multiple templates and save them for future use.

- To load a previous template, check the “Select” box and click the “Load” button.
- Now you can make changes or add additional information to submit your claim for processing.

The screenshot shows the MOLINA HEALTHCARE Provider Self Services interface. The page title is "Create/Manage Claims Template". Below the title is a section for "Manage and Use Templates" containing a table with the following data:

Select	Claim Type	Template Name	Template Description
<input type="checkbox"/>	CMS1500-Professional		test2
<input type="checkbox"/>	CMS1500-Professional		test
<input type="checkbox"/>	CMS1500-Professional		test
<input type="checkbox"/>	CMS1500-Professional	Training 2	Training Demo 2
<input type="checkbox"/>	UB04-Institutional	Training 1	Training demo.

Below the table, there are navigation controls including "Page 1 of 1", "10 per page", and "Showing 1-5 of 5". At the bottom right, there are three buttons: "Create", "Load", and "Delete". The "Load" button is highlighted with a yellow box.



**Provider Portal**

- Member Eligibility
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  - HEDIS Profile
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  - Links
  - Forms
- Account Tools

**Messages and Announcements**

- You have (0) new messages
- You have (2) announcements

**Recent Activity**

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims
- Click here to view your ready for batch Claims

**My Favorites** [Edit](#)

- Member Eligibility
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**Quick Member Eligibility Search**

Search by Member ID

**What's New**

Happy New Year!

**Coming Soon !**

Keep an eye out for changes in 2016!

**Poll**

Do you like our new look?

Yes

No

[See Responses](#)



## Export Claims to Excel

You can create a claims report by clicking “Export Claims Report to Excel.”

Enter the service to and from dates for your search.

You will receive an email showing the claims report as completed.

### Claims Export To Excel

Service Date From : \* 07/20/2015  Service Date To : \* 08/20/2015   
mmddyyyy mmddyyyy

Click Search to Export Claims  
You will receive an email notification once your Exported Claim Record has been completed.

To Export a Claim to Excel, enter Service Dates in the required fields below and click "Search". You can enter dates for claims beyond 12 months and receive your report as little as 10 minutes. To retrieve your Exported Claim Record, go to the Homepage.

#### Claims Export To Excel

\* - Required Field 

Information on historical claims data is current as of 12/28/2014

Service Date From :\*   Service Date To :\*    
mmddyyyy mmddyyyy

Click Search to Export Claims  
You will receive an email notification once your Exported Claim Record has been completed.

# Provider Appeal Request Form

On the Home Page select the “Claims” drop-down menu

000000000 - Other Lines Of Business - xxx0000 - MOLINA MEDICAL CENTER - WEST

**MOLINA HEALTHCARE** Provider Self Services Welcome, Admin User : webportaltest [Log Out](#)  
Aug 14 2015 7:02:48 AM  
[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

**Provider Portal**

- Member Eligibility
- ▶ **Claims**
- ▶ Service Request/Authorization
- Member Roster
- HEDIS Profile
- Reports
- Links
- Forms
- ▶ Account Tools

**Messages and Announcements**

- You have (0) new messages
- You have (4) announcements

**Recent Activity**

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims

**Quick Member Eligibility Search**

Search by Member ID

**What's New**

June 2015

- HEDIS Profile now available for SC and IL

**Coming Soon !**

**ICD-10 UPDATE!!!**

Molina will begin allowing ICD-10 codes on authorization requests beginning 8/5/2015. questions? Are you ready? Take our Provider Readiness Survey. Interested in testing? [Learn More.](#)

**Poll**

Do you like our new look?

Yes

No

[See Responses](#)

**My Favorites** [Edit](#)

- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claim Status Inquiry
- Downloaded Claims Report
- Create Service Request/Authoriz...
- Service Request/Authorizatio...
- Member Roster

# Provider Appeal Request Form

Once you select the Claims Status Inquiry feature you may search for the claim you would like to appeal.

00000000 - Other Lines Of Business - xxx0000 - MOLINA MEDICAL CENTER - WEST

Welcome, Admin User : webportaltest [Log Out](#)  
Aug 14 2015 7:02:48 AM  
[Home](#) [Provider Search](#) [FAQ](#) [Training](#) [Contact Molina](#)

**Provider Portal**

- Member Eligibility
- Claims**
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**Recent Activity**

- Click here to view your recent Service Request/Authorizations
- Click here to view your recent Claims

**My Favorites**

- Member Eligibility
- Create Professional Claims
- Create Institutional Claim
- Claim Status Inquiry
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- Service Request/Authorizations
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**Poll**  
Do you like our new look?  
 Yes  
 No  
 [See Responses](#)

## Provider Appeal Request Form

**Claims Inquiry**

Information on Claims accepted into the adjudication system is current as of Mar 21 2017 02:03:48 AM PST ?

Search

Billing Provider:

Claim Type:  Search Options:  Claim Status:

Additional Search Filters

Enter optional criteria to narrow your search

Received Date: From:  To:  Date of Service From:  To:

Rendering Provider:  Gender:

Coverage Type:  Claims Status:

Patient Control No:


NPI:



Search for claim using available search filters.








You may search for the desired claim by using any of the available search filters (claim status, claim number, date of service, etc.)

# Provider Appeal Request Form

**Claims Found**

Click on an underlined column header to sort or hover over a  for help with that column

<u>Claim ID</u> 	<u>Member Name</u> 	Billed Amt	Service Date From	Service Date To	Received Date	Submission Type*	Status	Status Date	Claim Type	Attachments
<input type="text"/>						Select ▼	Select ▼		Select ▼	
<a href="#">0101010101</a>		.00	03/21/2017	03/21/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">11112222333</a>		.00	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">9876543210</a>		4.24	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">0123456789</a>	SMITH, JOHN	2,167.00	09/14/2016	09/14/2016	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">1111111111</a>	DOE, JANE	8,161.00	10/15/2016	10/15/2016	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">2222222222</a>	SMITH, JOHN	3,363.00	03/20/2017	03/20/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">3333333333</a>	SMITH, JOHN	3,447.00	03/20/2017	03/20/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">4444444444</a>	DOE, JANE	5,235.00	03/20/2017	03/20/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">5555555555</a>	DOE, JANE	3,420.00	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	
<a href="#">7777777777</a>	SMITH, JOHN	5,832.24	03/22/2017	03/22/2017	03/28/2017		Pending/In Process	03/28/2017	INSTITUTIONAL	



1



 Page  of 


 per page
 Showing 1-10 of 100

[Print](#) \*Submission Types are only applicable to claims submitted via Web Portal.

Once the search results display, click on the desired claim ID to access the claim details.



# Provider Appeal Request Form

**Claim Details**

General Information

Member Name: EVERDEEN, KATNISS	Claim Number: 010101010
Claim Status Category:	Claim Status Effective: 8/31/2015
Claim Header Status: Denied	Billed Amount(\$): 68.00
Rendering Provider Name: MOLINA MEDICAL	Check Number:
Rendering Provider NPI: 111111111	Service Date From: 8/31/2015
Check Paid Date: 03/14/2016	Patient Control Number: 22222222
Service Date To: 8/31/2015	Amount Paid(\$): 0.00

Claim Line Items

Claim Line	Service From Date	Service To Date	Rev Code	Service Code	Modifiers	Units	Billed Amt	Deductible	Co-Ins	Paid Amt	Co-Pay	Line Status Effective	Status	Remit Message
1	08/31/2015	08/31/2015		99232		1	68.00	0.00	0.00	0.00	0.00	8/31/2015	No Payment will be made for this claim line	Claim denied charges.

Showing 1-1 of 1    10 per page    Page 1 of 1

[Save As Template](#)   [Appeal Claim](#)   [Void Claim](#)   [Correct Claim](#)   [View Diagnosis Code](#)   [Print Claim Summary](#)   [Back](#)

Once routed to the “Claim Details” page, you can access the Provider Appeal Request Form by selecting the “Appeal Claim” button.

NOTE: The “Appeal Claim” button is only available for finalized (paid, denied, etc.) claims.

# Provider Appeal Request Form

The following information will be auto-populated:

- Provider Name
- NPI
- Federal ID
- Claim Number
- Date of Service
- Total Billed Charges
- Address
- City/State/Zip
- Member ID
- Member Name
- Date of Birth
- Submission Date
- Receipt Date

### Provider Appeal Request Form

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:	MOLINA MEDICAL	NPI:	111111111	Federal ID:	22222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	101010101	Date of Service From:	07/26/2015 mm/dd/yyyy	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH,CA,90802	Email Address:	Molina.Medical@molinahea
Contact Person:		Phone:		Fax Number:	
Member's ID:	333333333	Member Name:	DOE, JOHN	Date of Birth:	07/07/2007 mm/dd/yyyy

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

#### Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :  No file chosen [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name:		Submission Date:	07/13/2017	Receipt Date:	07/13/2017
-----------------	--	------------------	------------	---------------	------------

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

# Provider Appeal Request Form

All populated data can be updated by backspacing and typing the correct information into the field.

All fields with the exception of “Member ID,” “Member Name,” “DOB” and “Email Address” are editable.

The “Submission Date” and “Receipt Date” are populated based on the time zone of the logged in provider. These values are set and cannot be changed.

### Provider Appeal Request Form

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:	MOLINA MEDICAL	NPI:	111111111	Federal ID:	222222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	10101010101	Date of Service From:	07/26/2015 mm/dd/yyyy	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH,CA,90802	Email Address:	Molina.Medical@molinahea
Contact Person:		Phone:		Fax Number:	
Member's ID:	333333333	Member Name:	DOE, JOHN	Date of Birth:	07/07/2007 mm/dd/yyyy

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

#### Supporting Information

Attachments: Attach copies of any records you wish to submit below

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File :  No file chosen [Upload](#)

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Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name:		Submission Date:	07/13/2017	Receipt Date:	07/13/2017
-----------------	--	------------------	------------	---------------	------------

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# Provider Appeal Request Form

You may attach any supporting documents that are related to the appeal request.

Maximum file size is 5MB for individual files and 20MB for the total size of all attachments.

Attachments must be submitted in one of the following formats: *.tif*, *.gif*, *.pdf*, *.bmp*, or *.jpg*.

Attachments can be uploaded by using the “Supporting Information” section.

### Provider Appeal Request Form

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:	MOLINA MEDICAL	NPI:	111111111	Federal ID:	222222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	101010101	Date of Service From:	07/26/2015 mm/dd/yyyy	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH,CA,90802	Email Address:	Molina.Medical@molinahea
Contact Person:		Phone:		Fax Number:	
Member's ID:	333333333	Date of Birth:	07/07/2007 mm/dd/yyyy		

**Specific Issue(s):** Please state all details relating to you

Supporting materials below to support your request.

**Supporting Information**

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :  No file chosen [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name:		Submission Date:	07/13/2017	Receipt Date:	07/13/2017
-----------------	--	------------------	------------	---------------	------------

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

# Provider Appeal Request Form

Once all fields have been completed and attachments made, you must agree to the terms and conditions by typing your name into the “Submitter Name” field.

**Provider Appeal Request Form**

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:  NPI:  Federal ID:

Request Type:  Participation Status:  Contract  Non - Contracted

Claim Number:  Date of Service From:  Total Billed Charges:   
mm/dd/yyyy

CPT Code:  Authorization Number:

Address:  City/State/Zip:  Email Address:

Contact Person:  Phone:  Fax Number:

Member's ID:  Member Name:  Date of Birth:   
mm/dd/yyyy

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

**Supporting Information**  
Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :  No file chosen

Upload files only when you are ready to submit your appeal. Upload 1 file at a time. File sizes should not exceed 20 MB.

Submitter Name:  Submission Date:  Receipt Date:

Appeals submitted after 5pm are considered to be received on the following business day. The receipt date will be captured once the submit button has been selected.

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

# Provider Appeal Request Form

The check box next to the disclaimer at the bottom of the form must also be selected.

### Provider Appeal Request Form

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

Provider's Name:	MOLINA MEDICAL	NPI:	111111111	Federal ID:	22222222
Request Type:	Appeal	Participation Status:	<input checked="" type="radio"/> Contract <input type="radio"/> Non - Contracted		
Claim Number:	10101010101	Date of Service From:	07/26/2015 mm/dd/yyyy	Total Billed Charges:	226.80
CPT Code:		Authorization Number:			
Address:	777 MOLINA WAY	City/State/Zip:	LONG BEACH, CA, 90802	Email Address:	Molina.Medical@molinahea
Contact Person:		Phone:		Fax Number:	
Member's ID:	333333333	Member Name:	DOE, JOHN	Date of Birth:	07/07/2007 mm/dd/yyyy

**Specific Issue(s):** Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

### Supporting Information

Attachments: Attach copies of any records you wish to submit below

Type of Attachment :

File :  No file chosen [Upload](#)

Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter *		Submission Date:	07/13/2017	Receipt Date:	07/13/2017
-------------	--	------------------	------------	---------------	------------

to be received on the following business day. The receipt date will be captured once the submit button has

By entering my name below, I certify that I am either the submitting healthcare provider or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

# Provider Appeal Request Form

The Provider Appeal request is considered complete once the “Submit” button has been selected at the bottom of the form.

**Provider Appeal Request Form**

**Instructions for filing an Appeal:**  
1. Fill out this form completely. Describe the issue(s) in as much detail as possible.  
2. Attach copies of any records you wish to submit.  
3. The completed form will be submitted to the Molina Healthcare Provider Appeals & Grievances department. An electronic acknowledgement will be provided following the submission of your request.

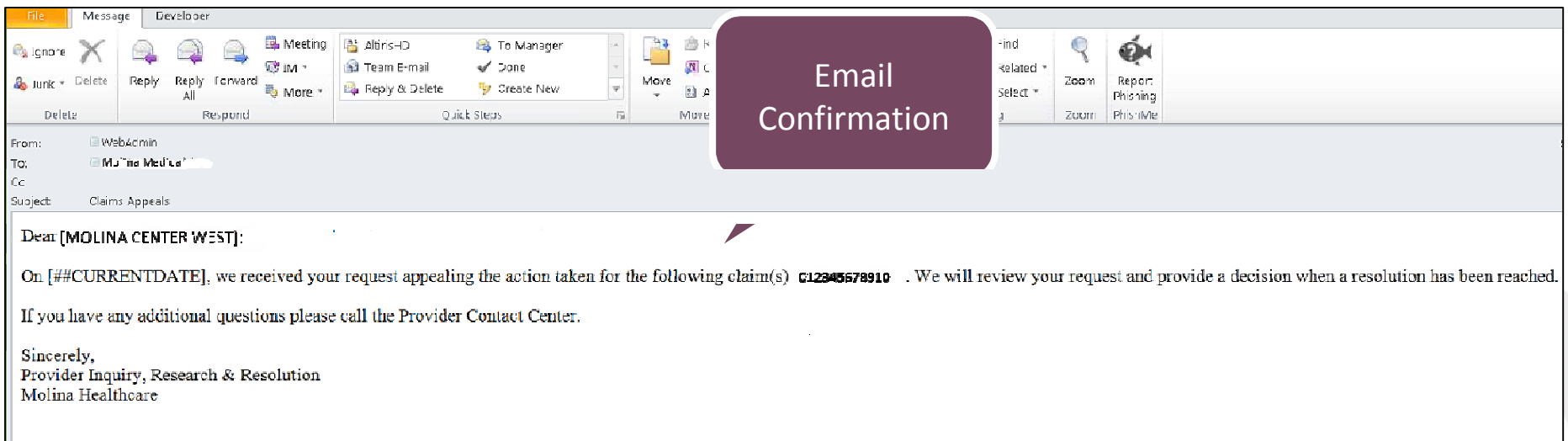
Provider's Name: MOLINA MEDICAL NPI: 111111111 Federal ID: 22222222  
Request Type: Appeal Participation Status:  Contract  Non - Contracted  
Claim Number: 10101010101 Date of Service From: 07/26/2015 Total Billed Charges: 226.80  
CPT Code: Authorization Number:  
Address: 777 MOLINA WAY City/State/Zip: LONG BEACH, CA, 90802 Email Address: Molina.Medical@molinahea  
Contact Person: Phone: Fax Number:  
Member's ID: 3333333333 Member Name: DOE, JOHN Date of Birth: 07/07/2007  
Specific Issue(s): Please state all details relating to your request including names, dates and places. Attach all supporting materials below to support your request.

**Supporting Information**  
Attachments: Attach copies of any records you wish to submit below  
Type of Attachment : Select  
File : Choose File No file chosen Upload  
Upload files only when you want to add supporting documents to the claim appeal. Upload 1 file at a time.  
Max size of each uploaded file should not exceed 5MB. Total Size of all Attachments should not exceed 20 MB.

Submitter Name: Appeals submitted by: 017 Receipt Date: 07/13/2017  
Appeals submitted by: 017  
By entering my name below, I certify that the information provided is true and correct, or that I am legally authorized to act on behalf of the healthcare provider submitting this information. I certify that any and all information in any form submitted to Molina Healthcare is truthful and correct to the best of my knowledge.

Print Submit Cancel

# Email Confirmation



Upon submission, you will receive an email confirmation, which serves as an electronic acknowledgement letter.



# Email Confirmation

## **You have received a secure message**

**Read your secure message by opening the attachment, securedoc.html.** You will be prompted to open (view) the file or save (download) in a Web browser. To access from a mobile device, forward this message to [mobile@res.cisco.com](mailto:mobile@res.cisco.com) to receive a mobile login URL.

If you have concerns about the validity of this message, contact the sender directly.

**First time users** - will need to register after opening the attachment. For more information, click the following Help link.

**Help** - <https://res.cisco.com/websafe/help?topic=RegEnvelope>

**About Cisco Registered Email Service** - <https://res.cisco.com/websafe/about>

Secure email  
message

save the file first, then open it

Upon receipt of the message, you will be prompted to do a one time registration with the provider's email address to view the message. A password will be required for all messages received thereafter.



### Provider Portal

Member Eligibility

▶ Claims

▼ Service Request/Authorization

Service Request/Authorization Status Inquiry

Create Service Request/Authorization

Open Incomplete Service Request/Authorization

Create Service Request/Authorization Template

▶ Member

HEDIS Profile

Reports

Links

Forms

▶ Account Tools

### Messages and Announcements

You have (0) new messages

You have (2) announcements

### Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

[Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)

Member Eligibility

Claim Status Inquiry

Downloaded Claims Report

Member Roster

Reports

[http://](#) Links

Forms

### Quick Member Eligibility Search

Search by Member ID

#### What's New

Happy New Year!



#### Coming Soon !

Keep an eye out for changes in 2016!

#### Poll

Do you like our new look?

Yes

No

[See Responses](#)



Service Request/Authorization Inquiry

Search Options:  Member Number:

Service Request Date  
From:  To:

OR  
Submission Date  
From:  To:

Optional Search Criteria  
Gender:   
Refer from Provider/Facility:   
Refer to Provider/Facility:   
Service Request Status:



### Provider Portal

Member Eligibility

▶ Claims

▼ Service Request/Authorization

Service Request/Authorization Status Inquiry

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[See Responses](#)



1. All out of network services require Prior Authorization (PA); you may submit PA requests through ePortal. 2. Initial consults to Molina contracted Medical providers are direct referrals and do not require PA. Please do not submit direct referrals through ePortal.

Save Clear Cancel Save Template

**Service Request/Authorization Form**

\* - Required Field

**Member Search**

Eligibility information is current as of Oct 16 2014 04:30:09 PM PST ?

Member ID: \*

Advanced Search

or

Last Name: \*

First Name: \*

Date Of Birth: \*  mmddyyyy

**Patient Information**

This section will automatically populate when you enter valid information for Member Search.

Last Name	First Name	Middle Initial	Date of Birth	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City		State	Zip Code
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone # (Home)	Phone # (Mobile)	PCP Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Service Information**

Enter Required Information\*

Type of Service: * <input type="text" value="Select"/>			Submit Date: 12/23/2014
Place of Service: * <input type="text" value="Select"/>	Inpatient Notification: * <input type="text" value="Select"/>		
Proposed Start Date: * <input type="text"/> <small>mmddyyyy</small>	Admission Date: * <input type="text"/> <small>mmddyyyy</small>	Discharge Date: * <input type="text"/> <small>mmddyyyy</small>	



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### Provider Portal

- Member Eligibility
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  - Service Request/Authorization Status Inquiry
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- Claim Status Inquiry
- Downloaded Claims Report
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[See Responses](#)





- Provider Portal
- Member Eligibility
- ▶ Claims
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Search by Member ID  [Go](#)

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Happy New Year!

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### Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)





HEDIS Profile

[FAQ Help](#)

The performance rates are based on claims/encounters data received as of 06/30/2015

**My Rates** **Members**

Group Name: MOLINA MEDICAL CENTER - WEST

Select a Provider:

Select a Service location:

Show Data For:

Medicaid Measure	Your Current 2015 Measurement Year Performance				2014 Measurement Year Performance		2014 NCOA Nat'l Medicaid Percentiles <sup>3</sup>		
	Total # Patients in Measure	# Patients Completed Services	# Patients Still Needing Services	% of Patients who Received Services	Your Performance	Health Plan Performance <sup>1,2</sup>	NCOA benchmarks 50th Percentile	NCOA benchmarks 75th Percentile	NCOA benchmarks 90th Percentile
Adult BMI Assessment - All (ABA)	156	48	108	30.77%	19.87%	91.23%	78.81%	85.23%	90.82%
Appropriate Medications for Asthma Patients -All (ASM)	12	6	6	50.00%	78.26%	83.73%	84.96%	87.26%	91.47%
Avoid Treatment of Adults with Acute Bronchitis - All (AAB)	5	4	1	80.00%	80.00%	35.69%	24.31%	30.54%	38.66%
Breast Cancer Screening -All (BCS)	54	25	29	46.30%	54.35%	45.76%	57.37%	65.12%	71.35%
Cervical Cancer Screening -All (CCS)	157	76	81	48.41%	55.56%	62.09%	66.42%	71.96%	76.64%
Childhood Immunizations * (CIS) CO3	73	50	23	68.49%	67.95%	75.94%	72.33%	77.78%	80.86%
Chlamydia Screening (CHL) Total	18	4	14	22.22%	36.36%	37.07%	54.93%	62.75%	67.19%
Controlling High Blood Pressure 18-85 Years (CBP)	8	0	8	0.00%	0.00%	68.48%	56.46%	63.76%	69.79%
Diabetes HbA1c Test (CDC)	47	29	18	61.70%	79.17%	87.95%	83.88%	87.59%	91.73%
Diabetes Nephropathy Test (CDC)	47	28	19	59.57%	70.83%	83.26%	80.05%	83.11%	86.86%

Page 1 of 2 10 per page Showing 1-10 of 17

- Your rate is at or above 90% NCOA benchmark
- Your rate is at or above 75% NCOA benchmark
- Your rate is below the 75% NCOA benchmark

[Print](#) [Export](#)

1) Health Plan Performance: Includes data from claims/encounters as well as medical records for sampled members in particular measures.  
 2) A 0% that is present in the Health Plan Performance column indicates that the denominator was too low to report or the Plan did not report the measure.  
 3) The most current (2014) NCOA National Medicaid Percentiles are displayed. The data are updated annually with the NCOA audited benchmarks in July/August.



- Provider Portal**
- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- ▼ Member
  - Member Roster** ←
  - Case Managed Members List
- HEDIS Profile
- Reports
- Links
- Forms
- ▶ Account Tools

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Search by Member ID  [Go](#)

### What's New

Happy New Year!

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### Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)

## Member Roster






Select a Primary Care Provider :  Providers who are grayed out on the list do not have members assigned to them.

Select a letter to find a Member by Last Name

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Clear Filters

Click on an underlined column header to sort or hover over a  for help with that column

Select	Last Name 	First Name 	Date Of Birth	Member ID 	Line Of Business	PCP Effective Date	Status 	PCP Name 
	<input type="text"/>	<input type="text"/>		<input type="text"/>	Select <input type="text"/>		Select <input type="text"/>	
<input type="radio"/>	SMITH	JOHN	09/06/2012	111111111	STAR (State of Texas Access Reform)	07/01/2014		GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	05/06/2014	111111111	STAR (State of Texas Access Reform)	05/06/2014		GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	11/22/2002	111111111	STAR (State of Texas Access Reform)	04/01/2014		GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	06/08/2006	111111111	STAR (State of Texas Access Reform)	05/01/2014		GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	08/09/2000	111111111	STAR (State of Texas Access Reform)	06/01/2014		GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	04/03/2002	111111111	STAR (State of Texas Access Reform)	07/01/2014	Needed Services	GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	12/12/1997	111111111	STAR (State of Texas Access Reform)	07/01/2014	Needed Services	GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	12/02/2003	111111111	STAR (State of Texas Access Reform)	07/01/2014		GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	10/08/2001	111111111	STAR (State of Texas Access Reform)	09/01/2013		GRANGER, HERMIONE
<input type="radio"/>	SMITH	JOHN	09/17/2013	111111111	STAR (State of Texas Access Reform)	11/01/2013	Needed Services	GRANGER, HERMIONE

By default, Members are be listed by Last Name



- Provider Portal**
- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- ▶ Member
- HEDIS Profile
- Reports ←
- Links
- Forms
- ▶ Account Tools

### Messages and Announcements

You have (0) new messages

You have (2) announcements

### Recent Activity

[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

[Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)

- Member Eligibility
- Claim Status Inquiry
- Downloaded Claims Report
- Member Roster
- Reports
- Links
- Forms

### Quick Member Eligibility Search

Search by Member ID  [Go](#)

### What's New

Happy New Year!

### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

Yes

No

[Vote](#) [See Responses](#)

This option allows access to previously downloaded reports and Affiliations Lists.

#### Downloadable Claims Reports

File Name	Service From Date	Service To Date	Generated Date
*****9022_08-01-2014_12-11-2014	08/01/2014	12/11/2014	12/22/2014

[View more Claim files](#)

\* Displays the last 30 days' most recent 5 Claim files based on Date of Service

#### Affiliation List

<a href="#">Affiliation List - PDF</a>
<a href="#">Affiliation List - EXCEL</a>

This page will display a list of previously downloaded reports and the Affiliation List.





- Provider Portal**
- Member Eligibility
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● ○ ●

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No

[Vote](#) [See Responses](#)

## Links

[AHCA Website](#)

[Avesis](#)

[Beacon Health Strategies](#)

[Emdeon WebConnect Batch Claims](#)

[Find a Dental Provider](#)

[Find a Pharmacy](#)

[Find a Vision Provider](#)

[Find Transportation](#)

[Formulary](#)

[Herslof](#)

[HIPAA 5010](#)

[IL HFS URL](#)

[Medicaid Newsletter](#)

[Molina Dental Portal](#)

[ProviderNet Remittance EFT](#)

[View Nurse Advice Reports](#)

This page will display a list of the most commonly used links.



- Provider Portal**
- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- ▶ Member
- HEDIS Profile
- Reports
- Links
- Forms
- ▶ Account Tools



### Messages and Announcements

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[Click here to view your recent Service Request/Authorizations](#)

[Click here to view your recent Claims](#)

[Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)

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- Links
- Forms

### Quick Member Eligibility Search

Search by Member ID  [Go](#)

### What's New

Happy New Year!

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### Coming Soon !

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### Poll

Do you like our new look?

Yes





No

[Vote](#) [See Responses](#)
















This page will display a list of the most commonly used forms.

## Provider Forms

-  LCD's and NCD's
-  Medicaid Provider Forms
-  Medicare Provider Forms
-  Molina Duals Option Medicare/Medicaid Plan

## Provider Documents

-  Medicare/MMP HCC Pearl - Cerebrovascular Accident (CVA) 
-  Medicare/MMP HCC Pearl - Chronic Kidney Disease 
-  Medicare/MMP HCC Pearl - Fractures 
-  Medicare/MMP HCC Pearl - Morbid Obesity 
-  Medicare/MMP HCC Pearl - Respiratory Failure 
-  Pharmacy Prior Authorization Form
-  Prior Authorization Guide and Request Form 



### Provider Portal

- Member Eligibility
- ▶ Claims
- ▶ Service Request/Authorization
- ▶ Member
- HEDIS Profile
- Reports
- Links
- Forms
- ▼ Account Tools
  - Change Password
  - View/Update Profile
  - Manage Users
  - Delete Account
  - Manage Providers



### Messages and Announcements

- You have (0) new messages
- You have (2) announcements

### Recent Activity

- [Click here to view your recent Service Request/Authorizations](#)
- [Click here to view your recent Claims](#)
- [Click here to view your ready for batch Claims](#)

### My Favorites [Edit](#)

- Member Eligibility
- Claim Status Inquiry
- Downloaded Claims Report
- Member Roster
- Reports
- Links
- Forms

### Quick Member Eligibility Search

Search by Member ID

### What's New

Happy New Year!



### Coming Soon !

Keep an eye out for changes in 2016!

### Poll

Do you like our new look?

- Yes
- No

[See Responses](#)



### Change Password

User ID: WEBPORTALTESTER

Current Password: \*

New Password: \*  12 Characters Max. 12 Character(s) Remaining

Confirm Password: \*

Password Rules:

- Must have at least 8 and no more than 12 characters in the password.
- Must contain at least one uppercase and lowercase letter,
- Must have at least one number
- Password cannot contain partial User ID, first name or last name

**My Profile**

User Profile			
Last Name:	Tester	First Name:	Web Portal
Provider Role:	Provider Admin - Group/Facility	Status:	Active
Primary Phone Number:		Registered Email:	
Account Profile			
General Information			
Name:	WEB PORTAL TESTER	Title:	
Status:	Active	Credential Status:	
Provider Type:	FACILITY/GROUP	Federal Tax ID:	111111111
License Number:		License Effective Date:	
License Termination Date:		Ethnicity:	NO ETHNICITY
Date Of Birth:		Gender:	
Specialty			
Specialty Type	Specialty		
HOME HEALTH - 251E00000X	SECONDARY		
NURSING CARE - 251J00000X	PRIMARY		
SUPPORTS BROKERAGE - 251X00000X	SECONDARY		
LTC - ADAPTIVE AIDS AND EQUIPMENT	SECONDARY		
LTC - ASSISTED LIVING / RESPITE CARE	SECONDARY		
LTC - PRIMARY HOME CARE/ NURSING SERVICES	SECONDARY		
Languages			
Language Code	Description		
ENGLISH			
Contact Information			
Mailing Address			
Address 1:	123 MAIN ST	Address 2:	
State:	TX	City:	RICHARDSON
County:	COLLIN	Zip:	75080
Account Email:			
Physical Address			
Address 1:	123 MAIN ST	Address 2:	
State:	TX	City:	RICHARDSON
County:	COLLIN	Zip:	75080
Phone Numbers			
Primary Phone Number:	555-555-5555	Mobile Number:	

Welcome to  
Provider Services  
Manage Users

Filter Users

- Administrator(0)
- Locked(0)
- Active(1)

Host Admin(s)  
WEBPORTALTESTER

For more information  
please **Contact**  
Provider Services  
Help Desk

**Manage Users** This page allows you to edit user settings such as lock/unlock, remove access, promote user, invite users and update user roles

Click to invite users to join your group

**Manage Users List**

Select	User ID	SSO User ID	Email Address	Date Created	Status
<input type="checkbox"/>	johnsmith			10/06/2009	Active

undefined 1-1 of 1    10 per page    Page 1 of 1

Export   Lock   Unlock   Remove Access   Promote as Admin   Revoke Admin

Click on the user id to modify level of access for the user.

**Find My User**

User ID:     Email Address:     Date Created:

**Note: Manage Users is only available for Facility/Group Admin users.**

### Delete Provider Self Services Account

To continue with account deletion, click the button below.

[Delete Account](#) [Cancel](#)

Host Admin(s): WEBPORTALTESTER

Other Lines Of Business State: TX

**Registered Providers**

Tax ID Number	Provider ID	NPI #	Provider Name	Program	Molina Status	
111111111	QMP0000000000	1234567890	WEB PORTAL TESTER	Other Lines Of Business	Active	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>		MEDICARE		Add

[Export](#) [Submit](#)

Note: Manage Providers is only available for Facility/Group Admin users.

# Electronic Funds Transfer & Remittance Advice (EFT & ERA)

Contracted Providers are required to register for EFT within 30 days of entering the Molina Network. Provider enrolled in EFT payments will automatically receive ERAs as well. Additional information regarding EFTs and ERAs is available under the “EDI, ERA/EFT” tab on the Molina website.

## Benefits of EFT/ERA:

- Faster payment (as little as 3 days from the day the claim was electronically submitted)
- Search historical ERAs by claim number, member name, etc.
- View, print, download and save PDF ERAs for easy reference
- Providers can have files routed to their ftp and/or their associated clearinghouse

## How to Enroll:

- Molina partners with Change Healthcare for EFT and ERA Services
- To register for EFT/ERAs with Change Healthcare go to:  
<https://providernet.adminisource.com/Start.aspx>
- Step-by-step registration instructions are available on Molina’s website [www.molinahealthcare.com](http://www.molinahealthcare.com) under the “EDI, ERA/EFT” tab



# Pharmacy Benefits & Drug Formulary

Prescription drugs are covered by Molina, via our pharmacy vendor. A list of in-network pharmacies is available on the MolinaHealthcare.com website, or by contacting Molina at (877)872-4716.

The “Formulary”, also known as the “Preferred Drug List” (PDL), is available on the Molina Healthcare website: [www.molinahealthcare.com](http://www.molinahealthcare.com)

The formulary was created to help manage the quality of our Members’ pharmacy benefit. The formulary is the cornerstone for a progressive program of managed care pharmacotherapy. Prescription drug therapy is an integral component of a patient's comprehensive treatment program. The formulary was created to ensure that our members receive high quality, cost-effective, rational drug therapy.

Prescriptions for medications requiring prior approval, for most injectable medications or for medications not included on the formulary may be approved when medically necessary and when formulary alternatives have demonstrated ineffectiveness. When these exceptional needs arise, providers may fax a completed Prior Authorization/Medication Exception Request.

**Phone: (800) 223-7242**

**Prior Authorization Fax: (844) 823-5479**

The Prior Authorization Request Form is included in the Welcome Kit and is also available on our website: [www.molinahealthcare.com](http://www.molinahealthcare.com)


## Reporting Suspected Fraud, Waste & Abuse

- To report an issue by telephone, call Molina Healthcare's Compliance AlertLine (Hotline) toll free: 1-866-606-3889.
- To report an issue online: Visit: <https://molinahealthcare.AlertLine.com>
- You may also report an issue in writing. Please contact your local Compliance team for further instructions.

# Claims Process Guidelines

# Join the network!

<http://www.molinahealthcare.com/providers/ny/PDF/Medicaid/practitioner-enrollment-application.pdf>




## ENROLLMENT APPLICATION REQUIRED DOCUMENTATION CHECKLIST

Please submit current copies of ALL of the documentation listed below. Any missing or inaccurate information will delay the enrollment process.

- W-9 form
- Disclosure and Ownership Form (Facility Credentialing ONLY)
- NYS License
- DEA
- Proof of Malpractice Insurance
- Group Roster
- Supervising/Collaboration physician form (midlevels only)

We will notify you when your application has been approved. Upon notification, you will be considered a participating provider in our network. Prior to receiving this notification, you are not considered in-network.




### Supervising/Collaboration Physician Form

Name of Midlevel:	
NP/PA:	
NPI:	
Name of Supervising/Collab Physician:	
NPI of Physician:	
Effective date:	

Authorized person completing form:

Name	Phone	Email



## APPLICATION FOR PROVIDER ENROLLMENT

To begin the enrollment process, please complete the information appropriate to your specialty. Complete and return with the items on the attached checklist. All information must match NYSES.

Please ensure that your CAQH information is completed and released to us with the most up-to-date information.

Today's Date:	Requested Effective Date:	Group Name:
Group TAX ID:	Group NPI:	Provider Name:
Individual NPI:	SSN:	DOB:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Provider License/State:	DEA Certification:
CAQH:	Accepting new patients? PCP: YES NO OPEN CLOSE	Language(s) other than English:

Taxonomy Code (required). Circle One: MD DO PA NP Other: \_\_\_\_\_

Primary Specialty:	Taxonomy Code:
Second Specialty:	Taxonomy Code:
Third Specialty:	Taxonomy Code:

Please note: A correspondence street level address must be applied when a remittance address is a PO Box. Please use additional sheets when needed for multiple addresses.

Address A	Street: _____ STE: _____ City: _____ State: _____ ZIP Code: _____	<input type="checkbox"/> Primary Office <input type="checkbox"/> Additional Office <input type="checkbox"/> Correspondence <input type="checkbox"/> Remittance <input type="checkbox"/> Medical Record
Phone: _____ Fax: _____	Office Hours: _____	Handling accounts: Y or N Public Transportation: Y or N
Address B	Street: _____ STE: _____ City: _____ State: _____ ZIP Code: _____	<input type="checkbox"/> Primary Office <input type="checkbox"/> Additional Office <input type="checkbox"/> Correspondence <input type="checkbox"/> Remittance <input type="checkbox"/> Medical Record
Phone: _____ Fax: _____	Office Hours: _____	Handling accounts: Y or N Public Transportation: Y or N

Page 3

Address C	Street: _____ STE: _____ City: _____ State: _____ ZIP Code: _____	<input type="checkbox"/> Primary Office <input type="checkbox"/> Additional Office <input type="checkbox"/> Correspondence <input type="checkbox"/> Remittance <input type="checkbox"/> Medical Record
Phone: _____ Fax: _____	Office Hours: _____	Handling accounts: Y or N Public Transportation: Y or N
Address D	Street: _____ STE: _____ City: _____ State: _____ ZIP Code: _____	<input type="checkbox"/> Primary Office <input type="checkbox"/> Additional Office <input type="checkbox"/> Correspondence <input type="checkbox"/> Remittance <input type="checkbox"/> Medical Record
Phone: _____ Fax: _____	Office Hours: _____	Handling accounts: Y or N Public Transportation: Y or N

All email communication should be sent to the email address: **Address A** or **Address B** or **Address C** or **Address D**

### OFFICE CONTACT INFORMATION

Please use this space for indicating the best point of contact for each category. All email communications will also be sent to the email address: "General Molina Updates."

Best contact (Phone, fax, email, or N/A)	Email	Phone Number
General Molina Updates		
Ordering		
Office Manager		
Quality		
Medical		
IT/IT Support		
HR/HR Support		

Authorized person completing form:

Name	Phone	Email

# Claims

## Claims Processing Standards

- Participating Providers are strongly encouraged to submit Claims to Molina with appropriate documentation. Providers must follow the appropriate State and CMS Provider billing guidelines.
- On a monthly basis, over 90% of claims received by Molina from our health plan network providers are processed within 30 calendar days; 100% of claims are processed within 45 working days
- These standards have to be met in order for Molina to remain compliant with regulatory requirements and to ensure that our providers are paid in a timely manner.
- Correct coding is required to properly process claims. Molina requires that all claims be coded in accordance with the HIPAA transaction code set guidelines and follow the guidelines within each code set.
- CPT and HCPCS Codes must be submitted in accordance with the chapter and code-specific guidelines set forth in the current version of the AMA CPT and HCPCS codebooks.
- Modifiers consist of two alphanumeric characters and are appended to HCPCS/CPT codes to provide additional information about the services rendered. Modifiers may be appended only if the clinical circumstances justify the use of the modifiers.
- ICD-10-CM/PCS codes effective 10/01/2015 will utilize the billing rules and will deny claims that do not meet Molina's ICD-10 Claim Submission Guidelines.
- Place of Service (POS) Codes are two-digit codes placed on health care professional claims (CMS 1500) to indicate the setting in which a service was provided.
- Type of Bill is a four-digit alphanumeric code that gives three specific pieces of information after the first digit, a leading (0).
- Revenue Codes are four-digit codes used to identify specific accommodation and/or ancillary charges.
- Diagnosis Related Group (DRG) claim submissions must contain minimum requirements to ensure accurate claim payment.
- National Drug Code (NDC) number must be reported on all professional and outpatient claims when submitted.

# Claims Submission Options

## Claims Submission Options

- Molina encourages contracted providers to submit all claims electronically.
- Electronic claims include claims submitted via a clearinghouse using the EDI process and claims submitted through the Molina Provider Web Portal
- The Provider Portal (<https://provider.molinahealthcare.com>) is available free of charge and allows for attachments to be included.
- Via a Clearinghouse.
  - Molina partners with Claimsnet as our “gateway” clearinghouse. Claimsnet has relationships with hundreds of other clearinghouses. (More information is available in the Provider Manual.)
  - Providers may use the Clearinghouse of their choosing. (Note that fees may apply).

# Claims Submission Options

## EDI Claims Submission Information

- Claimsnet Payer ID# **16146**
- Claimsnet Telephone #(800)-356-1511

## Molina's Provider Web Portal (Provider Portal)

- The Portal is available free of charge, 24/7 to all Contracted Molina Providers.
- Can be accessed at: <https://provider.molinahealthcare.com>
- Allows for submission of UB and CMS 1500 claims, including claims with attachments and corrected claims.
- ***Is the recommend method to submit claims with attachments.***
- Contact your Provider Services Representative for registration instructions and to obtain the "Molina ID" required to register.

## Electronic Claim Submission Issues

- Providers should work with their Clearinghouse to resolve issues;
- If issue is on Molina's side, Providers can call the EDI customer service line at (866) 409-2935; and/or
- Submit an email to [EDI.Claims@molinahealthcare.com](mailto:EDI.Claims@molinahealthcare.com).

## Portal Issues

- If your are experiencing difficulties with the Provider Portal submission process, please contact the Provider Portal Technical Support team at (866) 449-6848.

# Claims Submission Guidelines

- When submission of an Electronic claim is not possible, paper claims should be submitted to the following address:
  - Molina Healthcare of New York, Inc.  
PO Box 22615  
Long Beach, CA 90801
- ***DO not include DOS for June and July on the same billing (exception for Hospital stays and DME rental), please submit separate claim forms for these billings.***

## Required Elements

The following information must be included on every claim:

- Member name, date of birth and Molina Member ID number
- Member's gender
- Member's address
- Date(s) of service
- Valid International Classification of Diseases diagnosis and procedure codes
- Valid revenue, CPT, HCPCS for services or items provided
- Valid Diagnosis Pointers
- Total billed charges for service provided
- Place and type of service code
- Days or units are applicable
- Provider Tax Identification
- National Provider Identifier (NPI)
- Rendering Provider as applicable
- Provider name and billing address
- Place of service and type (for facilities)
- Disclosure of any other health benefit plans
- E-signature
- Service Facility Location



# Claims Submission – Timely Filing

## Timely Claim Filing

Providers shall promptly submit to Molina Healthcare claims for Covered Services rendered to members.

- Claims must be submitted by provider to Molina Healthcare ***within 90 calendar days*** after the following have occurred: discharge for inpatient services or the date of service for outpatient services; and provider has been furnished with the correct name and address of the member's health maintenance organization.
- If Molina Healthcare is not the primary payer under coordination of benefits or third party liability, provider must submit claims to Molina Healthcare ***within 90 calendar days*** after final determination by the primary payer.
- Unless otherwise provided by law, any claims that are not submitted to Molina Healthcare within these timelines shall not be eligible for payment, and provider hereby waives any right to payment therefore.

# Claims Submission and Disputes

## Corrected Claims

- Corrected claims are considered new claims.
- Corrected claims may be submitted electronically via the Provider Portal or through an EDI clearinghouse.
- Corrected claims **must** include the correct coding to denote if a claim is a Replacement of Prior Claim or Corrected Claim for an 837I or the correct Resubmission Code for an 837P.

(See the Provider Manual for additional details on how to correctly include this coding.)

[http://www.molinahealthcare.com/providers/ny/PDF/Medicaid/provider\\_manual\\_2018.pdf](http://www.molinahealthcare.com/providers/ny/PDF/Medicaid/provider_manual_2018.pdf)

## Claims Disputes/Adjustments

Providers seeking a redetermination of a claim previously adjudicated must request such action within ninety (90) days of Molina Healthcare's original remittance advice date. Additionally, any claim(s) dispute requests (including denials) should be submitted to Molina Healthcare using the standard claims reconsideration review form (CRRF). This form can be found on the provider website.

In addition to the CRRF, providers should submit the following documentation:

- The previous claim and remittance advice;
- Any other documentation to support the adjustment;
- A copy of the Service Authorization form (if applicable) and;
- The claim number clearly marked on all supporting documents.

**\*Submit written requests to the address found on the Remittance Advice\***

# Type of Claim Forms

## UB04

The UB04 form is a detailed medical claim form. It includes sections for:
 

- 1 PATIENT NAME** and **2 PAYMENT ADDRESS**
- 3 SERVICES** section with columns for procedure codes, dates, and amounts.
- 4 SERVICES** section with columns for dates, codes, and amounts.
- 5 PATIENT INFORMATION** including health plan ID, provider payments, and group name.
- 6 TREATMENT AUTHORIZATION CODES**
- 7 PATIENT INFORMATION** including patient name, date of birth, and gender.
- 8 PATIENT INFORMATION** including patient name, date of birth, and gender.
- 9 PATIENT INFORMATION** including patient name, date of birth, and gender.

## HCFA 1500

The HCFA 1500 form is a standard health insurance claim form. It includes sections for:
 

- 1 PATIENT INFORMATION** including name, address, and date of birth.
- 2 PATIENT INFORMATION** including name, address, and date of birth.
- 3 PATIENT INFORMATION** including name, address, and date of birth.
- 4 PATIENT INFORMATION** including name, address, and date of birth.
- 5 PATIENT INFORMATION** including name, address, and date of birth.
- 6 PATIENT INFORMATION** including name, address, and date of birth.
- 7 PATIENT INFORMATION** including name, address, and date of birth.
- 8 PATIENT INFORMATION** including name, address, and date of birth.
- 9 PATIENT INFORMATION** including name, address, and date of birth.
- 10 PATIENT INFORMATION** including name, address, and date of birth.

For further guidance, please visit the following link <http://billing.ctacny.org/>

## Balance Billing and Claims Payment

Providers **may not** balance bill Molina Members for any reason for covered services. Detailed information regarding the billing requirements for non-covered services are available in the MHNY Provider Manual.

***Your Provider Agreement with MHNY requires that your office verify eligibility prior to rendering any service and obtain approval for those services that require prior authorization.***

In the event of a denial of payment, providers shall look solely to **MHNY** for compensation for services rendered, with the exception of any applicable cost sharing/co-payments.

- ✓ The date of claim receipt is the date as indicated by its data stamp on the claim.
- ✓ The date of claim payment is the date of the check or other form of payment.

# Diversity & Cultural Competency

# Topics Of Discussion

- Overview
- Creating a Climate for Diversity and Cultural Competence
  - value and knowledge
  - legal protections
  - Assistive technology
  - Services that support diversity
    - Identify population diversities
    - Health literacy
    - Language assistance
    - Multi-cultural/linguistic providers
    - Written translation
    - Allow for complaints/grievances
- Tips for working with specific populations

## Objectives of Training

- Review the dimensions that make us diverse and their impact
- Review the tools that Molina Healthcare of New York use to be culturally competent and
- Provide the ways in which you can be culturally competent to individuals that you serve

## What is Diversity?

- A reflection of the differences between people
- Recognizing differences, accepting them, and allowing them to change our perceptions

## What is Cultural Competence?

- The ability to interact effectively with people from different cultures, which includes:
  - The Languages
  - Thoughts
  - Actions
  - Customs
  - Beliefs
  - Values and Institutions that unite a group of people



# How does Diversity and Cultural Competence Work Together?

- Diversity teaches us to acknowledge and value the differences of cultures
- But that is not enough when you are a health care or human services provider
- Awareness and sensitivity has to be followed by
  - Being able to connect with the people in the cultures that you serve and
  - Adjust your approach to the manner that is culturally competent to the individual

## Dimensions of Diversity

- All of the differences and similarities we encounter
- All of the components that make us unique also make us diverse

Valuing others is something that happens in our minds as well as our actions.

## Specific Dimensions of Diversity

Race

Ethnicity

Gender

Age

Sexual Orientation

Physical Ability

Mental Ability

Language

Marital Status

Learning Style

National Origin

Economic Status

Religious Affiliation



## Example of Diversity

- Eye contact
  - Many cultures view direct eye contact as a sign of defiance or disrespect.
- Personal space
  - Some cultures value giving people a wide berth, while in others, keeping a distance would be interpreted as an insult

## Impact of Diversity

- Affirmative action
  - The need for workforce diversity that mirrors the community diversity
- Assimilation
  - A process in which the minority culture is expected to adopt behaviors and standards of the majority culture
- Bias
  - An inclination towards a certain belief that interferes with objective judgment
- Discrimination
  - The act (behavior) of giving unequal treatment
- Equal Employment Opportunity
  - Ensures positions for protected classes of people (e.g., veterans, the disabled)
- Ethnocentrism
  - The tendency to look at the world primarily from the perspective of one's own culture
- Prejudice
  - An opinion based upon biases, without complete information
- Sexism
  - A prejudice against a particular gender
- Stereotype
  - A conventional, usually overly simplified opinion applied to a particular group

# Creating a Climate for Diversity and Cultural Competence

- Create value and knowledge
- Provide legal protections
- Use assistive technology
- Offer services supporting diversity
  - Identify population diversities
  - Health literacy
  - Language assistance
  - Multi-cultural/linguistic providers
  - Written translation
- Allow for complaints/grievances



## Valuing Diversity

- The first step is to take a clear look at your automatic beliefs regarding others
  - Proactively review those beliefs to decide whether they are accurate
- Learn historical facts about different groups so as to understand how individuals in those groups may experience their world
- Avoid stereotyping by asking open-ended questions to understand the person better
- Empathize by expressing appreciation for the person's perspective
- Interact with others based upon what you know about a person, not react to old, generalized beliefs

## Creating Knowledge

- To better assist our staff in understanding the health needs of our members as it is applicable to their cultural heritage, we provide the following:
- Education and training in diversity cultural competency and disability awareness is adequately provided
  - Cultural competency skills are developed, implemented and practiced by all staff
- A clear understanding of respect for the member's beliefs about their:
  - Illness and health;
  - Interpersonal styles,
  - Traditional home remedies,
  - Attitudes and behaviors of the members,
  - Families and communities served is provided and practiced throughout the delivery of culturally relevant and competent care to ensure the member's language and literacy needs are met.
- Methods for training and interaction with providers and the health care structure are implemented.
  - Alternative methods are developed and implemented as needed to ensure that administrative policies and practices are responsive to the culture and diversity within the member populations served are being met.

## Understand How Culture Impacts the Care Given to Members:

- Culture informs:
  - Concepts of health and healing
  - How illness, disease and their causes are perceived
  - Behaviors of patients who are seeking health care
  - Attitudes toward health care providers
- Who provides treatment
- What is considered a health problem
- What type of treatment is needed
- Where care is sought
- How symptoms are expressed
- How rights and protections are understood
- Adapted from: <http://minorityhealth.hhs.gov>

## Cultural Differences

- To take care of health issues within different ethnicities in the United States, you need to understand the values, beliefs and customs of different people.
- Example of a cultural difference that impacts health care
- Consider people from the Middle East and Central Asia: Understand that women from that part of the world might not be comfortable undressing.
- When working with a wide array of different people from different cultures, take into account the following:
  - Have respect for everyone.
  - Have respect for everyone's traditions, norms and other traits



## Subcultures and Populations

- Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-culture health care
  - Not just understanding Americans in general, but also understanding different issues that affect different subcultures of American society.
- A subculture is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.
- With growing concerns about health inequities and the need for health care systems to reach increasingly diverse patient populations, cultural competence has increasingly become a matter of national concern
- *Industry Collaboration Effort*

# Legal Protections

- Americans with Disabilities Act
  - People with disabilities must be consulted before an accommodation is offered or created on their behalf.
- Equal Opportunity Employment Act
  - Creates a more inclusive environment

## Assistive Technology

- Assistive technology products are designed to provide additional accessibility to individuals who have physical or cognitive difficulties, impairments, and disabilities.
- Examples
  - Screen readers: Speak everything on the screen
  - Speech recognition or voice recognition program: Allows people to give commands and enter data using their voices rather than a mouse or keyboard
  - Screen enlargers, or screen magnifiers
  - Alternative keyboards: Feature larger (or smaller) than standard keys or keyboards
  - Electronic pointing devices: Used to control the cursor without use of hands
  - Touch screens: Allow direct selection or activation by touching the screen
  - Braille embossers: Transfer computer-generated text into embossed Braille output
  - TTY/TDD conversion modems

## Services that support diversity

- Identify population diversities
- Health literacy
- Language assistance
- Multi-cultural/linguistic providers
- Written translation
- Allow for complaints/grievances



## Identification of Population Diversities

- Molina Healthcare of New York uses national census data and membership geographic data to identify the percentage of cultural/linguistic groups within each county/state where members reside.
- Whenever a cultural/linguistic groups exceeds the established percentage, processes are implemented to ensure diversity of services for the identified cultural/linguistic groups.



## Health Literacy

- All written and electronic behavioral health, clinical, utilization management, and preventative health materials distributed to members are developed based on federal and state health literacy standards.
- All documentation can be made available in the threshold languages.
  - Some are already in existence, such as, all documentation is available in Spanish
- The reading ease of all written materials distributed to members is tested using the Flesch-Kinkaid Grade Level Readability Statistics Test.
- Health literacy references are:
  - “National Standards for Culturally and Linguistically Appropriate Services in Health Care” – [minorityhealth.hhs.gov](http://minorityhealth.hhs.gov)
  - “Federal Plain Language Guidelines” – [plainlanguage.gov](http://plainlanguage.gov)
  - “Measuring Knowledge and Health Literacy Among Medicare Beneficiaries” – [cms.gov](http://cms.gov)

## Multi-cultural/linguistic providers

- During the credentialing/contracting process, practitioners are asked to identify their cultural/ethnic, linguistic and racial information.
- The provider's information is recorded in the management system and used to identify providers who match a member's cultural or linguistic need.
- If a provider match cannot be identified, Network Management will assist in a broader provider search per health plan guidelines

# Working with Specialized Population

- Development Disabilities
- HIV/AIDS
- End Stage Renal Disease (ESRD)
- Disabled & Homeless
- Mental Health & Intellectual Disabilities
- Substance Use Disorder (SUD)
- Serious Mental Illness (SMI)
- Hearing Impairment
- Visual Impairment
- Dementia/Alzheimer's
- Traumatic Brain Injury





# Dementia/Alzheimer's

## WHAT YOU SHOULD KNOW

- Patients with dementia may need a caregiver
- Older adults suffer more losses
  - May be less willing to discuss feelings
  - Have high suicide rates at 65 and older

## WHAT YOU CAN DO

- Communicate with patient and caregiver
- Assess for
  - Depression
  - Dementia / cognitive ability

*Industry Collaboration Effort*



## Developmental Disabilities (I/DD)

### WHAT YOU SHOULD KNOW

- I/DD is generally determined by:
- Significantly below average intellectual capacity evidenced by intellectual assessment
- Onset before age 18
- Limitations on adaptive skills
- The following factors increase the risk of developing depression and other mental health issues and are very common among people with DD
- Social Loneliness
- Emotional Loneliness
- Negative Experiences

## Developmental Disabilities (I/DD)

### WHAT YOU CAN DO

- Treat enrollees and family members with dignity and respect
- Empower to set and reach personal goals
- Recognize the right of the enrollee to make informed choices and take responsibility for those choices and related risks
- Build on the strengths, gifts, talents, skills, and contributions of the enrollee
- Foster community connections

## Visual Impairment Examples

- Macular degeneration
- Diabetic retinopathy
- Cataract
- Glaucoma

*Industry Collaboration Effort*

- Problems
  - Reading, depth perception, contrast, glare, loss of independence
- Solutions
  - Decrease glare
  - Use bright, indirect lighting and contrasting colors
  - Share printed material with LARGE, non-serif fonts

# Hearing Impairment

## WHAT YOU SHOULD KNOW

- Presbycusis: Gradual, bilateral, high frequency hearing loss
  - Consonant sounds are high frequency
  - Word distinction difficult
  - Speaking louder does not help

## WHAT YOU CAN DO

- Speak slowly and enunciate clearly
  - Do not use contractions
- Rephrase if necessary
- Do not cover your mouth
- Reduce background noise
- Offer listening devices and services
- *Industry Collaboration Effort*



# Serious Mental Illness (SMI)

## WHAT YOU SHOULD KNOW

- A Serious Mental Illness is a medical condition that disrupts a person's:
  - Thinking
  - Feeling
  - Mood
  - Ability to relate to others
  - Daily functioning
- SMI Includes:
  - Major depression
  - Schizophrenia
  - Bipolar disorder
  - Obsessive compulsive disorder (OCD)
  - Panic disorder
  - Post traumatic stress disorder (PTSD)
  - Borderline personality disorder

## What you can do

### Serious Mental Illness (SMI)

- Treat the member with respect
- Provide enrollee-centered services
- Create recovery-focused goals
- Educate the member
- Help the member be as independent as possible



# What you should know

## Substance Use Disorders (SUD)

- In 2011, about 20.6 million people 12 and older were classified with substance dependence or abuse
- In 2011, 3.8 million people 12 and older received treatment for a substance use disorder (SUD)
- In 2010, of those needing treatment, 95% of people 12 and older did not feel they needed treatment, 3.3% felt they needed treatment and did not make an effort, and 1.7% felt they needed treatment and did make an effort

[www.ansauk.org](http://www.ansauk.org)



# What you can do

## Substance Use Disorders (SUD)

- Express empathy as a means of effecting change
- Explain confidentiality
- Set boundaries
- Respect the member's decision to seek or reject treatment
- Respond precisely and calmly
- Enable the member to identify their own needs and problems

# Mental Health and Substance Abuse

## WHAT YOU SHOULD KNOW

- 41-65% people with a substance use disorder (SUD) also have a serious mental illness
- Of the 2.8 million adults with both substance use and SMI, only 62% received some sort of treatment
- Drugs and alcohol can be a form of self-medication.
  - People with mental illnesses may have untreated conditions that feel better when the person is on drugs or alcohol
- Drugs and alcohol can cause people without mental illnesses to experience symptoms of an illness for the first time
- Drugs and alcohol can worsen mental illnesses

## WHAT YOU CAN DO

- Integrate treatment consisting of the same health professionals, working in one setting, providing treatment for both SMI and substance abuse
- Take a gradual approach
- Remember that individuals with dual diagnosis must proceed at their own pace in treatment

*National Alliance on Mental Health*

# Mental Health and Intellectual Disabilities

## WHAT YOU SHOULD KNOW

- People with intellectual disability have a disproportionately high rate of mental illness when compared with the general population and a much lower rate of treatment and care
- Mental illness and mental disorders are poorly recognized and treated in people with intellectual disability

*Intellectual Disability Rights Service*

## WHAT YOU CAN DO

- Minimize distractions
- Build rapport
- Use short sentences, and avoid jargon and abstract concepts
- Raise only one topic at a time. Ask only one question at a time
- Clearly signpost changes in the topic to avoid confusion
- Allow more time than usual for a response
- Use the recount technique (ask enrollee to repeat back in their own words) to check that they understood the key points
- Take breaks
- Don't rely on written correspondence

# Disabled and Homeless

## WHAT YOU SHOULD KNOW

- The greatest risk of homelessness occurs immediately following hospital discharge
- Heterogeneity and diversity of the SMI population requires a range of housing and service options
- Unpredictability of illness episodes requires continuity of care
- Housing and services must be linked as neither alone is sufficient.

## WHAT YOU CAN DO

- Make the environment welcoming
- Avoid stereotyping
- Develop a trusting relationship
- Be available to offer help, but not overly intrusive
- Strive to be patient, persistent, consistent, and reliable
- Pay close attention to an individual's perception of his or her own needs

# Traumatic Brain Injury (TBI)

## WHAT YOU SHOULD KNOW

- Differences in rate of recovery can include:
  - Specifics of the injury
  - Other impairments or physical injuries
  - Co-morbid conditions
- An important factor in recovery is the enrollee's response to the injury and their interpretation of how fully they will recover

## WHAT YOU CAN DO

- Communicate appropriately about risks
- Educate the member and their family to reduce fears, set positive expectations, and prevent future injury
- Use simple terminology (example: use the term "concussion" instead of "mild traumatic brain injury")
- Take a multidisciplinary team intervention approach

# End Stage Renal Disease (ESRD)

## WHAT YOU SHOULD KNOW

- Members are more at risk for ESRD if they have:
- Chronic kidney disease (CKD)
- Injury or trauma to the kidneys
- Major blood loss
- Health prevention habits:
- Regular check-ups
- Low-fat, low-salt diet
- Exercise most days of the week
- Avoid tobacco
- Drink alcohol only in moderation

<http://www.kidneyfund.org/kidney-health/kidney-failure/end-stage-renal-disease.html>

## WHAT YOU CAN DO

- Create a support networks
- Provide crisis intervention
- Provide education, emotional support, and self-help strategies to member and their families
- Facilitate community agency referrals
- Advocate for the member

# HIV/AIDS

## WHAT YOU SHOULD KNOW

- HIV damages the immune system by attacking the body's natural infection-fighting cells
- Possible reactions to a positive HIV test result:
  - Fear
  - Sense of loss
  - Grief
  - Denial
  - Depression
  - Anger
  - Anxiety
  - Stress
  - Shock

## WHAT YOU CAN DO

- Provide unconditional positive regard for the client
- Establish trust and confidentiality
- Show empathy
- Assess the enrollee's needs and state of mind quickly

# Severe Mental Illness and Functionally Limiting Substance Use Disorder in Primary Care

Molina Healthcare of New York

May, 2018



# Molina Healthcare

## Our Vision

We envision a future where everyone receives quality health care. We strive to be an exemplary organization. These are our values:

- **Caring** – We care about those we serve and advocate on their behalf. We assume the best about people and listen so that we can learn.
- **Enthusiastic** – We enthusiastically address problems and seek creative solutions.
- **Respectful** – We respect each other and value ethical business practices.
- **Focused** – We focus on our mission.
- **Thrifty** – We are careful with scarce resources. Little things matter and the nickels add up.
- **Accountable** – We are personally accountable for our actions and collaborate to get results.
- **Feedback** – We strive to improve the organization and achieve meaningful change through feedback and coaching.
- **One Molina** – We are one organization. We are a team.

## Co-Occurring Mental Health and Substance Abuse

Dual Diagnosis and Co-Occurring Disorders are terms used to refer to someone who experiences mental illness and substance use disorders simultaneously. These disorders can occur in either order – for example, someone can experience depression and self-medicate with alcohol or someone using substances can start to experience mental health problems due to the effects of the substances and subsequent changes in brain chemistry.

- About 1/3 of all people experiencing mental illness and about half of those experiencing severe mental illness also have substance abuse issues.
- About 1/3 of alcohol abusers and more than half of drug abusers report experiencing a mental illness.
- Men are more likely than women to develop a co-occurring disorder
- Military veterans are at increased risk
- People with multiple medical illnesses are at increased risk
- People in lower socioeconomic status are at increased risk

[NAMI Dual Diagnosis Fact Sheet](#)

# Depression

Depression is a common, serious medical illness and it can be effectively treated. Depression typically manifests in sad or irritable mood, sleep changes, weight changes, loss of interest in pleasurable activities, somatic complaints, decreased energy, isolation, helplessness, hopelessness and can also present with anxiety.

- The risk of depression is greater for people who also have other serious medical illnesses. [Co-Occurring Disorders and Depression](#)
- Screening tools for depression:
  - [Beck Depression Inventory - Self Report Scale](#)
  - [PHQ-9](#)
- If the patient is willing, the combination of medication and counseling has been shown to be the most effective treatment approach. [Treating Depression in Primary Care](#)

# Adolescent Depression

- Adolescent depression occurrences range by age, gender, race and ethnicity with the NIMH reporting 2.8 million youth ages 12-17 having at least one major depressive episode in 2014: [Statistics](#)
- Although teenage girls report suffering from depression more often than teenage boys, teenage boys underreport this
- 30% of teens with depression also develop a substance use problem
- Teens with depression are more likely to engage in risky sexual behaviors
- Untreated depression is the #1 cause of suicide which is the 3<sup>rd</sup> leading cause of death among teens
- Screening tools
  - [PHQ-A](#)
  - [KADS-6](#)
- The American Academy of Pediatrics released new guidelines for treating Adolescent Depression in 2018: [AAP Guidelines](#)

# Post-Partum Depression

Post-Partum Depression is linked to child birth. The typical onset is between one week to one month following child birth. Untreated, it can last for months or longer. Symptoms may include: extreme sadness, decreased energy, anxiety, changes in sleeping and eating patterns, crying episodes, irritability, feeling overwhelmed, diminished ability to think clearly, concentrate or make decisions, difficulty bonding with the baby and may involve thoughts of death, suicide or psychosis. [Mayo Clinic Article](#)

## Risk Factors:

- History of depression or bipolar disorder or a family history of mood disorders
- Post-partum depression with a previous pregnancy
- Difficulty breast-feeding
- The baby has health issues or special needs
- Stressful events in the past year such as pregnancy complications, illness, job loss, financial issues
- Inadequate supports
- The pregnancy was unplanned or unwanted

# Anxiety Disorders

Anxiety Disorders are a group of related conditions, each with unique attributes. All share excessive fear or worry that is persistent. They are the most common mental health concern in the United States with 40 million adults (18%) and 8% of children and adolescents diagnosed. Typically, symptoms manifest before the age of 21. Physical symptoms, e.g., racing heart, sweats can be confused with other medical conditions such as heart disease so primary care providers will want to rule them out before screening for anxiety. Types of anxiety disorders include: generalized anxiety, social anxiety, panic disorder, phobias. [NAMI Overview](#)

- Screening for anxiety symptoms can help drive treatment planning: [Beck Anxiety Inventory](#)
- For more information about signs, symptoms and treatment of anxiety: [NIMH Anxiety Overview](#)

# Eating Disorders

Eating Disorders are serious and can be fatal with severe disturbances in eating behaviors and the thoughts and behaviors around eating. There is frequently an obsession with food, body weight and body image. There are three main categories of eating disorders.

- Anorexia Nervosa
  - Calorie/food restriction and/or excessive exercise
  - Fear of being fat and denial of low body weight
  - Body weight 15% below normal healthy weight for their height
  - The body begins to show signs of starvation
- Bulimia Nervosa
  - Weight is not an indicator and can range from under to over-weight
  - Binge eating followed by purging typically by vomiting or laxative use
- Binge-Eating Disorder
  - Frequent overeating during a discrete period of time
  - Eating more rapidly than normal and until feeling uncomfortable full
  - Eating alone due to embarrassment and feelings of guilt afterward

[APA Information on Eating Disorders](#)

## Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) can occur in some people who have witnessed or experienced a shocking, scary or dangerous event such as a natural disaster, a serious accident, sexual or physical assault, or combat. PTSD affects approximately 3.5% of adults in the US and an estimated 1 in 11 people will experience PTSD in their lifetime. Not every traumatized person will develop chronic or even acute PTSD.

People diagnosed with PTSD must have all of the following for at least 1 month:

- Experience intrusive thoughts
- One avoidance symptom
- Experience negative thoughts or feelings or distorted beliefs about themselves or others
- Feel like they are reliving the event (flash-backs) and have unexpected arousal or reactive symptoms such as angry outbursts, being easily startled, or have problems concentrating and sleeping

After a traumatic event, some people may experience the above symptoms, but for people with PTSD, these symptoms can persist for months or years, causing significant distress and often occur with other conditions such as depression, substance abuse and an increase in physical health issues. [APA Information on PTSD](#)



## Alcohol and Substance Use

Abuse of alcohol or a substance (such as cocaine, opiates, etc.) can lead to significant impairment.

- General signs and symptoms of abuse:
  - Using more medication than has been prescribed
  - Physical signs: bloodshot or glazed eyes, dilated or constricted pupils, abrupt weight and appetite changes, deterioration of personal grooming habits
  - Unexplained changes in personality, mood swings, unusual hyperactivity or lethargy
  - Behavioral changes: risk taking, relationship problems, decreased functioning at work or school, less involvement in hobbies or social activities, financial concerns

If the person you are treating is exhibiting any of these signs and symptoms, screening them for substance abuse is indicated.

## Alcohol and Substance Use

- Screening, Brief Intervention, Referral and Treatment (SBIRT) is an approach to the delivery of early intervention and treatment
  - [SBIRT Online Screening Tool](#)
  - [SBIRT Resources](#)
  - [SBIRT White Paper](#)
  - [Pocket Guide for Screening for Alcohol Use](#)

There are several options for Medication Assisted Treatment for alcohol and opiates. Some, such as Methadone and Buprenorphine (Suboxone, Zubsolv and others), have prescribing restrictions. Others, such as Naltrexone (Revia and Vivitrol), Campral and Antabuse, do not.

- [SAMHSA's Information on Medication Assisted Treatment](#)

# Alcohol Abuse and Dependence

Alcohol use disorder is defined by a pattern of drinking that causes problems in your personal life, health, work, education and relationships and can have legal implications. People with alcohol use disorder have problems controlling their drinking, continue to do so despite the problems it is causing, need to drink more to get the same effect or have withdrawal symptoms when they rapidly decrease or stop drinking. It can also manifest in binge drinking rather than regular daily drinking.

## Signs and Symptoms:

- Bloodshot eyes, slurred speech, impaired coordination and memory lapses
- Loss of interest in activities, hobbies and personal appearance
- Relationship problems
- Frequent changes in mood and defensive behavior

## Physical implications can include, but are not limited to:

- Liver, cardiac and digestive disease, diabetes complications and a weakened immune system
- Eye problems such as nystagmus and paralysis of eye muscles
- Neurological complications
- Increased risk of cancer

[Mayo Clinic Article](#)

# Opioid Abuse and Dependence

Opioids (also referred to as opiates) include Oxycodone, hydrocodone, codeine, fentanyl, morphine and heroin. An estimated 210 million prescriptions for opiates were dispensed in 2010. Long-term use puts people at risk of addiction, even when taken as prescribed. As tolerance and physiological dependence develop and use becomes abuse, opiate users are more likely to develop a heroin addiction than non-opiate abusers. Heroin offers a similar high at a lower price.

Signs of Opioid abuse:

- Constricted pupils, slowed breathing and constipation
- Confusion, sedation and intermittent nodding off/loss of consciousness
- Doctor shopping (prescriptions from multiple prescribers)
- Shifting or dramatically changing moods and social withdrawal/isolation
- Sudden financial problems

Effects of Opioid abuse:

- Weakened immune system, gastric problems, and significant respiratory depression which can result in cumulative hypoxic end-organ injury
- Medical issues related to intravenous use such as localized abscesses, embolic events, systemic infection and blood-borne illnesses

[NIDA article on Opiate Abuse](#)

## Other Substances of Abuse

There is a wide variety of legal and illegal substances that can be abused, all with varying signs and symptoms. Some of the more common include:

- **Marijuana** use can result in delayed reaction time, balance and coordination impairment, a chronic cough, repeated respiratory infections and decreased IQ points when repeated use begins in adolescence.
- **Synthetic Cannabinoids**, known as synthetic marijuana, Spike or K-2. This will not be detected on a standard urine drug screen. Although it was intended to be chemically similar to marijuana, it is a far more dangerous combination of chemicals and often stronger.
- **Dextromethorphan (DXM)** taken in higher than recommended amounts can result in euphoria but also breathing problems, seizures, increased heart rate and blood pressure, nausea and vomiting.
- **Loperamide (Immodium)** in high doses can cause euphoria and is sometimes misused to control withdrawal symptoms of opiates but can also result in constipation, fainting, stomach pain, pupil dilation, cardiac toxicity, loss of consciousness and kidney failure from urinary retention.
- **Inhalants** are more commonly abused by adolescents and young adults with 68.4% of inhalant abusers being 12-18 years old.
- **Cocaine** abuse can result in narrowed blood vessels, enlarged pupils, increased body temperature, heart rate and blood pressure, infection and death of bowel tissue due to restricted blood flow as well as many other complications dependent upon method of use (smoked, inhaled, IV use).
- For a more complete list: [Commonly Abused Drugs](#)

# Cultural Competence

Cultural Competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. “Culture” is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education or profession.

Cultural Competence means to be respectful and responsive to the health beliefs and practices – and linguistic needs – of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum.

Cultural Competence applies to organizations and health systems, just as it does to professionals. Molina Healthcare is committed to creating and sustaining a culturally competent workforce as well as being a culturally competent organization by:

- Continually assessing organizational diversity
- Investing in building capacity for cultural competency and inclusion
- Conducting strategic planning that incorporates community culture and diversity
- Implementing prevention strategies using culture and diversity as a resource
- Evaluating the incorporation of cultural competence

[SAMHSA Cultural Competence article](#)   [HHS Think Cultural Health](#)

## Useful Links

- Screening tools for depression:
  - [Beck Depression Inventory - Self Report Scale](#)
  - [PHQ-9](#)
- Screening tools for depression in Adolescents
  - [PHQ-A](#)
  - [KADS-6](#)
- Substance abuse screening: [SBIRT Online Screening Tool](#)
- Training in Depression in Primary Care: [Training Link to Massachusetts General](#) (Free CME's)
- Algorithm for treating depression in Primary Care: [Algorithm](#)
- Trends in care are moving towards integrating medical and behavioral health care: [Integrating Physical and Behavioral Health](#)
- Specific substances signs and symptoms: [Signs and Symptoms](#)
- If you are interested in becoming a Buprenorphine prescriber: [Buprenorphine Training Resources](#)
- Center for Practice Innovations: <http://practiceinnovations.org/>

# **The Relationship Between Mental and Physical Health: Common Medical Conditions and Challenges in the HARP Population**

Molina Healthcare of New York  
May, 2018



# Molina Healthcare

## Our Vision

We envision a future where everyone receives quality health care. We strive to be an exemplary organization. These are our values:

- **Caring** – We care about those we serve and advocate on their behalf. We assume the best about people and listen so that we can learn.
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- **One Molina** – We are one organization. We are a team.

## Overview

Mental and physical health are fundamentally linked. There are multiple associations between mental health and chronic physical conditions which impact quality of life, demands on health care and other service providers, and the cost of care. The World Health Organization (WHO) defines health “as a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity. The WHO also states that “there is no health without mental health.” [WHO Report \(2004\)](#)

Evidence has shown that mental health disorders, most often depression, are strongly associated with the risk, occurrence, management, progression and outcome of serious chronic diseases and health conditions including but not limited to: diabetes, heart disease, stroke, and hypertension. This appears to be caused by mental health disorders that occur before chronic disease which then can intensify the mental health symptoms, thus creating a vicious cycle of poor health. This double whammy can have a profound and negative impact on a person’s ability to recover from chronic disease and mental health disorders. [Healthy People 2020, US Dept. Health and Human Services](#)

People with mental health disorders have higher morbidity and mortality rates than those without mental health concerns. There are many factors impacting these rates including but not limited to: people with mental health conditions are less likely to receive physical health care and therefore are less likely to receive routine checks such as blood pressure, weight and cholesterol, they do not have a primary care provider, are disengaged from care, PCP’s do not have the training to assess for mental health conditions. [BJMP Article](#)

## Mental Illness: A Few Facts

- What is it?: Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. [CDC](#)
- 1 in 5 Americans age 18 and older will be diagnosed with a mental illness or disorder at some time in their life
- 1 in 25 Americans age 18 and older lives with a serious mental illness
- Just over 20% -1 in 5 children have had a serious mental disorder
- US adults with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions
- Suicide is the 10<sup>th</sup> leading cause of death in the US and the 2<sup>nd</sup> leading cause of death among people aged 15-34 years. [CDC](#)

## Co-occurrence of Depression with Medical Disorders

The risk of clinical depression is often higher in people with serious medical conditions such as COPD, diabetes, obesity and other chronic illnesses. Many times the symptoms are minimized or ignored by individuals and by their family members who believe it is to be expected given their physical health challenges. These depression symptoms can also be masked by the other medical illnesses. And, though they occur together, they may be unrelated. Certain medications may also trigger depression. It is a treatable illness even if an individual has another medical condition.

Primary Care Physicians will have individuals who can present with anxiety disorders, eating disorders, alcohol and other substance use, schizophrenia and other psychotic disorders as well as other mental health conditions. Given the prevalence of depression and medical illnesses, this training will focus on this particular co-morbid set of conditions.

## Common Symptoms of Depression And Other Medical Disorders

- Weight loss, sleep disturbances, and low energy may occur in individuals diagnosed with diabetes, heart disease, stroke, cancer and are also common symptoms of depression
- Poor concentration, apathy, and memory loss can occur in individuals with Alzheimer's and Parkinson's disease and are also signs of depression
- Medications for high blood pressure, Parkinson's disease, and other medical conditions can produce side effects that mimic signs of depression. Parkinson's medications can cause psychosis

[psychcentral.com](http://psychcentral.com)

# Common Medical Illnesses and Depression

## Cancer

- There are several types of cancer including cervical, lung, breast, colorectal
- Risk factors: Alcohol consumption (the more you drink, the higher your cancer risk), HPV (Human Papillomavirus), Tobacco-smoking causes almost 9 of every 10 cases of lung cancer
- From 1999-2014 black men were more likely to die of cancer than any other group and among women black women were more likely to die of cancer than any other group
- One in four people with cancer suffer from clinical depression
- Depression can be mistaken as a side effect of corticosteroids or chemotherapy, both treatments for cancer
- Depressive symptoms can be mistakenly attributed to the cancer, which can also cause weight and appetite loss, insomnia, energy loss

[mentalhealthamerica.net](http://mentalhealthamerica.net); [cdc.gov](http://cdc.gov); [psychcentral.com](http://psychcentral.com)

# Common Medical Illnesses and Depression

## COPD

- Chronic Obstructive Pulmonary Disease, or COPD was the 3<sup>rd</sup> leading cause of death in the US in 2014.
- The following groups were more likely to report (in 2013):
  - People aged 65-74 and > than 75 years
  - Women
  - American Indian/Alaska Natives and multiracial non-Hispanics
  - Individuals unable to work, retired or unemployed
  - Individuals with less than a high school diploma
  - Individuals who were widowed, divorced or separated
  - People with a history of asthma
  - Current or former smokers (individuals with depression are 2x as likely to smoke as other people and individuals with schizophrenia are 3x as likely)
- Three out of every individuals diagnosed with COPD also had anxiety and/or depression.

[mentalhealthamerica.net](http://mentalhealthamerica.net); [cdc.gov](http://cdc.gov); [psychcentral.com](http://psychcentral.com)

# Common Medical Illnesses and Depression

## Diabetes

- Diabetes is the 7<sup>th</sup> leading cause of death in the US (and may be underreported)
- Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases; type 1 diabetes accounts for about 5%
- Individuals with adult onset diabetes have a 25% chance of having depression
- Depression affects as many as 70% of individuals with diabetic complications

[mentalhealthamerica.net](http://mentalhealthamerica.net)



## Common Medical Illnesses and Depression

Individuals most at risk for diabetes:

- Smokers are 30 to 40% more likely to develop type 2 diabetes than non-smokers
- Individuals with diabetes who smoke are more likely to develop serious related health problems such as heart and kidney disease
- Overweight
- Age 45 years and older
- Have a parent or sibling with type 2 diabetes
- Have had gestational diabetes
- American Indians/Alaska Natives are 2x more likely as whites to have diabetes
- African Americans, Hispanic/Latino Americans, American Indians/Alaska Natives, Pacific islanders and some Asian Americans are at higher risk for prediabetes and for type 2 diabetes
- During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop diabetes

[cdc.gov](https://www.cdc.gov)

# Common Medical Illnesses and Depression

## Heart Disease

- Is the leading cause of death for both men and women. More than half of the deaths due to heart disease in 2015 were men
- Coronary heart disease is the most common type
- Is the leading cause of death for individuals in most racial/ethnic groups in the US
- Risk factors include: high blood pressure, high LDL cholesterol and smoking. About half of Americans (49%) have at least one of these risk factors.
- Depression occurs in 40 to 65 % of patients who have experienced a heart attack, and in 18 to 20% of individuals who have coronary heart disease and who have not had a heart attack
- After a heart attack, patients with clinical depression have a 3 to 4x greater chance of death within the next six months

[cdc.gov](http://cdc.gov); [mentalhealthamerica.net](http://mentalhealthamerica.net)

# Common Medical Illnesses and Depression

## Obesity

- More than 1/3 (36.5%) of US adults are obese
- Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer, some of the leading causes of preventable death
- Non-Hispanic blacks have the highest age-adjusted rates (48.1%) followed by Hispanics (42.5%), non-Hispanic Whites (34.5%) and non-Hispanic Asians (11.7%)
- Is higher among middle age adults, 40-59 years old (40.2%) and older adults age 60 and over (37.0%) than among younger adults age 20-39 (32.3%)
- Individuals with obesity report higher rates of depression than non-obese individuals

[cdc.gov](https://www.cdc.gov); [psychcentral.com](https://www.psychcentral.com)

## Cultural Competence

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[SAMHSA Cultural Competence article](#)

[HHS Think Cultural Health](#)

## Impact of Depression in Primary Care Settings

- Nearly 74% of Americans who seek help for depression will go to a primary care physician rather than a mental health professional
- The diagnosis of depression is missed 50% of the time in primary care settings.
- Rate of depression among individuals with medical illnesses in primary care settings is estimated at 5 to 10 %
- The more severe the medical condition, the greater the likelihood that an individual will experience clinical depression
- Individuals with depression are in significant distress, have an increase in impaired functioning and therefore less ability to follow medical regimens, thus hindering the treatment of any medical conditions

[Mentalhealthamerica.net](http://Mentalhealthamerica.net)

## Opportunities in the Primary Care Setting

- Primary care practitioners are a critical link in identifying and addressing mental health disorders and have often been called the 'de facto mental health system' since most individuals with mental illness never make it to a specialty mental health provider
- Can screen for unrecognized and therefore undiagnosed mental illness. Without ready access to mental health, individuals' discomfort, and the stigma attached to mental illness, these conditions are frequently not treated
- An already established relationship with a primary care team fosters engagement in treatment.
- Adding mental health professionals to the team is a step closer to integrated care

[va.gov](http://va.gov)

## Helpful Links

- [Diabetes Mellitus Flow Sheet](#)
- [Diabetes Quick Facts](#)
- [Adult Obesity Facts](#)
- [Health Effects of Smoking](#)
- [Heart Disease Fact Sheet](#)
- [What is COPD?](#)

# Training for Behavioral Health Providers and Health Homes Regarding HCBS Requirements

Molina Healthcare of New York

May, 2018



# Molina Healthcare

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- **Feedback** – We strive to improve the organization and achieve meaningful change through feedback and coaching.
- **One Molina** – We are one organization. We are a team.

## What are Home and Community Based Services (HCBS)

They are an enhanced benefit package of services for individuals determined by New York State to be eligible for and enrolled in a Health and Recovery Plan (HARP). A HARP is a managed care product in which physical, mental health and substance abuse services are integrated for adults 21 years and older who have significant behavioral health needs.

## HCBS Services

- Individual Employment Support Services
  - Pre-vocational Support
  - Transitional Employment Support
  - Intensive Employment Support
  - On-going Supported Employment
- Educational Support Services
- Peer Supports/Empowerment Services
- Family Support and Training
- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis Intervention
  - Short-Term Crisis Respite
  - Intensive Crisis Intervention

## HCBS Services Explained

- For a full explanation of the purpose and benefits of each HCBS Service please visit: [HCBS Resource Guide](#) [MCTAC Trainings](#)
- **Community Psychiatric Support and Treatment (CPST)** is a clinical mobile treatment team that works with members in his or her own home setting. It is designed for members who are disengaged from site-based services due to temporary physical or behavioral setbacks and need time limited treatment.
- **Psychosocial Rehabilitation (PSR)** is designed to help members regain functional or basic skills they need and may be related to relapse prevention, socialization skill building and wellness/self-management.
- **Habilitation** helps members attain functional and social skills related to self-care, ADL's, relationship development, use of community resources as well as money and time management.
- **Vocational Supports:** There are 4 types - Pre-Vocational, Transitional, Intensive Supported and Ongoing Supported geared toward members' needs in preparing for, obtaining and retaining employment.

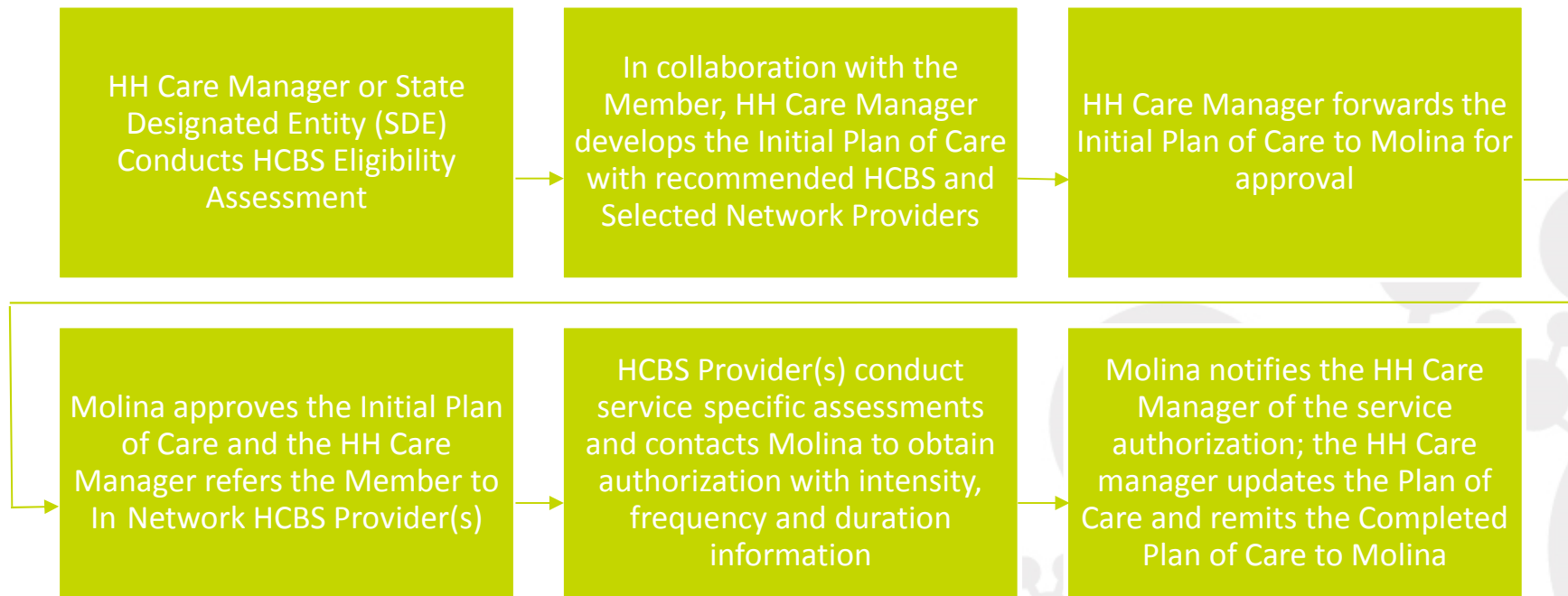
## HCBS Services Explained

- **Educational Support Services** are for members who want to obtain formal education or training to become employed
- **Peer Support Services** are for members with a need/preference for peer support or persons with lived experience. The focus is on advocacy, outreach and engagement, education on self-help tools, recovery support and empowerment.
- **Family Support and Training** is for the member's family when the member feels their family/support system would benefit from education and training support to help the member in their recovery.
- **Crisis Respite** has two levels of service: Short Term and Intensive
  - **Short Term** is for members experiencing daily life challenges and are at risk for escalation of behavioral health symptoms
  - **Intensive** is for members who are experiencing a behavioral health crisis that may include suicidal or homicidal ideation and the provision of a safe place to stay with treatment helps them stay out of the hospital

## HCBS Settings

- HCBS Services provide opportunities for members to receive services in their own home or community
- Designed to meet the members where they are
- Plan of Care development should include designation of the sites preferred by members
- A HARP Member residing in an excluded setting may not be eligible for HCBS services. These settings are defined by NYS: [DOH Guidance](#)

# HCBS Workflow



# Person-Centered Planning Process

- Members strengths and preferences are central
- Recovery oriented with goals determined by members
- Services and supports explored with members that support their health needs and help them to achieve their goals
- Culturally competent treatment provided that is responsive to cultural diversity



# Cultural Competence

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[SAMHSA Cultural Competence article](#) [HHS Think Cultural Health](#)

## The Initial Plan of Care

- The Initial Plan of Care (IPOC) contains 4 Elements:
  - The HARP Tier determined by the Eligibility Assessment
  - Current services the Members are utilizing and their service providers
  - Member's goals
  - Requested HCBS Services
- Once Molina receives the IPOC, eligibility for the requested services will be verified and a Letter of Service Determination will be issued. There are some services that cannot be billed in conjunction with HCBS services and that guidance can be found: [HCBS Billing Manual](#)
- Members must be given a choice of at least 2 HCBS Providers, where possible, from Molina's network.
- Members will work with the HCBS Service Provider(s) in completing an assessment to determine the appropriate Intensity, Duration and Frequency of the requested services

## The Complete Plan of Care

- Once the appropriate Intensity, Duration and Frequency of the requested HCBS services have been determined, the Health Home Care Manager can then work with the Member to complete the Plan of Care
- This process should involve input from the Member's entire Treatment Team (HCBS Treatment Providers, PCP's and other treatment providers) so that their team can work together to support the Member reaching their goals.
- The Member's signature is required. All other providers in the plan are encouraged to sign as well.
- The Plan of Care must comply with federal guidelines, which can be found here: [Guidelines](#)

## Medical Necessity Criteria

- For Mental Health admissions and authorizations, MHNH uses InterQual for mental health and LOCADTR 3.0 for substance abuse with a few exceptions. One of these exceptions is HCBS Services. For these MHNH uses New York State designated criteria.
- The New York State Eligibility Assessment determines the Tier.
  - Tier 1 is eligible for Education, Employment and Peer Support Services
  - Tier 2 is eligible for the full array of services
  - All HARP members are eligible for Crisis Respite services regardless of assessment status or Tier
- When Members meet their goals, aftercare transition planning to the next appropriate level of care should occur.

## Prior Authorization Requirements

- Three assessment visits for HCBS services are permitted with no need for authorization located at [Authorization Guidelines](#)
- Once the New York State Eligibility Assessment is completed, an authorization request should be faxed to 866-879-4742 on the NYS designated form. This form must include Intensity, Duration and Frequency of services being requested. [NYS HCBS Prior and Continuing Authorization Request Form](#)

# NYS Allowable Billing Combinations of OMH/OASAS State Plan Services and HBCS

HCBS/State Plan Service	OMH Clinic/OLP	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT	OMH PROS	OMH IPRT/CDT	OMH Partial Hospital	OASAS Outpatient Rehab
PSR	Yes	Yes	Yes				Yes	
CPST							Yes	
Habilitation	Yes	Yes	Yes				Yes	
Family Support & Training	Yes	Yes	Yes			Yes	Yes	Yes
Education Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Peer Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Employment Services	Yes	Yes	Yes			Yes	Yes	Yes

# Independent Evaluation Requirements

- Tier Eligibility is not determined by the Managed Care Organization (MCO)
- Health Home assessors approved and trained by the State conduct the Eligibility Assessments
- State Designated Entities (SDEs) are being identified for the purpose of performing adult behavioral health HCBS assessment, referral and development of Plans of Care for HARP members not currently enrolled in a Health Home
- The MCO oversees the Care Planning process to ensure that Member choice is protected and that the Center for Medicare & Medicaid Services regulations regarding HCBS services are adhered to
- One annual face-to-face assessment is required. However, if circumstances warrant a change in the Plan of Care, face-to-face reassessment(s) can occur twice in a 12 month period.

## Provider Qualifications

- New York State is the licensing entity for HCBS Providers
- If you are a licensed HCBS provider and are not currently in Molina's network, but would like to be: [Provider Enrollment form](#) and please remit the form and required information to: [MHNYProviderServices@molinahealthcare.com](mailto:MHNYProviderServices@molinahealthcare.com)



# Critical Incident Definition and Reporting Requirements

Molina is committed to the timely identification and reporting of unanticipated critical events. As the result of such events, improvement strategies and corrective action steps will be identified as indicated.

- Critical Incidents can include, but are not limited to :
  - Medication error
  - Suicide (attempt or completed)
  - Abuse or neglect
  - Elopement/missing
  - Patient death
- Critical Incidents must be reported to Molina **within 24 hours or, if on a weekend or holiday, the next business day**. The report must be made to:  
Suzanne Reid, Director, Health Care Services 315-233-5829  
[Suzanne.reid@molinahealthcare.com](mailto:Suzanne.reid@molinahealthcare.com)

# First Episode Psychosis

Molina Healthcare of New York

May, 2018

# Molina Healthcare

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# What is First Episode Psychosis?

First episode psychosis refers to the first time someone experiences psychotic symptoms or a psychotic episode. People experiencing a first episode may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.

Yale School of Medicine, 11/2013



## Facts About Psychosis

- Psychosis can often begin when a person is in their late teens to mid-twenties
- Can be a symptom of a mental illness or a physical condition
- Can be caused by some medications, alcohol or drug abuse
- Three out of 100 people will experience psychosis at some point in their lives
- Approximately 100,000 adolescents and young adults in the US experience first episode psychosis each year
- Psychosis affects people from all walks of life

## Causes

We are still learning about how and why psychosis develops, but several factors are likely involved. We do know that teenagers and young adults are at increased risk of experiencing an episode of psychosis because of hormonal changes in their brain during puberty.

Several factors that can contribute to psychosis:

- **Genetics:** Many genes can contribute to the development of psychosis, but just because a person has a gene doesn't mean they will experience psychosis. Ongoing studies will help us better understand which genes play a role in psychosis.
- **Trauma:** A traumatic event such as a death, war or sexual assault can trigger a psychotic episode. The type of trauma-and a person's age-affects whether a traumatic event will result in psychosis.
- **Substance Use:** The use of marijuana, LSD, amphetamines and other substances can increase the risk of psychosis in people who are already vulnerable.
- **Physical Illness or Injury:** Traumatic brain injuries, brain tumors, strokes, HIV and some brain diseases such as Parkinson's, Alzheimer's and dementia can sometimes cause psychosis.
- **Mental Health Conditions:** Sometimes psychosis is a symptom of a condition like schizophrenia, schizoaffective disorder, bipolar disorder or depression.

NAMI, Early Psychosis and Psychosis

# Symptoms

Psychotic symptoms typically include changes in thinking, mood and behavior. Symptoms vary from person to person and may change over time. Following are the more characteristic symptoms:

**Confused Thinking:** Thoughts become muddled or confused. The person may not make sense when speaking. They may have difficulty concentrating, following a conversation or remembering things. His or her mind may race or appear to be processing information in slow motion.

**False Beliefs:** False beliefs, known as delusions, are common. The person can be so convinced of the reality of their delusion that no amount of logical argument can dissuade them. For example, they may believe the police are watching them, or they might think they are receiving special messages from the television, radio or newspaper.

**Hallucinations:** In psychosis, the person sees, hears, feels, smells or tastes something that is not actually there. For example, they may hear voices which no one else can hear, or see things which aren't there. Things may taste or smell as if they are bad or poisoned.

**Changed Feelings:** How someone feels may change for no apparent reason. They may feel strange and cut off from the world. Mood swings are common and they may feel unusually excited or depressed. A person's emotions feel dampened and they may show less emotion to those around them.

**Changed Behavior:** People with psychosis may behave differently from the way they usually do. They may be extremely active or lethargic. They may laugh inappropriately or become angry or upset without apparent cause. Often, changes in behavior are associated with the symptoms already described above. For example, a person believing they are in danger may call the police. Someone who believes he is Jesus Christ may spend the day preaching in the streets. A person may stop eating because they are concerned that the food is poisoned, or have trouble sleeping because they are scared.

Yale School of Medicine, 11/2013

# Phases of Psychosis

A psychotic episode occurs in three phases. The length of each phase varies from person to person.

## Phase 1: Prodrome

The early signs may be vague and hardly noticeable. There may be changes in the way some people describe their feelings, thoughts and perceptions, which may become more difficult over time. Each person's experience will differ and not everyone will experience all of the following "common signs":

- Reduced concentration
- Decreased motivation
- Sleep disturbance
- Anxiety
- Social withdrawal
- Suspiciousness
- Deterioration in functioning
- Withdrawal from family and friends
- Odd beliefs/magical thinking



# Phases of Psychosis

## Phase 2: Acute

The acute phase is when the symptoms of psychosis begin to emerge. It is also known as the “critical period.” Clear psychotic symptoms are experienced, such as hallucinations, delusions or confused thinking. During this phase, the person experiencing psychosis can become extremely distressed by what is happening to them or behave in a manner that is so out of character that family members become extremely concerned and may start to seek help. Before this stage, the individual may have been experiencing a more gradual decline.

## Phase 3: Recovery

With effective treatment most people will recover from their first episode of psychosis and may never have another episode. It is important to remember that psychosis is a treatable condition and if help is sought early, an individual may never suffer another episode. Initially, some of the symptoms that are apparent in the acute phase may linger in the recovery phase but with appropriate treatment most people successfully recover and return to their normal, everyday lives.

# Treatment of Early or First-Episode Psychosis

Early treatment of psychosis, especially during the first episode, leads to the best outcomes.

Research has shown significant success using a treatment approach called Coordinated Specialty Care (CSC). CSC uses a team of health professionals and specialists who work with a person to create a personal treatment plan based on life goals while involving family members as much as possible.

CSC has the following key components:

- Case management
- Family Support and Education
- Psychotherapy
- Medication Management
- Supported education and employment
- Peer Support

## Treatment of Early or First-Episode Psychosis

Treatment for psychosis often involves a combination of psychotherapy and medication. Several types of therapy can help individuals learn to manage their condition, while medication targets symptoms and helps to reduce their impact. How well treatment works depends on the cause(s) of the psychosis, its severity and its duration.

### Psychotherapy

Therapy is essential in treating psychosis. Common therapies include the following:

- **Cognitive behavioral therapy (CBT)**-teaches people to observe and to change ineffective patterns of thinking. For psychosis, CBT teaches someone to critically evaluate an experience to determine whether or not the experience is real.
- **Supportive Psychotherapy**- teaches a person to cope with developing and living with psychosis. The therapist attempts to reinforce a person's healthy ways of thinking and reduce internal conflict.
- **Cognitive Enhancement Therapy (CET)**- builds brain capacity through the use of computer exercises and group work. Increasing cognitive functions, such as the ability to organize thoughts, is the ultimate goal.
- **Family psychoeducation and support**- gives families skills and support to help a loved one reach recovery.
- **Peer Support** –connects people with others who have been through similar experiences.

NAMI, Early Psychosis and Psychosis

# Antipsychotic Medications

Treatment with a class of drugs known as antipsychotics is the most common therapy for people with a psychotic illness. They are effective at reducing psychosis symptoms but they do not themselves treat or cure the underlying psychotic illness. Examples of antipsychotic medications include but are not limited to: Thorazine, Prolixin, Haldol, Clozapine, Seroquel.

These so-called second-generation antipsychotics are in widespread use in the US, but this is controversial. The World Health Organization does not recommend them, except Clozapine (branded Clozaril), which may be used under special supervision if there has been no response to other antipsychotic medicines. [Medical News Today, 12/2017](#)

Many patients with first-episode psychosis receive medications that do not comply with recommended guidelines for first-episode treatment, researchers have found. Current guidelines emphasize low doses of antipsychotic drugs and strategies for minimizing the side effects that might contribute to patients stopping their medication. A study finds that almost 40% of people with first-episode psychosis in community mental health clinics across the country might benefit from medication treatment changes. The study further recommends that more effort and education is needed to improve prescription practices. [Science Daily, 12-14-17](#)

## Importance of Getting Help Early

Often there is a long delay before treatment begins for the first episode (on average a year or more). The longer the illness is left untreated, the greater the disruption to the person's family, friends, studies and work.

The way that individuals feel about themselves can be adversely affected; particularly if treatment is prolonged. Problems may occur or intensify, such as unemployment, depression, substance misuse, breaking the law and self-injury. In addition, delays in treatment may lead to slower and less complete recovery.

If psychosis is detected and treated early, many problems can be prevented.

## Benefits of Early Intervention

Research has found that early intervention is beneficial for patients and loved ones for the following reasons:

- Less treatment resistance and lower risk of relapse
- Reduced risk for suicide
- Reduced disruptions to work or school attendance
- Retention of social skills and support
- Decreased need for hospitalization
- More rapid recovery and better prognosis
- Reduced family disruption and distress

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[SAMHSA Cultural Competence article](#)   [HHS Think Cultural Health](#)

# Specialty Program and Provider(s) for Adults with First Episode Psychosis

The New York State Office of Mental Health developed the OnTrackNY Program which provides psychiatric treatment, employment, educational services and family education and support for young adults with newly emerging psychotic symptoms. There are multiple sites in NYC's 5 boroughs as well as in the Hudson River and Western Regions. In the Central Region, the program is housed in Syracuse at Hutchings Psychiatric Center.

OnTrack is an innovative, best practice treatment program for people between the ages of 16 and 30 years of age who have recently begun experiencing symptoms such as unusual thoughts and behaviors for over a week but less than two years. A specialized team of professionals will provide services to referred individuals meeting clinical admission criteria, without wait lists and regardless of their insurance status or ability to pay.

## **OnTrackNY Central Region Program Site:**

**Hutchings Psychiatric Center**

**600 E. Genesee Street, 1<sup>st</sup> Floor, Suite 123**

**Syracuse, NY 13202**

**315-484-3520**

**[ONTRACK-CNY@omh.ny.gov](mailto:ONTRACK-CNY@omh.ny.gov)**



# Transition Age Youth (TAY)

Molina Healthcare of New York, Inc.

# Topics

- Overview of Transition Age Youth
- Potential Pitfalls
- Key Facts
- Effective Programs
- Local Resources
- Summary



## Overview

# Transition Age Youth

- Transitioning from adolescence to adulthood is particularly challenging for those who also have a serious mental illness
  - These individuals require additional support and services
- The term transition age youth refers to individuals aged 16 to 25 years



# Potential Pitfalls

## Transition Age Youth

- Onset of mental health problems peak and the vast majority of mental health disorders have onset by the early 20s
  - (Kessler et al., 2005; Kim-Cohen et al., 2003; Newman et al., 1996; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012)
- Has the highest rates of onset problematic substance use and substance use disorders
  - (Chassin, Flora, & King, 2004; Delucchi, Matzger, & Weisner, 2008; SAMSHA, 2009)

## Key Facts

# Transition Age Youth

### In the US:

- An estimated 29,500 youth were emancipated from foster care in FY 2008 (U.S. Department of Health and Human Services, 2009).
- Approximately 100,000 youth are released from secure and residential facilities each year (Altschuler, Strangler, Berkley & Burton, 2009).
- Reliance on social services is common among youth aging out of foster care and youth released from secure and residential facilities (Altschuler, Strangler, Berkley & Burton, 2009).
- Young adults with disabilities are three times more likely to live in poverty as adults than their peers without disabilities (National Collaborative on Workforce and Disability, n.d.).
- Youth transitioning from out-of-home placements, such as foster care, experience high rates of involvement in the criminal justice system (Altschuler, Strangler, Berkley & Burton, 2009).
- The adjudication rate of youth with disabilities is four times higher than for youth without disabilities (Gagnon & Richards, 2008).

## Effective Programs for TAY

- Researchers have identified common characteristics of effective programs for teens (Hall, Israel and Shortt, 2004):
  - Youth feel a sense of independence through participation in the program, including financial independence (wages or stipend).
  - Programs offer job skills, job preparation, job training, and actual employment opportunities.
  - Schools and principals are active partners.
  - Youth are supported as they work to navigate life after high school.
  - Youth voices are incorporated into decision making, and participants feel that the time they have dedicated counts.
  - Youth interact with peers and adults, including community and business leaders.
  - Youth are exposed to life outside of their immediate neighborhood.
  - Programs are flexible.

Hall, G., Israel, L., & Shortt, J. (2004). *It's about time! A look at out of school time for urban teens*. Wellesley, MA: The National Institute on Out-of-School Time.

# Local Resources

## Transition Age Youth

- Topics:
  - Alcohol and Substance Abuse
  - Developmental Information
  - Disability Disclosure
  - Healthcare and Wellness
  - Life Skills and Independent Living Skills
  - Mental Health
  - Resilience and Recovery



# Alcohol and Substance Abuse Resources

Name	Description	Link for more information
NY State Office of Alcoholism and Substance Abuse Services (OASAS) Provider Directory Search	Search engine to assist in selecting an OASAS provider within the community	<a href="http://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=1">http://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=1</a>
NY State HOPEline	Provides crisis intervention, referrals and community resources	1877-8-HOPENY (46-7369) <a href="http://www.oasas.ny.gov/pio/needhelp.cfm">http://www.oasas.ny.gov/pio/needhelp.cfm</a>
NY State AA Meeting schedule portal	You can search by county for AA meetings throughout New York State	<a href="http://www.ny-aa.org/">http://www.ny-aa.org/</a>
Narcotics Anonymous (NA) Meetings	Search portal for NY NA meetings	<a href="http://www.drugstrategies.org/NA-Meetings/New-York/">http://www.drugstrategies.org/NA-Meetings/New-York/</a>



# Developmental Information Resources

Name	Description	Link for more information
Communication Skills Primer	Online workbook that can be used to explore communication and how to be successful with it	<a href="http://www.advocatesforyouth.org/storage/advfy/documents/chapter3.pdf">http://www.advocatesforyouth.org/storage/advfy/documents/chapter3.pdf</a>
Assets Coming Together (ACT) for Youth Center of Excellence	Connects research to practice in the areas of positive youth development and adolescent sexual health	<a href="http://www.actforyouth.net/">http://www.actforyouth.net/</a> <a href="http://www.actforyouth.net/publications/">http://www.actforyouth.net/publications/</a>
National Institute of Mental Health: The Teen Brain	The more we learn, the better we may be able to understand the abilities and vulnerabilities of teens, and the significance of this stage for life-long mental health. The fact that so much change is taking place beneath the surface may be something for parents to keep in mind during the ups and downs of adolescence.	<a href="http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/teen-brain.pdf">http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/teen-brain.pdf</a>

# Disability Disclosure Resources

Name	Description	Link for more information
NCWD/Youth – The National Collaborative on Workforce and Disability for Youth	NCWD/Youth is your source for information about employment and youth with disabilities. Our partners-experts in disability, education, employment and workforce development strive to ensure you will be provided with the highest quality, most relevant information available.	<a href="http://www.ncwd-youth.info/">http://www.ncwd-youth.info/</a>
Youth organizing! Disabled and Proud!	Comprehensive disability and employment technical assistance agency in the U.S.	<a href="http://yodisabledproud.org/">http://yodisabledproud.org/</a>
Job Performance of Transition-Age Youth With Emotional and Behavioral Disorders	Published specifically for teachers and administrators of children with disabilities and gifts and talents	<a href="http://cec.metapress.com/">http://cec.metapress.com/</a>

# Health Care and Wellness

Name	Description	Link for more information
Adolescent Health Library	There are many materials on many topics to explore for adolescents, parents and educators. The materials are organized by the following topics: Healthy Relationships, Mental Health, Physical Health & Nutrition, Reproductive Health and Substance Abuse.	<a href="http://www.hhs.gov/ash/oah/resources-and-publications/publications/">http://www.hhs.gov/ash/oah/resources-and-publications/publications/</a>
HealthyTransitionsNY.org	Teaches skills and provides tools for care coordination, keeping a health summary, and setting priorities during the transition process	<a href="http://healthytransitionsny.org/site/view/152">http://healthytransitionsny.org/site/view/152</a>

# Life Skills and Independent Living Resources

Name	Description	Link for more information
Casey Life Skills	Casey Life Skills (CLS) is a free tool that assesses the behaviors and competencies youth need to achieve their long term goals. It aims to set youth on their way toward developing healthy, productive lives.	<a href="http://caseylifeskills.force.com/">http://caseylifeskills.force.com/</a>
Independent Living Centers	Independent Living Centers provide a set of core services geared toward promoting self-help, equal access, peer role modeling, personal growth, and empowerment. The core services are as follows: Peer Counseling Independent Living Skills Training Information and Referral Services Individual and Systems Advocacy	<a href="http://www.acces.nysed.gov/vr/lisn/ilc/brochure.htm">http://www.acces.nysed.gov/vr/lisn/ilc/brochure.htm</a>

# Mental Health Resources

Name	Description	Link for more information
Strength of Us	Strength of Us is an online community designed to inspire young adults impacted by mental health issues to think positive, stay strong and achieve their goals through peer support and resource sharing.	<a href="http://strengthofus.org/about">http://strengthofus.org/about</a>
Find mental health services in NY State by County	Search for mental health programs by county, program category or subcategory	<a href="http://bi.omh.ny.gov/bridges/index">http://bi.omh.ny.gov/bridges/index</a>
Becoming an Adult: Challenges for Those with Mental Health Conditions	This brief describes psychosocial development and family life cycle changes during the transition to adulthood in typical youth and youth with SMHC.	<a href="http://labs.umassmed.edu/transitionsRTC/Resources/publications/brief3.pdf">http://labs.umassmed.edu/transitionsRTC/Resources/publications/brief3.pdf</a>
Youth Guide to Treatment – A Better Life	The main focus of this guide is to help you and those who care for you approach things better with a view toward youth strengths, desires, and potential.	<a href="http://files.www.cmhnetwork.org/news/Youth%20Guide%20to%20Treatment%20-%20A%20Better%20Life.pdf">http://files.www.cmhnetwork.org/news/Youth Guide to Treatment - A Better Life.pdf</a>
Recovery to Practice	The Recovery to Practice (RTP) is a 5-year funded project which incorporates the vision of recovery into the concrete and everyday practices of mental health professionals in all disciplines.	<a href="http://www.samhsa.gov/recoverytopractice/">http://www.samhsa.gov/recoverytopractice/</a>
NAMI- NYC Metro Transition Age Resource List	NAMI (National Alliance on Mental Illness) has put together a resource list for support specifically for this age group with mental health issues.	<a href="http://naminycmetro.org/LinkClick.aspx?fileticket=LXjmF%2B6ypsY%3D&amp;tabid=72">http://naminycmetro.org/LinkClick.aspx?fileticket=LXjmF%2B6ypsY%3D&amp;tabid=72</a>

# Resilience and Recovery Resources

Name	Description	Link for more information
Reach Out.com	Collection of real stories from teens and young adults that have been there and come out on top.	<a href="http://us.reachout.com/wecanhelpus/">http://us.reachout.com/wecanhelpus/</a>



# Summary

- There is not a seamless transition from child/youth services to adult services
- It is important that when working with a youth in transition, that we keep in mind the difference in barriers to success and approach the support in a way that is appropriate to the age group
- Additional information regarding TAY can be found in a presentation provided by NY State Rehabilitation Association (NYSRA) done in 2012 at:  
<http://www.nyrehab.org/uploads/TransitionAgeYouthInstituteHandouts2012.pdf>

# Trauma-Informed Care in an Integrated World



# Overview of Presentation

- What is Trauma?
- How Does Trauma Affect People?
- Why is Understanding Trauma Important?
- What Can We Do to Provide Trauma Sensitive Care and Practices?

## What is Trauma?

- How would you define trauma?
- What are some examples of traumatic life experiences?



## What is Trauma?

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- These experiences may occur at any time in a person's life. They may involve a single traumatic event or may be repeated over many years.
- These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.

## Examples of Traumatic Life Experiences

- Physical, emotional and/or sexual abuse in childhood or adulthood
- In Childhood:
  - Neglect or abandonment (food insufficiency, lack of money to meet basic needs, homelessness)
  - Death of a parent
  - Divorce
  - Family life that includes drug addiction, alcoholism, parental incarceration, violence
- Rape
- Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)

# Trauma Experienced in Adulthood May Also Affect a Person's Emotional and Physical Well-being

Examples:

- Combat related trauma
- Refugee/torture/civil unrest
- Witnessing or experiencing violence
- Catastrophic loss (natural disasters)
- Terrorism

Bottom line findings: These experiences raise the individuals risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties

## How Does Trauma Affect People?

- What have we learned about the effect of trauma on people?
- What are some examples of what happens to people who have experienced trauma early in their lives?
- What experience have you had working with individuals with trauma histories?

# What the Research Tells Us – The Adverse Childhood Experiences (ACE) Study

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- Over a ten year study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma) over the lifespan
- Largest study ever done on this subject

# Impact of Trauma Over the Lifespan

Increases the risk of neurological, biological, psychological and/or social difficulties such as:

- Changes in brain neurobiology;
- Social, emotional & cognitive impairment;
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, violence); and
- Severe and persistent behavioral health, physical health and social problems, early death.

*(Felitti et al, 1998)*



## Healthcare conditions often associated with a history of adverse childhood experiences:

- Diabetes
- COPD
- Heart Disease
- High Blood Pressure
- Obesity
- Cancer
- Liver Disease
- Gynecologic Disorders
- Sexually Transmitted Diseases
- Unintended Pregnancies

## Why is Understanding Trauma Important?

- To provide effective services we need to understand the life situations that may be contributing to the persons current problems
- Many current problems faced by the people we serve may be related to traumatic life experiences
- People who have experienced traumatic life events are often *very sensitive* to situations that remind them of the people, places or things involved in their traumatic event
- These reminders, also known as triggers, may cause a person to relive the trauma and view our setting/organization as a source of distress rather than a place of healing and wellness

# Triggers in Healthcare Settings

**Definition:** An external event that causes internal discomfort or distress such as:

- Sights - white lab coats, medical equipment, restraints, X-ray bib, room temperature
- Sounds - dental drill, ambulance sirens, chaos in environment
- Smells - rubbing alcohol, antiseptic odors, latex gloves

## Why medical settings may be distressing for people with trauma experiences:

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing/distressing
- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy

## Signs that a person may be feeling distressed:

- Emotional reactions – anxiety, fear, powerlessness, helplessness, worry, anger
- Physical or somatic reactions – nausea, light headedness, increase in BP, headaches, stomach aches, increase in heart rate and respiration or holding breath
- Behavioral reactions – crying, uncooperative, argumentative, unresponsive, restlessness
- Cognitive reactions – memory impairment or forgetfulness, inability to give adequate history

## Trauma may negatively influence access to and engagement in primary care:

- Avoidance of medical and dental services
- Non-adherence to treatment
- Postponing medical and dental services until things get very bad
- Misuse of medical treatment services – ex. over use of ER Services and misuse of pain meds

## Why trauma is not routinely addressed:

- Lack of time
- Lack of awareness
- Lack of tools
- Lack of training
- Misconceptions/discomfort

# What Can We Do to Provide Trauma Sensitive Care and Practices?



## Examples of steps providers may consider to create a trauma informed care integrated system

- Screen and assess for trauma
- Communicate a sensitivity to trauma issues
- Train “all” staff about trauma, sensitive practice and sharing critical information
- Create a safe and comfortable environment
- Provide services in a trauma informed manner – some practical tips

# Principles of Sensitive Practice

- Respect
- Taking Time
- Rapport
- Sharing Information
- Sharing Control
- Respecting Boundaries
- Fostering Mutual Learning
- Understanding Non-linear Healing
- Demonstrating Awareness and Knowledge of Trauma

## Health Appraisal Questionnaire – Examples of Questions with Yes/No Responses (completed in private)

- I have been physically abused as a child
- I have been verbally abused as a child
- I was sexually molested as a child or adolescent
- I have been raped
- I have been threatened or abused as an adult by a sexual partner
- My partner has threatened, pushed, shoved me
- My partner has threatened or abused my children

Vincent J. Felitti, MD

## A brief, empathic, validating response by a healthcare provider to someone who discloses a trauma history may be:

“I’m sorry that that happened to you; no one has the right to hit another person/force another person to have sex”

“Growing up in an environment of violence is so difficult for a child – no one should have to face such upsetting and scary situations”

“We know that there is a direct relationship between these experiences and a person’s physical health; have you ever had a chance to explore these?”

## Communicating a Sensitivity to Trauma Issues

- Trauma related materials in waiting areas
- Posters inviting individuals to talk about trauma and/or needs located in exam rooms
- Asking questions about trauma and/or needs before and during exams

# Train Staff about Trauma, Sensitive Practices and Sharing Critical Information

- Increase awareness and importance of trauma as a factor in health outcomes
- Primary and behavioral health have communication channels to inform each other about a person's trauma and its effect on:
  - Mental health, substance use and physical wellbeing
  - The person's comfort with and use of medical and dental services

## Trauma Informed Care: Practical Tips

- Engage person, develop rapport and build trust over time
- Provide calm and soothing office environment
- Give relaxed, unhurried attention
- Talk about concerns and procedures before doing anything (ex. asking patient to disrobe)
- Give as much control and choice as possible
- Validate any concerns as understandable and normal
- Allow a support person or female staff person to be present in the room
- Explain thoroughly each procedure and get consent

## Trauma Informed Care: Practical Tips

- Ask if person is ready to begin and inform them that they can pause or stop procedure at anytime
- Encourage questions and ask about any worries or concerns and how you can help (ex. leaving door ajar)
- Maintain a personable, respectful, kind and honest manner
- Talk to person throughout to let them know what you are doing and why
- Encourage person to do what feels most comfortable (ex. keeping coat on, listening to music, keeping dental chair upright)
- Place a high priority on culture; including ethnicity, race, religion, sexual orientation, historical and social trauma such as homelessness and poverty



## Resources

- Health Appraisal Questionnaire – Felitti
- Trauma Survivors in Medical and Dental Settings – The Western Mass Training Consortium  
<https://nchdv.confex.com/nchdv/2012/recordingredirect.cgi/id/347>
- Traumatic Stress in Ill or Injured Children – National Child
- Traumatic Stress Network [www.nctsnet.org](http://www.nctsnet.org)
- Handbook on Sensitive Practice for Health Care Practitioners by Candice L. Schachter et al
- [www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook\\_e.pdf](http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook_e.pdf)
- National Center for Trauma-Informed Care – [www.nasmhpd.org](http://www.nasmhpd.org)

# Health Appraisal Questionnaire

- Male Version – Health Appraisal Questionnaire
- Female Version- Health Appraisal Questionnaire



- Adapted from:



## **Trauma-Informed Care in an Integrated World**

September 6, 2012

Linda Ligenza, Region 2 Liaison  
Clinical Services Director, National Council

Molina Healthcare of New York would like to ensure a positive experience for our partners.

For providers who would like to have any additional training sessions regarding Behavioral Health and HCBS Services, you may reach out to:

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For any Contracting or Servicing inquiries, you may reach out to:

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# Thank You!

