Molina Healthcare began 30 years ago in a small medical clinic in Long Beach, California. It was there that the Molina family children swept the floors, stocked shelves and filed medical records.

That year was 1980 and the healthcare environment was similar to that of today. Patients without a family physician would flock to emergency departments complaining of a sore throat or the flu. As an emergency room physician, Dr. C. David Molina knew that treating patients for simple everyday ailments in the emergency room cost more and caused longer waits for people with true emergencies.

As a result, Dr. Molina established a medical office to help those who were uninsured, non-English speaking or low income. This “medical home” enabled patients to access regular preventive care and a physician who was familiar with their health history who could provide the personalized care they couldn’t get anywhere else.

Three decades later, Molina Healthcare is still led by a physician--but not any physician, the founder’s son – Dr. J. Mario Molina. He and his siblings have gone from sweeping the floors of the first clinic to running the multi-state healthcare company.
Molina Healthcare currently has eight NCQA accredited health plans. Therefore, Molina Healthcare is placed among the national leaders in quality Medicaid accreditations.

For six years in a row, Molina Healthcare plans have been ranked among America’s top Medicaid plans by U.S. News & World Report and NCQA.

Fortune 500 Company

Hispanic Business magazine ranked Molina Healthcare as the nation’s largest Hispanic owned company in 2009.

Time Magazine recognized Dr. J. Mario Molina, CEO of Molina Healthcare, as one of the 25 most influential Hispanics in America.
Long Term Care Service Area

Region 5 - Pasco, Pinellas

Region 6 - Hardee, Highlands, Hillsborough, Manatee, Polk

Region 11 - Miami-Dade, Monroe
Skilled Nursing Facilities (SNF) may submit claims to Molina in the following ways:

- On paper, using a current version UB-04 form, to:

  Molina Healthcare
  PO Box 22812
  Long Beach, CA 90801

- Electronically, via a clearinghouse, using:

  Payer ID #51062
Molina will pay or deny claims from a SNF, within the following timeframes:

- Electronic claims – within ten (10) days
- Paper Claims – within forty (40) days
Pay to Information

The following fields on the UB-04 (837I equivalent) must match the information in our records in order for payment to be issued.

- Field 1 - Provider Name and Address must match W9 on file
- Field 2 – Pay-to Name and Address (if applicable)
- Field 5 – Tax ID must match W9 on file
- Field 56 - NPI must match our files and NPI registry

Please notify Molina immediately, if any of these change.
UB04 claims submission will soon be available on the Molina Web Portal.

Paper submitters can expect:

- Availability of the UB04 on the Web Portal by 3/31/2014
- Submit claims directly, without using a clearinghouse
- Payment in 10 days
- Track claims status (available now)
Medicaid has changed its TOB codes for SNF’s. Please use only the New Codes published in AHCA’s Health Care Alert dated 2/11/2014

<table>
<thead>
<tr>
<th>Type of Bill</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>211</td>
<td>Admit-Through-Discharge Claim</td>
</tr>
<tr>
<td>212</td>
<td>Interim—First Claim</td>
</tr>
<tr>
<td>213</td>
<td>Interim—Continuing Claim</td>
</tr>
<tr>
<td>214</td>
<td>Interim—Last Claim</td>
</tr>
<tr>
<td>215</td>
<td>Late Charges Only Claim</td>
</tr>
<tr>
<td>217</td>
<td>Replacement of Prior Claim</td>
</tr>
<tr>
<td>218</td>
<td>Void/Cancel of a Prior Claim</td>
</tr>
</tbody>
</table>

Type of Bill codes 251, 257, 258, 261, 267 and 268 are no longer valid.
SNF’s should bill in accordance with Florida Medicaid guidelines.

- Revenue Code 0101- Long Term Care Days
- Revenue Code 0185 - Hospital Leave Days (Bed Hold Days)
- Revenue Code 0182 – Home Leave Days (Therapeutic bed-hold days)
Molina complies with Florida Medicaid’s Bed Hold Days policies.

Hospital Leave
- Maximum of eight (8) bed hold days for each hospital stay
- Member must plan to return to the facility

Home Leave
- Up to sixteen (16) days per state fiscal year (7/1-6/30)
- Member’s leave must be to go to a family-type setting
SNFs must report patient responsibility on all claims. Payment to the SNF will be the difference between the SNF’s Medicaid rate and the patient responsibility.

- Field 39 on paper UB04
- Loop 2300/CAS01 on EDI
- Use Value Code 31 and the monthly share of cost amount (leave blank if patient responsibility is $0. Do not report value code 31 and $0)

Molina will prorate the patient responsibility based on the number of days billed.
Molina as Secondary Payer

Molina LTC is responsible for Medicare coinsurance incurred during a Medicare covered SNF stay.

- Submit claim on paper with Medicare EOB
- Molina will process the claim, issuing payment if appropriate or an EOB with $0 paid, when Medicare’s payment is greater than our liability, if Molina were primary
- Molina is working on an EDI solution for SNF claims where Molina is secondary. More to come on this!
Direct Deposit

Providers are encouraged to enroll in Electronic Funds Transfer (EFT) in order to receive payments quicker.

Molina Healthcare’s EFT provider is ProviderNet.

To enroll, visit https://providernet.alegeus.com

Step-by-step registration instructions are included in your training materials.
Authorization Requests

<table>
<thead>
<tr>
<th>To request authorization for additional services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact the Member’s Case Manager at:</td>
</tr>
<tr>
<td>(866) 472-4585</td>
</tr>
<tr>
<td>or</td>
</tr>
<tr>
<td>Submit a Prior Authorization Request Form via fax at:</td>
</tr>
<tr>
<td>(877) 902-6825</td>
</tr>
</tbody>
</table>
Molina Healthcare has a critical and adverse incident reporting and management system for incidents that occur in a home and community-based long-term care service delivery setting.

Providers are required to report adverse incidents to Molina Healthcare within twenty-four (24) hours of the incident.

The incident shall be reported using the Critical Incident Reporting Form (see Appendix for form) and submitted confidentially via fax.

Confidential fax number: (866) 472-6402
Admission Notification

Providers must immediately notify a Molina Healthcare of Florida Community Plus case manager when a member requires hospitalization or has been admitted to the hospital, assisted living facility (ALF), or nursing home (NH). Notification must be given within 24 hours of knowledge of hospitalization.

The case manager will proactively assist the member with discharge planning needs prior to returning to the community by collaborating with family/caregiver(s), inpatient discharge planner and the facility. Inpatient hospitalizations are covered by Medicare fee-for-service program or the member’s Medicare Advantage plan.

For additional information regarding hospital admissions and coverage, please contact Case Management at (866) 472-4585.
Molina Healthcare of Florida offers various tools for verifying member eligibility. Providers may use our online self-service Web Portal, integrated voice response system (IVR), or speak with a Customer Service Representative.

Web Portal: https://eportal.molinahealthcare.com/Provider/login

Medicaid Customer Service: (866) 472-4585

Medicaid IVR Automated System: (866) 472-4585
Our provider handbook is issued to providers after successful credentialing is completed. Providers can also request a hard copy of the handbook at no charge. From time to time, the provider handbook and bulletins will be updated and revised as our policies, or state and federal regulatory requirements change.

If a section is updated or changes are made to the content, the materials will be provided to you to replace the relevant section.

Providers may also call Provider Services and speak with a representative who will address any questions or concerns.

On the web:  www.molinahealthcare.com

Provider Services Toll-Free Line:  (866) 472-4585
Any disagreement regarding the processing, payment or non-payment of a claim is considered a Provider Dispute. To file a Provider Dispute, providers may contact Customer Service at (866) 472-4585, or send the request for review in writing, along with any supporting documentation to the address below:

Molina Healthcare of Florida Community Plus  
Attn: Provider Disputes  
P.O. BOX 52740  
Miami, FL 33152-7450  
Fax: 877-553-6504

Provider Disputes must be received within one (1) year of the date of payment or denial of the claim. All provider disputes will be reviewed confidentially, and the outcome will be communicated in writing within sixty (60) days of receipt of the Provider Dispute.

If the Provider Dispute results in an unfavorable decision, and the provider has additional documentation supporting their position, the provider may resubmit the Provider Dispute for secondary review. In the alternative, providers may also request a review of their original appeal by the State’s independent dispute resolution organization, listed below:

Maximus Federal Services State Appeals Process  
50 Square Drive Suite 120  
Victor, NY 14564  
Tel. (866) 763-6395  
Fax (585) 425-5296
Web Portal Tools

Member Eligibility
- Verify effective dates
- Verify patient demographics

Claims
- Check claim status
- Submit claims (professional only)

Authorizations
- Check status of an authorization
- Request authorization
Questions