



TEXAS
STAR+PLUS
Your Health Plan ★ Your Choice



Provider Orientation

2015 STAR+PLUS Nursing Facility Carve-in

www.Molinahealthcare.com

<http://www.molinahealthcare.com/providers/tx/medicaid/comm/Pages/updatesevents.aspx>

The Molina Story



Molina Story

- MHI was founded in 1980 by C. David Molina, M.D. as a provider organization serving the Medicaid population through a network of primary care clinics in California. In 1994, Molina Healthcare of California received its license as a health maintenance organization, and began operating as a health plan. Over the past several years, MHI has expanded our operations into multiple states. MHI now touches the lives of approximately 1.8 million Medicaid members in 10 different states.

Continuing the Vision

- Molina has taken great care to become an exemplary organization caring for the underserved by overcoming the financial, cultural and linguistic barriers to healthcare, ensuring that medical care reaches all levels of our society. We are committed to continuing our legacy of providing accessible, quality healthcare to those children and families in our communities.

<http://mhp/sites/mht/home/PS/Provider%20Services%20Policy%20and%20Procedures/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fmht%2Fhome%2FPS%2FProvider%20Services%20Policy%20and%20Procedures%2FMolina%20Story&FolderCTID=0x012000B49F137D38F84440A12CC6237165C462&View=%7BC0408182%2D3761%2D4704%2DA430%2DCC2BFF62EF2B%7D>



What is the Nursing Facility Carve-in?



Senate Bill 7, 83rd Legislature, Regular Session, 2013, directs HHSC to deliver nursing facility benefits through the STAR+PLUS Medicaid managed care model

- HHSC and the MCOs (Managed Care Organizations) will enter into a contractual agreement
- An estimated 60,000 nursing facility resident will be in STAR+PLUS
- MCOs will be paid a per member, per month fee to provide benefits, including nursing facility services for STAR+PLUS members

What is the Nursing Facility Carve-in?



Intended to improve the quality of care and health outcomes for NF residents through:

- Coordination of healthcare and access to services
- Ensuring needs are addressed in the least restrictive, most appropriate setting
- Reduction of unnecessary hospitalizations and potentially preventable events.

Agenda



Molina Story

- **Programs**
- **Members**
- **Health Services**
- **Complaints and Appeals**
- **Quality of Living Program**
- **Claims & Billing**
- **EPortal**
- **Helpful Links**
- **Molina Quick Reference Guide**
- **Questions**



Your Extended Family

Managed Care Service Areas

(effective September 1, 2014)

CHIP RSA (Includes the same counties as MRSA West, MRSA Central, MRSA Northeast, and Hidalgo Service Areas)
CHIP – Molina, Superior

Tarrant

STAR – Aetna, Amerigroup, Cook Children's
STAR+PLUS – Amerigroup, Cigna-HealthSpring
CHIP – Aetna, Amerigroup, Cook Children's

Dallas

STAR – Amerigroup, Molina, Parkland
STAR+PLUS – Molina, Superior
CHIP – Amerigroup, Molina, Parkland

Lubbock

STAR – Amerigroup, FirstCare, Superior
STAR+PLUS – Amerigroup, Superior
CHIP – FirstCare, Superior

MRSA – Northeast

STAR – Amerigroup, Superior
STAR+PLUS – Cigna-HealthSpring, United

MRSA – West

STAR – Amerigroup, FirstCare, Superior
STAR+PLUS – Amerigroup, Superior

MRSA – Central

STAR – Amerigroup, Scott & White, Superior
STAR+PLUS – Superior, United

El Paso

STAR – El Paso First, Molina, Superior
STAR+PLUS – Amerigroup, Molina
CHIP – El Paso First, Superior

Travis

STAR – Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior
STAR+PLUS – Amerigroup, United
CHIP – Blue Cross and Blue Shield of Texas, Sendero, Seton, Superior

Bexar

STAR – Aetna, Amerigroup, Community First, Superior
STAR+PLUS – Amerigroup, Molina, Superior
CHIP – Aetna, Amerigroup, Community First, Superior

Jefferson

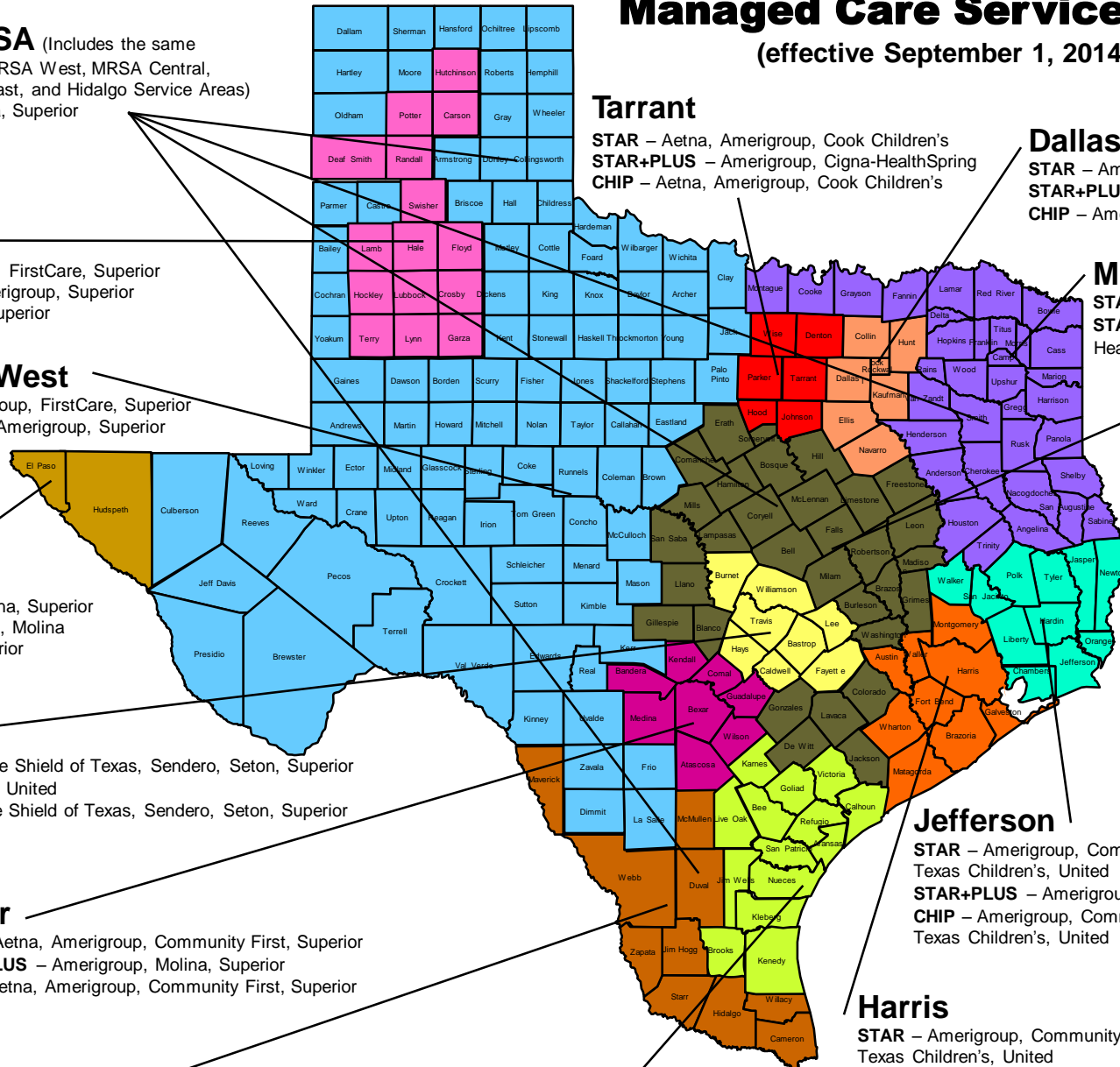
STAR – Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS – Amerigroup, Molina, United
CHIP – Amerigroup, Community Health Choice, Molina, Texas Children's, United

Hidalgo

STAR – Driscoll, Molina, Superior, United
STAR+PLUS – Cigna-HealthSpring, Molina, Superior

Nueces

STAR – Christus, Driscoll, Superior
STAR+PLUS – Superior, United
CHIP – Christus, Driscoll, Superior



Molina STAR+PLUS

Service Areas



| Service Areas (SA) | STAR+PLUS |
|--|-----------|
| Bexar Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson | X |
| Dallas Collin, Dallas, Ellis, Hurt, Kaufman, Navarro, Rockwall | X |
| El Paso El Paso, Hudspeth | X |
| Harris Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton | X |
| Hidalgo Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, Zapata | X |
| Jefferson Chambers, Harden, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, Walker | X |
| | |



Your Extended Family

Nursing Facility STAR+PLUS Populations



- **Mandatory:**
 - Adults 21 and older residing in a nursing facility
 - Covered by Medicaid
 - Meet STAR+PLUS eligibility requirements
- **Excluded:**
 - Individuals age 20 and younger
 - Individuals living in the Truman W. Smith Children's Care Center
 - Individual's living in a state veteran's home

Nursing Facility Services: Roles and Responsibilities



Texas Department of Aging and Disability Services (DADS) will:

- Maintain NF licensing, certification, and contracting responsibilities
- Maintain the minimum data set (MDS) function
- Maintain the service authorization data that includes level of care
- Continue trust fund monitoring
- Continue regulatory monitoring activities

Nursing facility providers will:

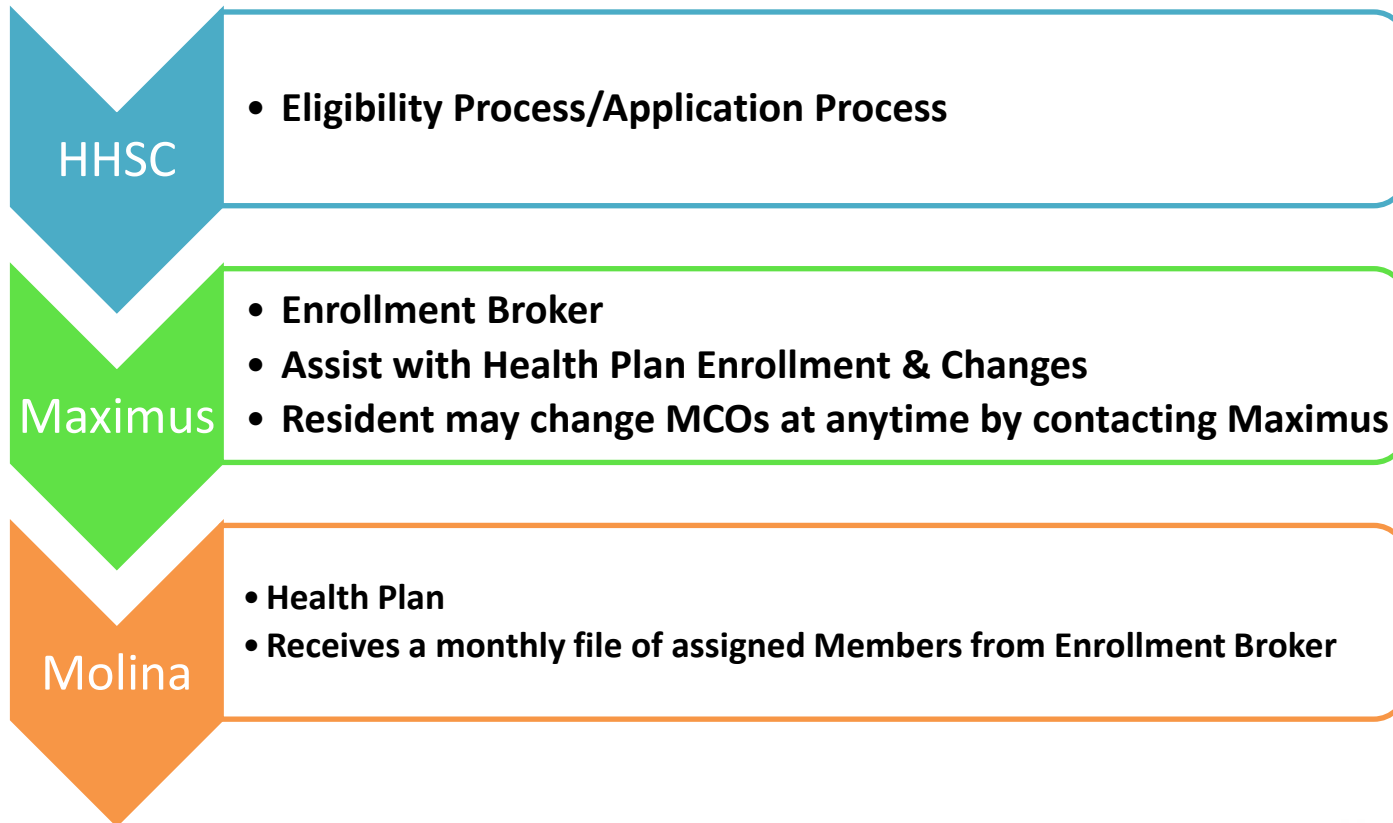
- Continue to require completion of PASRR (Pre-Admission Screening and Resident Review) Level 1 (PA1) screening
- Continue completing and submitting the MDS to the CMS database
- Continue submitting Long Term Care Medicaid Information (LTCMI) forms to TMHP portal
- Continue submitting 3618/3619 forms to TMHP
- Bill MCO's for services provided to managed care members
- Continue to collect Applied Income as designated by the State





Your Extended Family.

How Do Residents Enroll?



Your Extended Family

STAR+PLUS Benefits



The Nursing Facility Medicaid benefits do not change – the benefits remain the same, but are administered by the MCO.

Medicaid ONLY Residents:

- Receive all services - both acute and long term care from the MCO –
- Required to choose an MCO – if a plan is not chosen, HHSC will assign
- Required to choose a Primary Care Provider (PCP) in the HMO's network.
- Residents who do not choose a primary care physician will be assigned to one.

Dual Eligible (Medicare/Medicaid) Residents:

- Receive Medicaid long term care services through the MCO
- Required to choose an MCO – if a plan is not chosen, HHSC will assign
- Receive acute care services (physician, hospital, lab, xray, therapy, etc) from their Medicare providers.

Molina NF Value Added Services

Effective March 1, 2015



Value Added Benefits

Dental Benefit

\$250 per year (service date to service date) for dental exam, x-rays, and cleaning for Members

Stop-Smoking Program

Molina uses a national stop-smoking program, called Quit for Life[®]. This benefit is for members who are 18 or older and all members who are pregnant of any age, who want to stop smoking.

Personal Grooming Kit

One time for new Members within 30 days of confirmed enrollment

Personal Blanket

One time for new Members within 30 days of confirmed enrollment

Wheelchair/walker accessory

One time accessory for new Members within 30 days of confirmed enrollment

Star Plus Medicaid Only Members

\$20 Gift Card for Non-Dual Medicaid, diabetic members who complete a diabetic retinopathy exam

Star Plus Medicaid Only Members

\$20 Gift Card for Non-Dual Medicaid, diabetic members who complete an HbA1c lab test

Star Plus Medicaid Only Members

\$20 Gift Card for Non-Dual Medicaid Members with cardiovascular disease for completed cholesterol blood test



Your Extended Family.

STAR+PLUS

Nursing Facility Unit Rate



The NF Unit Rate is set by HHSC based upon the RUG generated by the MDS

- **The NF Unit Rate rates include daily care services such as:**
 - Room and board
 - Medical supplies and equipment
 - Personal needs items
 - Social Services
 - Over-the-counter drugs
 - Applicable nursing facility staff rate enhancements
 - Applicable professional and general liability insurance

Add-On Services



DADS will continue to authorize services for:

Ventilator Care add-on service:

- To qualify for supplemental reimbursement, a Nursing Facility Member must require artificial ventilation for at least six consecutive hours daily and the use be prescribed by a licensed physician.

Tracheostomy Care add-on service:

- To qualify for supplement reimbursement a Nursing Facility Member must be less than 22 years of age; require daily cleansing, dressing, and suctioning of a tracheostomy; and be unable to do self-care. The daily care of the tracheostomy must be prescribed by a licensed physician

Molina will be responsible for the payment of these services



Add-On Services



Molina will authorize add-on services for:

- **PT, OT and Speech (formerly known as GDT)**
 - Includes evaluation and treatment of functions that have been impaired by illness or a significant event
 - Provided with the expectation that the Member's functioning will improve
 - Provided under a written plan of treatment based on the physician's diagnosis and orders

The Nursing Facility must obtain authorization of these services

Add-On Services



Molina will authorize add-on services for:

- **Customized Power Wheelchair (CPWC):**

- Age 21 years or older
- Unable to ambulate independently more than 10 feet
- Unable to use a manual wheelchair
- Able to safely operate a power wheelchair
- Able to use the requested equipment safely in the Nursing Facility
- Unable to be positioned in a standard power wheelchair
- Undergoing a mobility status that would be compromised without the requested CPWC
- Certified by a signed statement from a physician that the CPWC is medically necessary

The CPWC vendor must obtain authorization

The CPWC vendor must be credentialed and contracted with Molina

- **Augmentative Communication Device (ACD)**

- Speech generating device system
- A physician and a licensed speech therapist must determine if the ACD is medically necessary

The ACD Vendor must obtain authorization.

The ACD vendor must be credentialed and contracted with Molina



Your Extended Family.

Add-On Services



Emergency Dental Services

Molina Healthcare is responsible for emergency dental services provided to Medicaid Members in a hospital or ambulatory surgical center setting. We will pay for hospital, physician, and related medical services (e.g., anesthesia and drugs) for covered emergency dental procedures.

Covered emergency dental procedures include, but are not limited to:

- alleviation of extreme pain in oral cavity associated with serious infection or swelling;
- repair of damage from loss of tooth due to trauma (acute care only, no restoration);
- open or closed reduction of fracture of the maxilla or mandible;
- repair of laceration in or around oral cavity;
- excision of neoplasms, including benign, malignant and premalignant lesions, tumors and cysts;

Add-On Services



Emergency Dental Services (continued)

- Incision and drainage of cellulitis;
- root canal therapy. Payment is subject to dental necessity review and pre- and post-operative x-rays are required; and
- Extractions: single tooth, permanent; single tooth, primary; supernumerary teeth; soft tissue impaction; partial bony impaction; complete bony impaction; surgical extraction of erupted tooth or residual root tip

**Emergency dental services do not require an authorization
The Dentist must be contracted and credentialed with Molina**

Medicaid Non-emergency Dental Services:

- Molina is **not responsible** for paying for the routine dental services provided to Medicaid Members
- Molina is **responsible**, however, for paying for treatment and devices for craniofacial anomalies.

**The Dentist is must obtain an authorization for non-emergency services
The Dentist must be contracted and credentialed with Molina**

**Dental Incurred Medical Expenses (IME) may still be established for those
qualified expenses per Medicaid guidelines**

Molina Value Added Dental Services



One of Molina Healthcare's value added services will include up to **\$250 per year** (service date to service date) for dental exam, x-rays, and cleaning for Members.

The Value Added Dental Services must be coordinated through a Molina Healthcare Network provider, and will be paid directly to the Network dental provider.

- Molina will attempt to contract through your current provider subject to credentialing and contracting requirements.

The Service Coordinator may assist the member in accessing these benefits.

Who submits claims for Add-on services?



Therapy Add-on Services

- For Nursing Facility add-on therapy services, Molina will accept claims received from:
 - (1) From the Nursing Facility on behalf of employed or contracted therapists; and
 - (2) Directly from contracted therapist who are contracted with Molina.

All other Nursing Facility add-on providers must contract directly with and directly bill Molina.

- Nursing facility add-on providers (except Nursing Facility add-on therapy services providers) must refer to the STAR+PLUS Provider Manual for information including credentialing and re-credentialing. All providers must have a current Medicaid provider number.

Add-on services with Authorizations in Progress



Therapy Add-on Services:

- Molina will receive open service authorizations as of 3/1/15 for Molina members.
- NFs should submit claims to TMHP for dates of service prior to 3/1/15
- NFs or Therapist should submit claims incurred on or after 3/1/15 to Molina for Molina members.

Durable Medical Equipment (DME):

Customized Power Wheelchair (CPWC)/Augmentative Communication Device

- Molina will receive open service authorizations as of 3/1/15 for Molina members
- Molina will be responsible for payment of transferred service authorizations
- Service authorizations completed prior to 3/1/15 will continue to be processed and paid by TMHP
- NFs should not submit fee for service DME claim to TMHP for payment if the resident is managed care member

Hospice Services



Hospice services will continue to be billed and paid out of traditional Medicaid fee-for service. (FFS) This service has not changed.

- Room and board is billed by the Hospice (as currently)
- The STAR+PLUS member (Medicaid only) will continue to get their acute services coordinated and paid by Molina (ie: non-hospice related physician services, hospital, pharmacy, etc.)

Molina does not need to contract with hospice providers

Medical Transportation



Emergency Transportation

- When a Member's condition is life-threatening and requires use of special equipment, life support systems, and close monitoring by trained attendants while en route to the nearest appropriate facility, emergency transportation is thus required. Emergency transportation includes but is not limited to ambulance, air, or boat transports.

Emergency Ambulance Transportation does NOT require authorization

Medical Transportation



Non-Emergency transportation

- The Nursing Facility is responsible for providing routine non-emergency transportation services.
- The cost of such transportation is included in the Nursing Facility Unit Rate.
- Transports of the Nursing Facility Members for rehabilitative treatment (e.g., physical therapy) to outpatient departments, or to physician's offices are not reimbursable services by Molina Healthcare.

Medical Transportation



Non-Emergency Ambulance transportation

- Molina Healthcare is responsible for authorizing non-emergency ambulance transportation for a Member whose medical condition is such that the use of an ambulance is the only appropriate means of transportation. (i.e., alternate means of transportation are medically contra-indicated.) (formerly done through the PAN process)
- Any Member requiring non-emergency ambulance transportation will be reviewed by the Service Coordinator for medical need and authorization. (formerly done through the PAN process)
- All billing and payment occurs directly between the Ambulance provider and Molina

The Nursing Facility must obtain authorization per HHSC guidance 9/2015

Ambulance providers must be contracted and credentialed with Molina



Your Extended Family

Durable Medical Equipment



DME covered under the Nursing Facility Unit Rate includes:

- Medically necessary items such as nebulizers, ostomy supplies or bed pans, and medical accessories (such as cannulas, tubes, masks, catheters, ostomy bags and supplies, IV fluids, IV equipment, and equipment that can be used by more than one person, such as wheelchairs, adjustable chairs, crutches, canes, mattresses, hospital-type beds, enteral pumps, trapeze bars, walkers, and oxygen equipment, such as tanks, concentrators, tubing, masks, valves, and regulators).

DME NOT covered under the Nursing Facility Unit Rate:

- Molina Healthcare reimburses for covered durable medical equipment (DME) and products commonly found in a pharmacy and not covered under the nursing facility unit rate.
 - Any resident requiring covered durable medical equipment (DME) will be reviewed by the Service Coordinator for medical need and authorization. All billing will be directly between the DME provider and Molina Healthcare.

**DME Incurred Medical Expenses (IME) may still be established
for those qualified expenses per Medicaid guidelines**



Behavioral Health



The Molina Healthcare Behavioral Health Care Management Team provides co-location of licensed behavioral health professionals with the medical care management, care co-ordination and general utilization management teams.

Behavioral Health providers must be contracted and credentialed with Molina

Behavioral Health Services Hotline

- Molina Healthcare maintains a 24 hour/7 days a week toll-free Behavioral Health Crisis Hotline; Crisis line services are provided during normal business hours, as well as after business hours, by the Molina Healthcare, Inc. Nurse Advice Line (NAL) via the Behavioral Health Crisis Hotline, or by calling NAL direct:
- **English:** 1-888-AskUs50 or 1-888-275-8750
- **Spanish:** 1-866-MiTeleSalud or 1-866-648-3537.

Pharmacy Services



Medicaid ONLY Members:

- There is no limit on the medicines they can fill each month.
 - Medications are subject the State drug formulary
- If an adult (age 21 and older) is transitioning from fee-for-service Medicaid, which currently has a limit on medicines, into managed care, they will receive unlimited prescriptions once they are enrolled in managed care

Dual Eligible Members (Medicare/Medicaid):

- The individual's Part D health plan will cover most medicines.
- Medicare Part B also covers certain medicines.
- Medicaid covers a limited number of medicines that are not covered by Medicare.

The Pharmacy provider must be contracted and credentialed with Molina



Emergency Pharmacy Services



- A 72-hour emergency supply of a prescribed drug must be provided when a medication is needed without delay and prior authorization (PA) is not available. This applies to all drugs requiring a prior authorization (PA), either because they are non-preferred drugs on the Preferred Drug List or because they are subject to clinical edits.
- The 72-hour emergency supply should be dispensed any time a PA cannot be resolved within 24 hours for a medication on the Vendor Drug Program formulary that is appropriate for the member's medical condition. If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour prescription.
- A pharmacy can dispense a product that is packaged in a dosage form that is fixed and unbreakable, e.g., an albuterol inhaler, as a 72-hour emergency supply.
- To be reimbursed for a 72-hour emergency prescription supply, pharmacies should submit the following information PA Type 8 PA Auth 801.
- Call 1-866-449-6849 for more information about the 72-hour emergency prescription supply policy.

Primary Care Physician (PCP)



Medicaid ONLY Members:

- Required to choose a Primary Care Provider (PCP) in the HMO's network.
- Residents who do not choose a primary care physician will be assigned to one.
- PCP choice or assignment does not preclude the attending physician at the nursing facility from providing care
- PCP choice or assignment does not preclude specialists from providing services to the residents
- May continue to see their existing physician as an out of network provider if not contracted with Molina
 - Physicians may be reimbursed at 95% of fee screen if out of network
 - The Molina network is open for physicians to contract with us.

Dual Eligible (Medicare/Medicaid) Members:

- Are not required to choose a Primary Care Provider (PCP)
- This is because dual eligible's receive acute care services (physician, hospital, x-ray, lab, etc.) from their Medicare providers
- May continue to see their current providers

NF Attending Physician



- The Nursing Facility Attending Physician may or may not be listed as the Primary Care Physician (PCP)
- The NF Attending Physician may continue to provide services to the NF member even if not listed as the PCP
- No authorization is required for routine physician services

Molina is willing to contract with attending physicians at the nursing facility subject to contracting and credentialing requirements.

Ancillary Service Providers



Molina encourages current nursing facility ancillary services providers (physicians, dentists, pharmacy, x-ray, lab, ambulance, etc.) to contract with Molina.

All ancillary service providers must meet credentialing requirements and have a current Medicaid provider number.

The Molina “Contract Request Form” is available on-line at


<http://www.molinahealthcare.com/providers/tx/medicaid/forms/PDF/332>

[16 TX Medicaid Contract Request Form Final.pdf](#)

STAR+PLUS Member ID Card-NF



- **STAR+PLUS Members receive two ID Cards:** State issues Medicaid ID Card and Molina issues Member ID Card

| | | | |
|---|--|--|--|
|  | | Your Texas Benefits Health and Human Services Commission | |
| Member name: | | | |
| Member ID: | | Note to Provider: | |
| Issuer ID: | | Date card sent: | |
| | | Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card. | |



Your Extended Family

Molina Nursing Facility Member Card



Need help? ¿Necesita ayuda? 1-800-252-8263

Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to www.YourTexasBenefits.com or call 1-800-252-8263.

Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a www.YourTexasBenefits.com o llame al 1-800-252-8263.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at www.YourTexasBenefitsCard.com. Non-managed care pharmacy claims assistance: 1-800-435-4165.

Non-managed care Rx billing: RxBIN: 610064 / RxPCN: DRTXPROD / RxGRP: MEDICAID
TX-CA-1213



Your Extended Family

STAR+PLUS Dual Eligible



- (Member also covered by Medicare)
- If the member gets Medicare, Medicare is responsible for most primary, acute and behavioral health services; therefore, the PCP's name, address and telephone number are not listed on the Member's ID card. The Member receives long-term services and supports through Molina Healthcare.

Your Texas Benefits
Health and Human Services Commission

Member name:

Member ID: Note to Provider:
Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.

Issuer ID: Date card sent:

Need help? ¿Necesita ayuda? 1-800-252-8263

Members: Keep this card with you. This is your medical ID card. Show this card to your doctor when you get services. To learn more, go to www.YourTexasBenefits.com or call 1-800-252-8263.

Miembros: Lleve esta tarjeta con usted. Muestre esta tarjeta a su doctor al recibir servicios. Para más información, vaya a www.YourTexasBenefits.com o llame al 1-800-252-8263.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Providers: To verify eligibility, call 1-855-827-3747. Non-pharmacy providers can also verify eligibility at www.YourTexasBenefitsCard.com. Non-managed care pharmacy claims assistance: 1-800-435-4165.

Non-managed care Rx billing: RxBIN: 610054 / RxPCN: DRTXPROD / RxGRP: MEDICAID
TX-CA-1213



Health Care Services



Your Extended Family

Molina Service Coordination



Molina Service Coordinators:

- RN's dedicated to Nursing Facilities
- Assigned by Nursing Facility
- Required by contract to assess each member quarterly
 - Facility Site visits will be more frequent
 - Member assessment quarterly or more frequently based upon member healthcare needs
- Initial Visit – Meet and Greet
 - Establish Facility Level Contact
 - Establish Medical Records Access
 - Electronic Medical Record Access (EMR)
 - Basic Training on use of EMR
- Notify the NF of change of Service Coordinator within 10 days
- Return calls from the NF within 24 hours



Responsibilities of Service Coordinators



- Coordinating services when a member transitions into NF, discharges, or transitions from the NF
- Participating in NF care planning meetings telephonically or in person, provided the member does not object
- Partner as member of the Interdisciplinary Team (IDT):
 - Interview member/family – assisting them to understand benefits
 - Speak with clinical/direct staff about member condition and needs
 - Review and obtain records –ie: MDS, H&P, Labs, etc.
 - Determine changes or updates on member conditions/services
 - Determine current services in anticipation of future care needs
 - Determine preventive care needs/services
 - Identify providers to address specific needs
 - Coordination of add-on services not included in the daily rate

Responsibilities of Service Coordinators



- Cooperating with representatives of regulatory and investigating entities including DADS Regulatory Services, the LTC Ombudsman Program, DADS trust fund monitors, Adult Protective Services, the Office of the Inspector General, and law enforcement;
- Fulfilling requirements of the Texas Promoting Independence Initiative (PII) as described in [UMCC](#) Section 8.3.9.2. The quarterly in-person visits required of Molina's SCs can include assessments required under the PII, and the SC can serve as the designated point of contact for an individual referred to return to the community under PII;

Collection of Applied Income

- The Nursing Facility is still responsible for the collection of applied income
- Service Coordinator will assist with the collection of the applied income when a NF has documented two unsuccessful collection attempts
 - Contact the Member/RP advising that it is in their best interest to make Payment to the NF as required by the Medicaid program.



Your Extended Family

Nursing Facility Responsibilities



- Provide a Nursing Facility contact
- Allow access to records
- Invite the Molina SC to provide input for the development of the NF care plan
 - NF care planning meetings should not be contingent on Molina SC participation
- Coordinate with the Molina SC to plan discharge and transition from a NF

Notification Requirements

- The purpose of notification is for care coordination – to assure the member’s needs and services are aligned regardless of the setting
- Single use form by all 5 MCO’s is under development and approval of HHSC
- Molina preferred contact method is via fax or phone
 - Phone: 1-866-409-0039
 - Fax: 1-866-420-3639

Nursing Facility Responsibilities



Notification Requirements

- One business day of planned or unplanned admission or discharge to:
 - a hospital
 - other acute facility, skilled bed
 - another nursing home
 - long term care services and supports (assisted living/community/home)
 - AMA Discharge
- One business day if a member is admitted into hospice care
- One business day of an emergency room (ER) visit
- Within 72 hours of a member's death
- As soon as possible any other important circumstances such as the relocation of residents due to a natural disaster or environmental conditions

NF Service Coordination Responsibilities



- One business day of any allegation of abuse or neglect or reportable incidents to DADS that involves a Molina member
 - Notify SC within one day.
 - Provide the SC with a copy of the DADS Investigative Report (form 3616A) and supporting documentation for any incident reported to DADS that involves a Molina member upon completion of the report.
- One business day of an adverse change in a member's physical or mental condition or environment that could potentially lead to hospitalization such as:
 - Fall with a major injury
 - Decrease or sudden change in functional status – ambulation, eating, toileting
 - Vital signs or labs abnormal despite nursing facility intervention

Prior Authorizations Requirements



- Some Acute as well as Add-on Services require an authorization request prior to service delivery.
 - PT, OT, Speech Therapy Services (formerly known as GDT)
 - Customized motorized wheelchairs (DME provider obtains authorization)
 - Emergency Dental Services (Emergency services do not require authorization)
- Providers must verify Member eligibility before providing services.
- Failure to obtain prior authorization for specified services will result in denial of payment for services rendered. Providers may not bill members for denied services.
- To avoid unnecessary prior authorization denials, the request must contain correct and complete information, including documentation for medical necessity.

Prior Authorization Requests



Prior Authorization Requests can be obtained:

- Via fax to 1-866-420-3639
- Via Molina Eportal (as demonstrated under portal section)

The Service Coordinator cannot issue an authorization, but can assist in making the request for the prior authorization through the Molina system.

Member Rights



1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - a. Be treated fairly and with respect.
 - b. Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - a. Be told how to choose and change your health plan and your primary care provider.
 - b. Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
 - c. Change your primary care provider.
 - d. Change your health plan without penalty.
 - e. Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
 - a. Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
 - b. Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - a. Work as part of a team with your provider in deciding what health care is best for you.
 - b. Say yes or no to the care recommended by your provider.
5. You have the right to use each available complaint and appeal process through the managed care organization and through Medicaid, and get a timely response to complaints, appeals, and fair hearings. That includes the right to:
 - a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider, or your health plan.
 - b. Get a timely answer to your complaint.
 - c. Use the plan's appeal process and be told how to use it.
 - d. Ask for a fair hearing from the state Medicaid program and get information about how that process works



Member Rights (Continued)



6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - a. Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - b. Get medical care in a timely manner.
 - c. Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
 - e. Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.

MEMBER'S RIGHT TO DESIGNATE AN OB/GYN: MCO DOES NOT LIMIT TO NETWORK

Molina Healthcare allows the Member to pick any OB/GYN, whether that doctor is in the same network as the Member's Primary Care Provider or not.

Accessibility and Cultural Competence



Molina Healthcare will provide accommodations for our Members with hearing, vision, cognitive and psychiatric disabilities and deliver culturally competent care

Interpreters for those who are deaf, hard of hearing and do not speak English (call Customer Service toll-free at 1-866-449-6849 to arrange)

Train staff on accessibility and accommodation, independent living and recovery models and cultural competency.



Complaints & Appeals



Your Extended Family.

Member Appeals and Fair Hearings



- The Medicaid appeals process remains the same
- Members may appeal to Molina Healthcare and/or file a fair hearing request with the State if services are denied, reduced, or terminated.
 - Members have 30 days to file an appeal with the Molina Healthcare
 - Members can also file an appeal through the fair hearings office within 90 days
- Services may continue during the review if the appeal or fair hearing is requested within the adverse action period and the member requests continued services pending the appeal

State Fair Hearing Information



- If a Member disagrees with the health plan's decision, the Member has the right to ask for a fair hearing.
- The Member may name someone to represent him or her by writing a letter
- A provider may be the Member's representative.
- The Member or the Member's representative must ask for the fair hearing within 90 days of the date on the health plan's letter that tells of the decision being challenged.
 - If the Member does not ask for the fair hearing within 90 days, the Member may lose or her right to a fair hearing.
- If the Member asks for a fair hearing within 10 days from the time the Member gets the hearing notice from the health plan, the Member has the right to keep getting any service the health plan denied, at least until the final hearing decision is made. If the Member does not request a fair hearing within 10 days from the time the Member gets the hearing notice, the service the health plan denied will be stopped.
- If the Member asks for a fair hearing, the Member will get a packet of information letting the Member know the date, time, and location of the hearing. Most fair hearings are held by telephone. At that time, the Member or the Member's representative can tell why the Member needs the service the health plan denied.
- HHSC will give the Member a final decision within 90 days from the date the Member asked for the hearing.
- To ask for a fair hearing, the Member or the Member's representative should either send a letter to the health plan at P.O. Box 165089, Irving, TX 75016 or call 877-319-6826.

Provider Complaints



Contact Molina directly first and exhaust the resolution process before filing a complaint with HHSC

Contact Molina directly with:

- Questions about claims adjudication, service authorizations, service coordination or portal
- Appeals, grievances or dispute resolution re: MCO Billing and pre-authorization

Contact DADS with:

- Service Authorizations regarding the daily rate
- Reports of Abuse/Neglect/Exploitation (ANE) and regulatory concerns
- Questions on rules, policy, or routing questions to appropriate specialist
NF.Policy@dads.state.tx.us

Contact Texas Medicaid & Healthcare Partnership (TMHP) with:

- Questions about MDS and LTCMI completion/submission & medical necessity for NF LOC
- Questions about billing fee for service
- Requests to schedule fair hearing for initial medical necessity denials
- Technical issues with MESAV, TMHP electronic data interchange (EDI) or the TMHP TexMed Connect portal



Provider Complaints



Contact HHSC:

- Through the HPM Complaints mailbox if you do not feel your issue has been completely resolved by working with Molina:
 - *HPM_Complaints@hhsc.state.tx.us*
- For expedited managed care enrollment issue through April 1, 2015:
 - *ManagedCareExpansion2015@hhsc.state.tx.us*
- Following April 1, 2015, send MF related questions (including questions regarding enrollment issues) to:
 - *Managed_Care_Initiatives@hhsc.state.tx.us*

For additional information and guidance please refer to HHSC guide:

Provider Inquiries: STAR+PLUS Nursing Facility Service

<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-adding-nursing.shtml>

Fraud, Waste or Abuse



Do you want to report Waste, Abuse, or Fraud?

- Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:
- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid.
- Using someone else's Medicaid.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit <https://oig.hhsc.state.tx.us/> Under the box labeled "I WANT TO" click "Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
 - MCO's name
 - MCO's office/director address
 - MCO's toll free phone number

To report waste, abuse or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
- Name, address, and phone number of provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility, if you have it
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened
- When reporting about someone who gets benefits, include:
- The person's name
- The person's date of birth, Social Security number, or case number if you have it
- The city where the person lives
- Specific details about the waste, abuse, or fraud

Molina Quality of Living Program



Purpose

- To reward quality in nursing facilities
- To encourage quality in nursing facilities

Program Eligibility

- Must be a contracted nursing facility in good standing within the Molina operating SDA's

Program Participation

- Voluntary – any facility may decline from participating in the program
- Execute a letter of agreement as a program participant



Molina Quality of Living Program



The Molina Quality Living - A Program Summary

Molina Healthcare of Texas is offering the Molina Quality Living Program (MQL Program) to reward quality and efficiency for Nursing Facilities (NFs) that meet or exceed specific performance criteria in the provision of residential/custodial nursing facility care to Molina members. Based on the level of quality provided to Texas residents, Molina will invite Nursing Facilities to participate and benefit from the program features offered by Molina Healthcare of Texas. **Please Note – Providers are prohibited from influencing MCO selection.**

| | PLATINUM Facility | GOLD Facility | SILVER Facility |
|---|--|---|---|
| Recognition Criteria | | | |
| Demonstrated Quality | Achieved 5 out of 5 STARS | Achieved 5 out of 5 STARS | Achieved 4 out of 5 STARS |
| Molina Residents | 40 or more NF residents that are Molina Healthcare Members | 20 or more NF residents that are Molina Healthcare Members | 20 or more NF residents that are Molina Healthcare Members |
| Program Features | | | |
| Pay-For-Quality | \$10 Per Resident Per Month for EACH measure achieved of the 7 quality measures – Details on reverse (Nursing Facility can earn up to an additional \$70 Per Resident Per Month if all 7 measures are achieved) | | |
| Awardee Plaque & Website Recognition | “MQL Platinum Facility” plaque Molina Healthcare Website recognition | “MQL Gold Facility” plaque Molina Healthcare Website recognition | “MQL Silver Facility” plaque Molina Healthcare Website recognition |
| Molina Sponsored Activities | 1 Activity EVERY MONTH | 1 Activity Every Other Month | 1 Activity Every Quarter |
| Supplies Assistance | \$500 per quarter for facility equipment available to all residents | \$250 per quarter for facility equipment available to all residents | \$250 per quarter for facility equipment available to all residents |
| Value Added Services for Molina Members | <ul style="list-style-type: none"> ➢ Personal blanket (or equivalent) for new members ➢ Personal Grooming Kit for new members ➢ Wheelchair/walker accessory (one time) for new members | | |
| VIP Molina Servicing | <ul style="list-style-type: none"> ➢ Designated Molina LTC Provider Services Representative AND Molina Activities Coordinator ➢ Designated Molina Service Coordinator to assist residents with their needs | | |
| Additional Financial Benefits | One-time cash deposit equivalent to the average monthly billables (If desired by Facility – no reconciliation necessary) | | |

Molina Quality of Living Program



Molina Quality Living Pay-For-Quality (P4Q) Program

As a Molina Quality Living Program participant at the Platinum, Gold or Silver level, Molina will offer a P4Q program where Molina Quality Living providers will be eligible to receive **up to an additional \$70 Per Resident Per Month** for meeting or exceeding quality and performance measure thresholds in various categories.

Quality Measures – Nursing Facilities will be scored on quality measures as reported on the most current CMS Minimum Data Set version 3.0 (MDS 3.0) standardized assessment, which is available on the Medicare Nursing Home Compare website. If the NF meets or exceeds the National Average score AND the Texas Average score, the NF will earn **additional payment of \$10 Per Resident Per Month**.

Staffing Ratios - Nursing Facilities will be scored on two Nursing Home Staffing measures as reported on the Medicare Nursing Home Compare website. If the NF meets or exceeds the National Average score AND the Texas Average score, the NF will earn **additional payment of \$10 Per Resident Per Month**.

| Quality Measures | Standard | Additional Payment |
|--|---|---------------------------|
| % of Long-stay High-Risk Residents with pressure ulcers | Meet or exceed the National Average score AND the Texas Average score | \$10.00 PRPM |
| % of Long-stay Residents who self-report moderate to severe pain | | \$10.00 PRPM |
| % of Long-stay Residents whose need for help with daily activities has increased | | \$10.00 PRPM |
| % of Long-stay Residents assessed and given, appropriately, the pneumococcal vaccination | | \$10.00 PRPM |
| % of Long-stay Residents assessed and given, appropriately, the seasonal influenza vaccine | | \$10.00 PRPM |
| Staffing Ratios | Standard | Additional Payment |
| Registered Nurse Nursing hours per resident per day | Meet or exceed the National Average score AND the Texas Average score | \$10.00 PRPM |
| LPN/LVN Nursing hours per resident per day | | \$10.00 PRPM |
| TOTAL Additional Payment Opportunity | Paid Quarterly on a Per Resident Per Month Basis | Up to \$70.00 PRPM |



Claims & Billing



Your Extended Family

Provider Services Representative (PSR)



- Is a representative of Molina who is proficient in Nursing Facility billing matters and is able to resolve billing and payment inquiries.
- Each Nursing Facility is assigned a specific PSR
 - Name, email, and cell phone
- PSR Staff are former nursing facility business office
- The PSR will establish routine contact with the billing office of the NF Provider providing training, billing and payment resolution by working with the Molina claims processing department.
- Molina will provide the name and contact information of the PSR within 3 days of the effective contract
- The PSR will return a call regarding billing and payment matters no later than 72 hours after the Provider places the call.
- General Email box available:
 - NFProviderServices@Molinahealthcare.com

Nursing Facility Provider Claims



HHSC will set the minimum reimbursement rate paid to nursing facilities under STAR+PLUS, including the staff rate enhancement and general/liability insurance rates

- Reimbursement rates are set using the Resource Utilization Group (RUG) methodology. Please access the link below for more information:
- <http://www.hhsc.state.tx.us/rad/long-term-svcs/downloads/2014-nf-rates.pdf>

HHSC will ensure:

- Molina Healthcare's clean claim criteria meets the criteria used by DADS
- Molina Healthcare will pay clean claims no later than ten calendar days after the submission of a clean claim
- Nursing facilities can continue to submit claims to TMHP, which will route the claims to the appropriate MCO for processing – TMHP will NOT process claims for qualified STAR+PLUS clients.
- Nursing facilities will continue to submit claims to TMHP for residents not assigned to an MCO (pending Medicaid, non-assigned)



Nursing Facility Unit Rate Filing Deadlines



Nursing Facility Unit Rate claims by the later of:

- 365 Days after the date of service; OR
- 95 Days after the date on the Remittance and Status (R&S) Report or explanation of payment from another carrier or contractor

Clean Claims will be adjudicated within 10 days of submission

If the Nursing Facility Provider files a claim for Nursing Facility Unit Rate with a third party insurance resource, the wrong health plan, or with the wrong HHSC portal, and produces documentation verifying that the initial filing met the timeliness standard cited above, Molina will process the claim without denying the resubmission for failure to timely file.

Nursing Facility Add-on Service Filing Deadlines



Nursing Facility Add-on claims by the later of:

- 95 Days after the date of service; OR
- 95 Days after the date on the Remittance and Status (R&S) Report or explanation of payment from another carrier or contractor

Clean Claims will be adjudicated within 30 days of submission

Add-On Services must be billed on a separate claim from Nursing Facility Unit Rate claims

If the Nursing Facility Provider files a claim for Nursing Facility Unit Rate with a third party insurance resource, the wrong health plan, or with the wrong HHSC portal, and produces documentation verifying that the initial filing met the timeliness standard cited above, Molina will process the claim without denying the resubmission for failure to timely file.



Your Extended Family

Nursing Facility Medicare Coinsurance Claim



Nursing Facility Medicare Coinsurance claims by the later of:

- 365 Days after the date of service; OR
- 95 Days after the date on the Remittance and Status (R&S) Report or explanation of payment from another carrier or contractor

Clean Claims will be adjudicated within 10 days of submission

The Nursing Facility must submit an electronic version of the Medicare Remittance and Advice form with the Nursing Facility Coinsurance claim

If the Nursing Facility Provider files a claim for Nursing Facility Medicare Coinsurance with a third party insurance resource, the wrong health plan, or with the wrong HHSC portal, and produces documentation verifying that the initial filing met the timeliness standard cited above, Molina will process the claim without denying the resubmission for failure to timely file.



Your Extended Family

Out Of Network Providers



Out of Network Provider

- Out of Network Providers must follow the same standard claims submission practices as Network Providers.
- Out of Network Providers must file claims for all services within 95 days of service.
- Out of Network Providers will be paid at 95% of the rate of a Network Provider.

**Clean Claims of all types for out of network providers
will be adjudicated within 30 days of submission**

Medicaid/Other Insurance



NFs must continue to follow DADS policy guidance on Cost Avoidance

- **DADS IL-13 Cost Avoidance Update – Medicare Supplemental Insurance Policies**
 - Providers are not required to file a claim to determine liability of a Medicare Supplemental Insurance policy for non-Medicare covered services (e.g., daily care)
 - Phone confirmation, web searches, and mailed correspondence are valid forms of eligibility verification
 - Providers must maintain details of eligibility verification and obtain them once a year
- **DADS IL-30 Cost Avoidance Update – Comprehensive Insurance Policies**
 - Claim submission, phone confirmation, web searches, and mailed correspondence are valid forms of eligibility verification
 - Providers must maintain details of the eligibility verification and obtain them once a year
- **As of March 1, 2015**
 - NFs must submit any other insurance paid amount on the Medicaid claim to allow the claim to be reduced by that amount
 - NFs are not required to submit the denial information from the other insurance carrier on the Medicaid claim.

Electronic Fund Transfers (EFT)



Get Paid Faster!

Molina is proud to announce that we are transitioning from our FES portal to our payment vendor's portal, FIS/ProviderNet. **The ProviderNet portal is a FREE service to Providers.**

EFT / ERA Process

Advantages of EFT / ERA:

- Ability to view other Payers that are already associated to ProviderNet
- Manage the people in your organization that can view/edit Accounts and Payment information
- Associate new Providers to receive EFT/ERA
- View/download/print PDF version of your Explanation of Payment - EOP (also known as Remittance Advice)
- Search for an EOP by Claim Number, Member Name, etc
- Ability to have your files routed to your ftp
- Administrative rights to sign-up and manage your own EFT Account and Routing information

And Coming Soon:

View/download your 835s – with an option to select receipt of 835 in 4010 or 5010 version

It is fast and simple. Here's how it works:

1. Go to <https://providernet.adminisource.com>
2. Click Register
3. Accept the Terms
4. Verify your information
 - a. Select Molina Healthcare from the Payers list
 - b. Enter your primary NPI
 - c. Enter your primary Tax ID
 - d. Enter a recent Claim Number and/or Check Number associated with this Tax ID and Molina Healthcare
5. Enter your User Account Information
 - a. Use your email address as your user name
 - b. Strong passwords are enforced (at least 8 characters consisting of letters and numbers)

6. Verify your Contact Information
7. Verify your Bank Account Information
8. Verify your Payment Address
 - a. Note: any changes to this address may interrupt the EFT process
9. As soon as your historical payment information is loaded to ProviderNet, (within 24 – 48 hours) you will be able to view your EOP PDF documents online for checks on and after 3/28/2011!
10. Be sure to add any additional payment addresses, accounts, and Tax IDs once you have logged in.

Additional Information:

If you are a registered ProviderNet user:

1. Log in to ProviderNet
2. Click Provider Info
3. Click Add Payer
4. Select Molina Healthcare from the Payers list
5. Enter a recent check number paid by Molina Healthcare that is associated with your primary Tax ID (as indicated on the Provider Info form)

If you have any questions regarding the actual registration process, please contact ProviderNet at (877) 389-1160 or email Provider.Services@fisglobal.com.

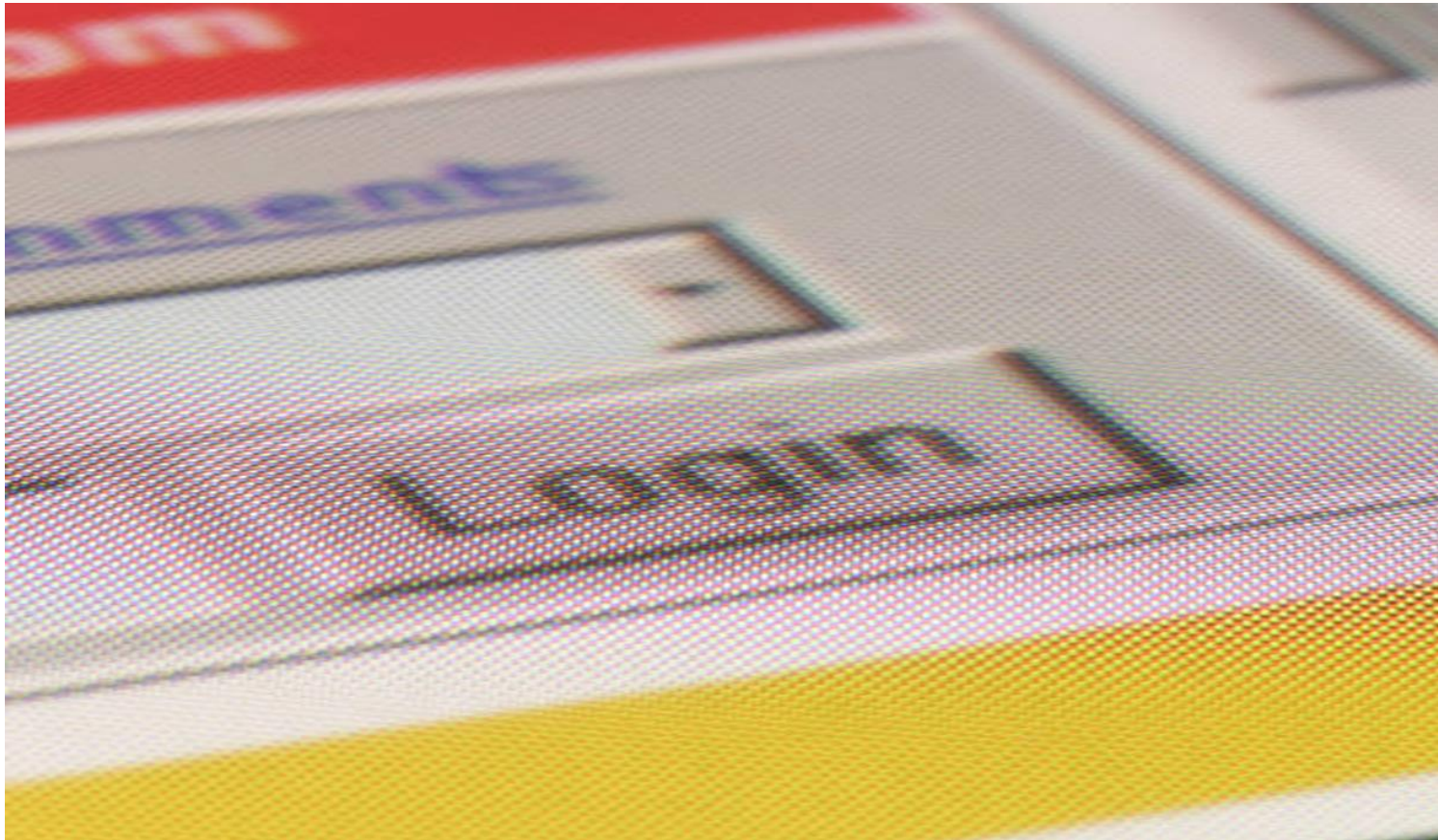


The NF PSR can assist you with information needed to completed your EFT self registration



Your Extended Family.

Molina EPortal



Your Extended Family.

Verifying Eligibility

VERIFYING MEMBER MEDICAID ELIGIBILITY

Each person approved for Medicaid benefits gets a Your Texas Benefits Medicaid card. However, having a card does not always mean the Member has current Medicaid coverage. Providers should verify the Member's eligibility for the date of service prior to services being rendered. There are several ways to do this:

Call Molina or check Molina Provider Portal.

Use LTC TexMedConnect on the TMHP website at www.tmhp.com.

Other Options:

AIS line

Call the Your Texas Benefits provider helpline at 1-855-827-3747.

Swipe the Member's Your Texas Benefits Medicaid card through a standard magnetic card reader, if your office uses that technology

- **Your Texas Benefits Medicaid Card**
 - Temporary ID (Form 1027-A)
 - MCO ID Card
 - If the Member gets Medicare, Medicare is responsible for most primary, acute, and behavioral health services. Therefore, the Primary Care Provider's name, address, and telephone number are not listed on the Member's ID card. The Member receives long-term services and supports through Molina Healthcare. (STAR+PLUS Dual Eligibles)
- **Important:** Members can request a new card by calling 1-855-827-3748. Medicaid Members also can go online to order new cards or print temporary cards at www.YourTexasBenefits.com.

Submission of Claims

Methods for submitting CMS Form UB04 claims:

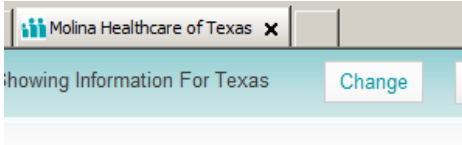
- **Electronic Submission**
 - **Approved vendors:**
 - **EMDEON, Availity, Zirmed, Practice Insight, SSI**
 - **Payor ID for all - 20554**
- **Molina Provider Web Portal (www.molinahealthcare.com)**
- **Paper - Not accepted per state guidelines**
- **TMHP Single Source Portal – claims may be submitted but will not process within TMHP**

Electronic Claims Submission Guidelines

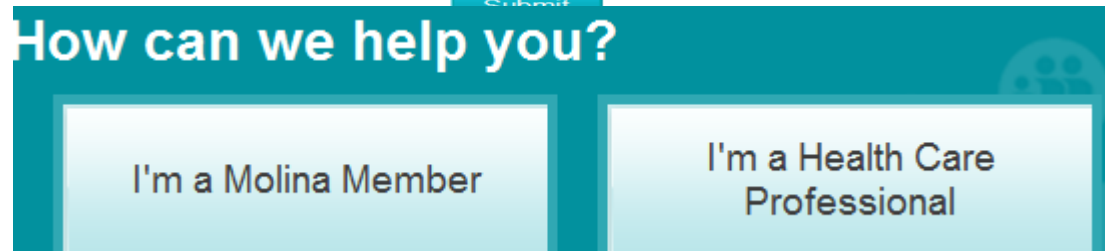
- **Electronic claims must be submitted to Molina using the appropriate Professional and Institutional encounter guides as shown below.**
- **837 Professional Combined Implementation Guide**
- **837 Institutional Combined implementation Guide**
- **837 Professional Companion Guide**
- **837 Institutional Companion Guide; or**
- **National Council for Prescription Drug Programs (NCPDP) Companion Guide**

Molinahealthcare.com

Our web address is Molinahealthcare.com. Verify that Texas Medicaid is selected.



At the top of the page, you can change your state and language



Click -I'm a Health Care Professional

EPortal Registration



The first user to complete the set up for e-portal will have admin rights. Please ensure you are the one that should have that role prior to set up. Listed below are admin responsibilities:

Admin User Responsibility

Before creating your account, please note that you will be responsible for the following:

- Managing all additional users added to the account which includes:
 - Inviting New Users
 - Assigning User Roles
 - De-Linking Users
 - Linking Users Accounts as needed
- Perform mandatory periodic reviews validating the list of Users remains accurate

To continue with registration, click [here](#)

To exit click [here](#)

For more information about Molina's Provider Self-Services ePortal, visit the [FAQs](#) section

EPortal Registration (continued)

Provider Self Services

User ID:

Password:

Accept & Login

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

[New Provider Registration](#)
[Request Access for new user **New!**](#)
[Minimum System Requirements](#)
[View FAQs](#)
[Contact Us](#)

For technical assistance with this website please call **(866) 449-6848**

FAQ's

<https://provider.molinahealthcare.com/provider/ProviderFaq?redirectFrom=Login>

Password requirements- UserID must be a minimum of 8 characters but not more than 15 characters UserID cannot contain any special characters other than a period “.” or underscore “_”

Registration for EPortal

Provider Information

Are you registering for: Medicare Other Lines of Business

Provider Type: Individual Physician Facility / Group

Tax Identification Number:

Molina Provider ID:

Facility/Group type is designed for payto accounts and is not limited to just Hospitals, Clinics or IPA/Groups. All provider types can register using their Molina Provider ID. Some, who are payto, providers who bill, must register using both a Tax ID and a Molina Provider ID. If you are going to be submitting claims or service requests/authorizations on behalf of a provider group, you would register as Facility/Group, instead of an Individual Physician.

- You are registering for: Other lines of business
- In the drop down select TX
- Enter your Tax ID
- Molina Provider ID: PSR (Molina Provider Service Representative) will call or email with these numbers.

Authentication Details

First Name:

Last Name:

Email:

Confirm Email:

Security Questions:

Enter the code shown in the Text box:

User ID:

Check Availability

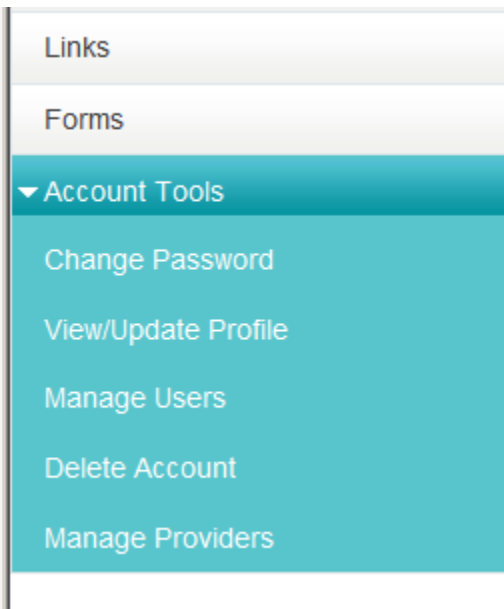
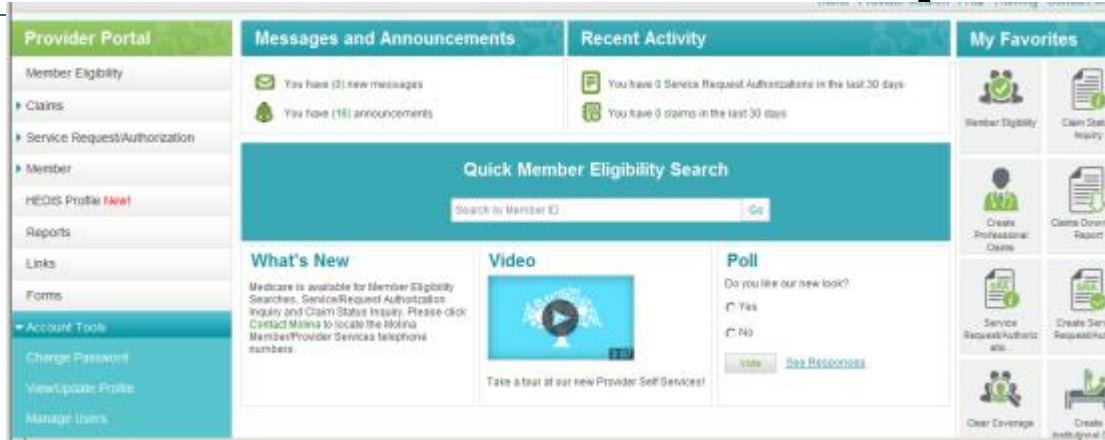
Password:

Confirm Password:

Enter answers in the corresponding fields:

I accept Provider Online User Agreement

Host Account for Multiple Accounts



If there is a need to set up multiple facilities, after the first NPI set up, access the Molina EPortal home page.

- **Select Account tools**
- **Manage Provider**

Adding additional NPI's

Registered Providers

| Tax ID Number | Provider ID | NPI # | Provider Name | Program | Molina Status | |
|---------------------------------------|--|--|---------------------------------------|--|---------------|--------|
| 271142676 | QMP000004022807 | 1518293919 | VERANDA REHABILITATION AND HEALTHCARE | Other Lines Of Business | Active | Delete |
| <input type="text" value="12341232"/> | <input type="text" value="QMP5002454008"/> | <input type="text" value="503498524"/> | | <input type="text" value="Other Lines Of Business"/> | | Add |

Add Tax ID, Molina Provider ID, and NPI

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

Enter Tax ID, Molina Provider ID, and select Program.

Other Lines of Business – Medicaid, MMP and Marketplace

Click Add.

User set-up



Welcome to Provider Services
Manage Users

Manage Users

Click to invite users to join your group **Invite Users**

Find My User

User ID: Email Address: Date Created:

No matching users found for your search criteria

Invite Users

| Grant Access |
|---|
| <input type="text" value="karen-darby@molinahealthcare.com"/> |
| <input type="text" value="Enter Email Address"/> |
| <input type="text" value="Enter Email Address"/> |
| <input type="text" value="Enter Email Address"/> |
| <input type="text" value="Enter Email Address"/> |

Provider Self Services

User ID: *

Password:

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

[New Provider Registration](#)
[Request Access for new user](#) **New!**
[Minimum System Requirements](#)
[View FAQs](#)
[Contact Us](#)

For technical assistance with this website please call **(866) 449-6848**



Once the User ID and Email address are entered, a pop up will allow you to email the user for individual set up

Note: Request can be sent to admin for access from the Molina Healthcare E-portal home page



User Roles

Manage User Screen

User Details
Email ID:

Functionality Access

| Provider | Role |
|---|---------------------------------|
| VERANDA REHABILITATION AND HEALTHCARE - 271142676 - xxx2807 | All Access <input type="text"/> |



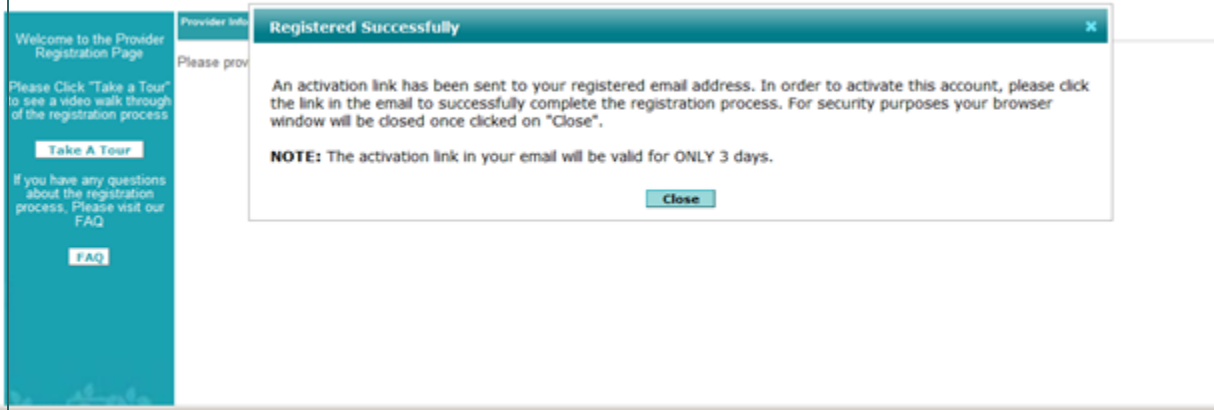
Managed User Tab

User roles include:

- Clinical
- Non-Clinical
- Biller
- Reporting
- All access

Please see “Role Details” for detailed information.

Registration continued



You are now registered to access the Molina Healthcare Web Portal.

Your User Id is 'LaurenR_1130'

Click on the link below to activate your account:

[Click Here](#)

If the link doesn't work, copy and paste the URL address below into your web browser and log in with your new User ID and Password.

<https://UATWebPortalUB04.MolinaHealthcare.Com/Provider/ActivateAccount?alid=e57217d0-433e-489e-bb6b-ec37672b838e>

Activation acknowledgement sent.

Email sent to recipient.

(LINK IS FOR TRAINING PURPOSE ONLY)

Home Page

MOLINA HEALTHCARE Provider Self Services Feb 02 2015 1:44:3

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

Provider Portal

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

Messages and Announcements

- You have (1) new messages
- You have (16) 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

Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status Inquiry. Please click [Contact Molina](#) to locate the Molina Member/Provider Services telephone numbers.

Coming Soon !

Claims will have new functionality coming in March!

- Batched Claims
- Create Claims Templates
- Correct Claims
- Add Attachments to Claims

Poll

Do you like our new look?

Yes

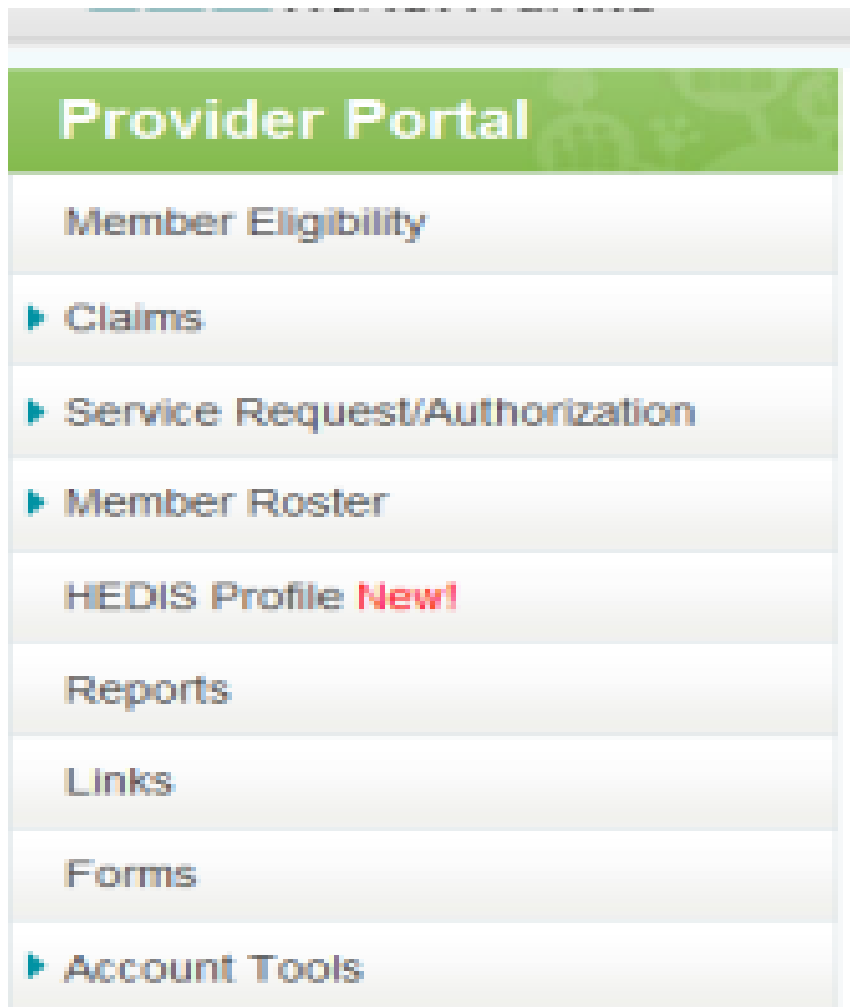
No

[See Responses](#)

My Favorites

- Member Eligibility
- Create Profession Claims
- Create Institutional Claim
- Claim Status Inquiry
- Downloaded Claims Report
- Create Serv Request/Aut

Provider Portal



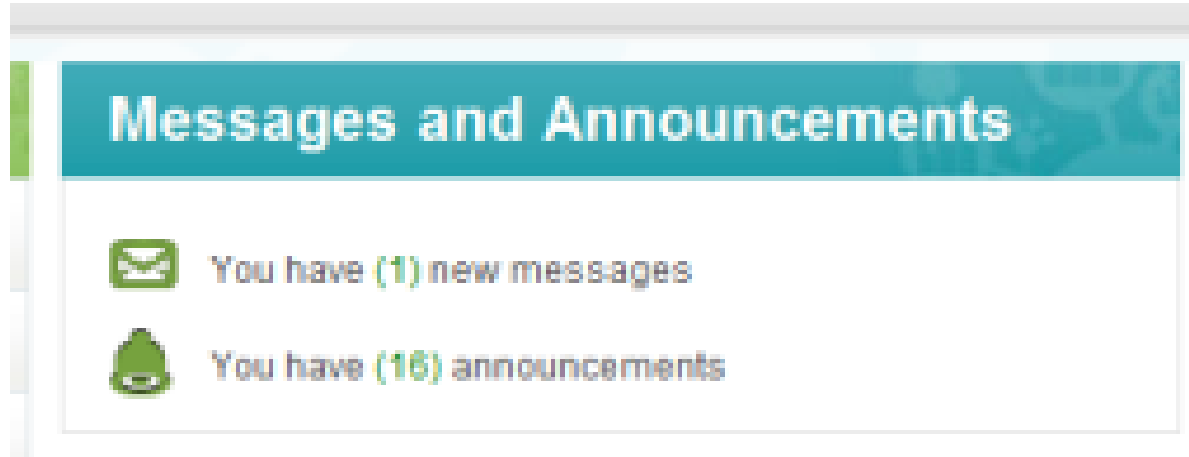
Nursing Facilities most common portal utilities will be:

Member Eligibility

Claims

Service Request/Authorization

Messages and Announcements



Messages include messages to the provider

Announcements include links to various information from state and federal agencies.

Recent Activity

Recent Activity



You have **0** Service Request Authorizations in the last 30 days



You have **0** claims in the last 30 days

This shows any service request or claims submitted within the last 30 days.

By clicking on the links, you will navigate to the service request/authorization inquiry screen or claims screen and broaden your search criteria.

My Favorites

My Favorites Edit

- Member Eligibility
- Claim Status Inquiry
- Create Professional Claims
- Claims Download Report
- Service Request/Authorization
- Create Service Request/Authorization
- Clear Coverage
- Create Institutional Claim

Edit My Favorites X

Available Favorites:

- Member Roster
- HEDIS Profile
- Forms
- Links
- Reports

Selected:

- Member Eligibility
- Claim Status Inquiry
- Create Professional Claims
- Claims Download Report
- Service Request/Authorization Inquiry
- Create Service Request/Authorizations
- Clear Coverage
- Create Institutional Claim

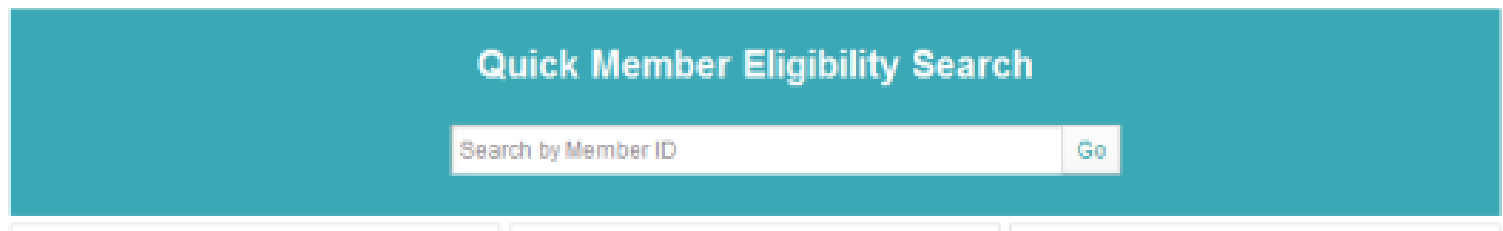
Save

* You can select up to 8 favorites:

Clicking the “edit” button allows the user to select which hot keys they prefer to utilize for quick access

Member Eligibility

There are three ways to access eligibility details of the member on the Molina EPortal



Insert the Member's Medicaid ID number in the quick search.

OR



**Use the Eligibility search to search by Medicaid ID or Name and Date of Birth
(You have the ability to make this a hot key)**

Click on a members name where applicable to be redirected to the Eligibility Details

Member Eligibility

[Back to Member Eligibility Inquiry](#)

Eligil

Member Eligibility Details

Quick View

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

Member Information

Member ID: **Medicaid ID**
Enrollment Plan: Molina Medicare Options Plus HMO SNP **Plan**
Enrollment Status: ACTIVE
Enrollment Effective Date: 01/01/2014
Enrollment Termination Date:

Member Details

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

Name: **Duck, Daisy**
Date of Birth: **01/01/1915**
Mailing Address: **Walt Disney USA**
Member #: **12345678**
Gender #: Female
Home #: **555-555-5555**
Alternative #:
Mobile #:
Email ID:

- Additional Member Information Collapse to hide Additional Member Information

Primary Language Spoken: SPANISH
Case Manager: LORRAINE G.

Ethnicity: NO ETHNICITY



Member Details

From the Member Details, you have quick navigation links.

Quick Links

[Print](#)

[Submit Claim](#)

[Claim Status](#)

[Submit Service Request/Authorization](#)

[Service Request / Authorization Inquiry](#)

Functions of the Claims Tab

▼ 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

Claims Status Inquiry

Claims Inquiry

Information on Claims accepted into the adjudication system is current as of Jan 18 2015 12:06:58 PM

Search

Claim Type: Search Options: Claim Status:

Optional Search Criteria

Enter optional criteria to narrow your search

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

Patient Control No:

Claim No:

Claims Status:

NPI:

Gender:

- There are multiple search combinations that can be used under claims status:
- Claim type: 1500 or UB04
- Search Options: Member Name/DOB; Member number, tracking number, claim status
- Claim Status: All, received, accepted into adjudication , response not possible, paid, denied, pended, in adjudication, pending/in process
- Received date span Dates of service span

Claims Status Inquiry (continued)

If no criteria is set, all claims up to 1 year will show in the claims found section

- All headers will sort.

Claims Found

| Claim ID | Member Name | Total Charged Amount(\$) | Service Date From | Service Date To | Received Date | Status | Claim Type | Attachments |
|--|-------------|--------------------------|-------------------|-----------------|---------------|--------|------------|-------------|
| Showing 1-1 of 1 10 per page Page 1 of 1 | | | | | | | | |

UB04 Claims Entry

UB-04 Facility Claim

Member

Provider

Summary

Next

Save For Later

Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

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

Any field with * has to be populated

Enter the insured's ID or Last Name, First Name, Date of Birth and also Statement Date(s)

Insured's ID: *

Advanced Search

OR

Last Name:

First Name:

Date of Birth: (mm/dd/yyyy)

AND

Statement From Date: * (mm/dd/yyyy)

Statement To Date: * (mm/dd/yyyy)

Insured's Information

Last Name:

First Name:

Middle Initial:

Insured's ID:

DOB:

Sex:

Address1:

Address2:

City:

State:

Zip Code:

Insured Group Number: MHC TX

Employer Name:

Once the insured's ID and dates of service are entered, if the patient is eligible and a Molina patient, the insured's information will populate

Patient Information NOTE: If Patient is the insured, Patient information will be automatically populated

Member Tab

AND

Statement From Date: * 02/01/2014 (mm/dd/yyyy)

Statement To Date: * 02/28/2014 (mm/dd/yyyy)

Insured's Information

Last Name:

First Name:

Middle Initial:

Insured's ID:

DOB:

Sex:

Address1:

Address2:

City:

State:

Zip Code:

Insured Group Number:

Employer Name:

Patient Information

NOTE: If Patient is the insured, Patient information will be automatically populated

Patient Relationship to Insured: *

Claims Entry-Member Tab

Other Insurance

Is there another Health Benefit Plan: Yes No

Type of Bill: 


Patient Conditions

Patient Condition related to:


Employment Yes No

Auto Accident Yes No

Other Accident Yes No

Admission Date:  (mm/dd/yyyy)

Admission Type: 

Admission Source: 




Admission Hour: (0 - 23)


Discharge Hour: (0 - 23)

Status: 

Condition Code:  **Add Another Condition Code**

Occurrence Codes:  Occurrence Date:  (mm/dd/yyyy) **Add Another Occurrence Code**

Occurrence Span Codes:  Occurrence Span From:  (mm/dd/yyyy) Occurrence Span To:  (mm/dd/yyyy) **Add Another Occurrence Span Code**

Value Code:  Amount(\$): **Add Another Value Code**

Type of bill includes:

- 0211-admit and discharge same month- Will require discharge status
- 0212-admit and still a patient-30 status
- 0213-continuing stay claim-30 status
- 0214 discharge bill-discharge status

For more information concerning UB04 billing codes

http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/ub04_instructions.pdf

Claim Entry-Provider Tab

Claim Information

Type of Bill* Patient Control Number* Medical Record Number Document Control Number

| (Remove) | Revenue Code* | Revenue Code Description: | HCPCS/HIPPS Rate Codes/HCPCS Modifiers: | NDC: | Service Date:* | Service Units:* | Total Charges:* | Non-Covered Charges: |
|----------|-----------------------------------|------------------------------|---|----------------------|--|---------------------------------|--------------------------------------|--------------------------------|
| 1 | <input type="text" value="0100"/> | All-Inclusive Rate - All-In- | <input type="text"/> | <input type="text"/> | <input type="text" value="01/01/2014"/> (mm/dd/yyyy) | <input type="text" value="31"/> | <input type="text" value="4712.00"/> | <input type="text" value="0"/> |

+ Add another Claim Line **0100 for daily rate. 0101 for co-insurance**

Assignment of Benefits* Release Of Information*

Treatment Authorization Code **Add Another Authorization Code**

Diagnosis Code(s) (DX) and POA Indicators

| Principal DX | POA | Other DX | POA | Other DX | POA |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="text" value="401.9"/> | <input type="text" value="Y"/> | <input type="text" value="Select"/> | <input type="text" value="Select"/> | <input type="text" value="Select"/> | <input type="text" value="Select"/> |
| <input type="text"/> | <input type="text" value="Select"/> | <input type="text"/> | <input type="text" value="Select"/> | <input type="text"/> | <input type="text" value="Select"/> |

**POA=Present on admission
Yes, No, Unknown, Exempt**

Add Another Diagnosis Code

Admit Diagnosis* Patient Reason For Visit Code **Add Another Patient Reason for Visit Code**

Prospective Payment System Code (PPS Code)

External Cause of Injury (ECI) Code and POA Indicators **Add Another ECI code**

Principal Procedure Date (mm/dd/yyyy) Principal Procedure Code **Add Another Procedure Code**

Revenue codes

- 0100-daily unit rate
- 0101-coinsurance

Claims Entry-Provider Tab

Physician Information

Attending Physician*

| | | | | | |
|---|--------------------------------------|------------------------------------|-------------------------------------|----------------------|---------------------------------------|
| NPI* | First Name* | Last Name* | Secondary Qualifier | Physician ID | Add Another Physician |
| <input type="text" value="1245237874"/> | <input type="text" value="WILLIAM"/> | <input type="text" value="HEINS"/> | <input type="text" value="Select"/> | <input type="text"/> | |

Supporting Information

Type of Attachment :

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

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.

[Previous](#) [Next](#) [Save For Later](#) [Save as Template](#) [Cancel](#)

If the physician is a Molina Provider, the name will auto populate once the NPI is added. If not, you can type the physician's name.

Attachments & Remarks

Supporting Information

Attachment : *

File : [Upload](#)

- 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 St**
- HC - Health Certificate
- HR - Health Clinic Records
- I2 - Immunization Record
- IR - State School Immunization Records
- LA - Laboratory Results
- M1 - Medical Record Attachment
- MT - Models
- NN - Nursing Notes
- OB - Operative Note
- OC - Oxygen Content Averaging Report
- OD - Orders and Treatments Document
- OE - Objective Physical Examination (including vital signs
- OX - Oxygen Therapy Certification

Attachments: 256 characters remaining

Upload 1 file at a time.
Total Size of all Attachments should not exceed 20 MB.

Supporting Information

Type of Attachment : *

File : [Upload](#)

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.

The EPortal allows you to browse for attachments for supporting documentation for co-insurance claims, appeals, and corrections. The remarks field will hold up to 256 characters.

Saved Claims

Claims can be “saved for later” as they are being completed

Next Save For Later Save as Template Cancel

(Fields marked with * are required fields) [Help](#) [FAQ](#)

Saved Claim Details

Status: All

Claim Type: All

From: 
mm/dd/yyyy

Service Date

To: 
mm/dd/yyyy

Search

Car

Ready to Batch

No Ready To Batch Claims found

Incomplete Claims

| Select | Member Name | Tracking Number | Claim Type | Service From Date | Service To Date |
|--------------------------|----------------------|-----------------|---------------|-------------------|-----------------|
| <input type="checkbox"/> | <input type="text"/> | TN1502900025 | Professional | 01/29/2015 | 01/29/2015 |
| <input type="checkbox"/> | <input type="text"/> | TN1503300053 | Institutional | 01/01/2014 | 01/31/2014 |

Saved claims can be accessed from the home page.

Click on the hyperlink to reopen for completion.

Claims



Expand All opens up the claim for review.

Once the claim is complete, you will have the option to save for later, submit, save for batch, or cancel.

Open Saved Claims

Provider Portal

- Member Eligibility
- Claims**
 - Claims Status Inquiry
 - Create Professional Claim (CMS 1500)
 - Create Institutional Claim (UB-04)
 - Open Saved Claims
 - Create/Manage Claims Template
 - Export Claims Report to Excel

Messages and Announcements

- You have (0) new messages
- You have (16) announcements

What's New

Medicare is available for Member Eligibility Searches, Service/Request Authorization Inquiry and Claim Status Inquiry. Please click [Contact Molina](#) to locate the Molina

Claims saved or save for batch can be accessed from the Open Saved Claims filed.

NOTE: Claims can be saved to template from either of these locations.

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 |
|--------------------------|-------------|-----------------|---------------|-------------------|-----------------|
| <input type="checkbox"/> | Duck Daisy | TN1503500026 | Institutional | 02/01/2014 | 02/28/2014 |

Page 1 of 1 | 10 per page | Showing

Incomplete Claims

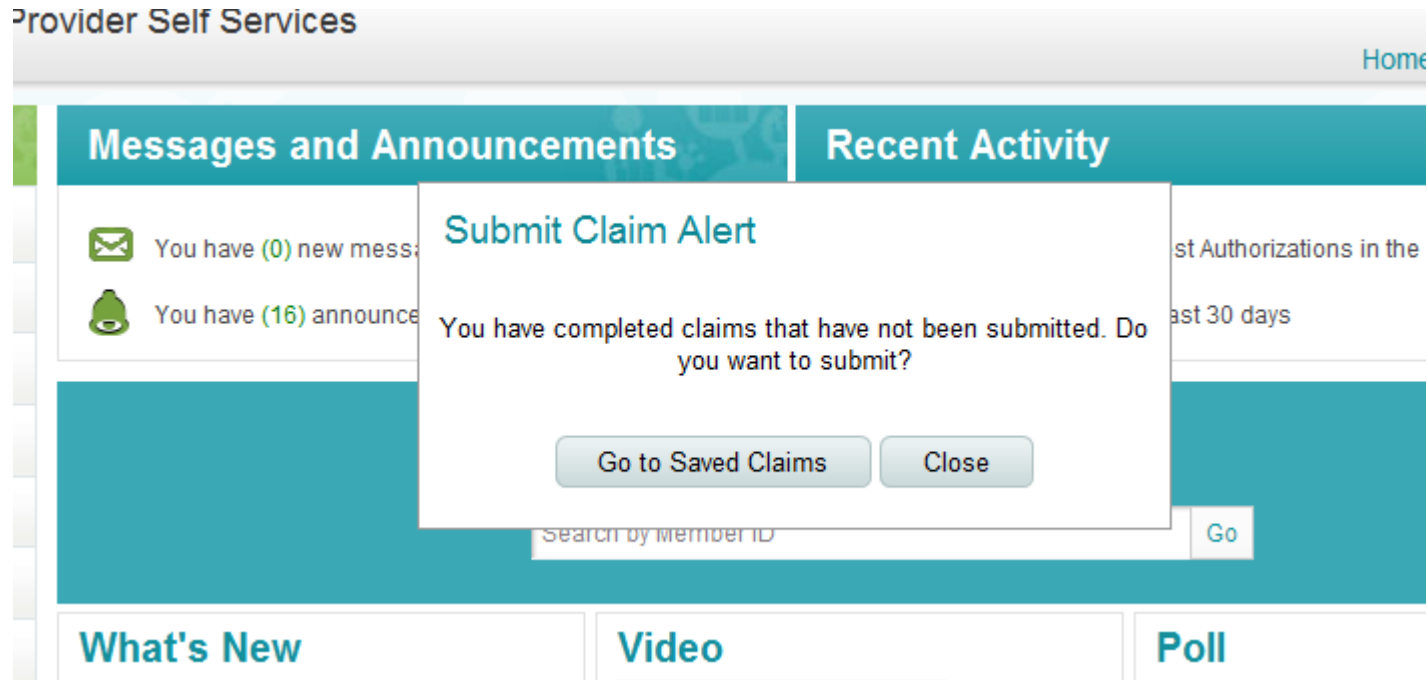
| Select | Member Name | Tracking Number | Claim Type | Service From Date | Service To Date |
|--------------------------|-------------|-----------------|--------------|-------------------|-----------------|
| <input type="checkbox"/> | Duck, Daisy | TN1502900025 | Professional | 01/29/2015 | 01/29/2015 |

UB-04 Facility Claim

Member | Provider | Summary

(Fields marked with * are required fields) [Help](#) [FAQ](#)

Warning for Claims Not Submitted



A warning message will display when you log off or log on if there are completed claims that have not been submitted.

Create Template

Create/Manage Claims Template

Manage and Use Templates

| Select | Claim Type | Template Name | Template Description |
|--------------------------|--------------------|------------------|----------------------|
| <input type="checkbox"/> | UB04-Institutional | TX_prov_99020415 | Duck, Daisy |

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

Create Load Delete

- Create
- Select claim type
- Complete form
- Save to template-name as resident

Add Template

Professional Institutional

Create Cancel

Create/Managed Claims Template

Create/Manage Claims Template

Manage and Use Templates

| Select | Claim Type | Template Name | Template Description |
|--------------------------|--------------------|------------------|----------------------|
| <input type="checkbox"/> | UB04-Institutional | feb billing | Duck, Donald |
| <input type="checkbox"/> | UB04-Institutional | TX_prov_99020415 | |

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

Create Load Delete

Add-on Billing Crosswalk

<http://www.dads.state.tx.us/providers/hipaa/billcodes/>

| SERVICE GROUP | BILL CODE | DESCRIPTION | SERVICE CODE | LEVEL TYPE | LEVEL VALUE | PROC CD | HCPCS CODE | CPT CODE 1 | REVENUE CODE | POS | MODIFIER 1 | MODIFIER 2 | MODIFIER 3 | MODIFIER 4 | CLAIM FIL INI | ClaimType to File I=837I; P=837P; D=837D; E=Expdtd; N=NAT | ACTIVE | BEGIN DATE | END DATE |
|---------------|-----------|--|--------------|------------|-------------|---------|------------|------------|--------------|-----|------------|------------|------------|------------|---------------|---|--------|------------|------------|
| 1 | N0400 | MEDICARE SKILLED | 3 | | | | HC | | 0101 | | | | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | N0500 | VENTILATOR-FULL | 4 | | | | HC | 94004 | 0230 | | U1 | UA | U7 | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | N0500 | VENTILATOR-FULL | 4 | | | | HC | 94005 | 0230 | | U1 | UA | U7 | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | N0501 | VENTILATOR-PARTIAL | 4 | | | | HC | 94004 | 0230 | | U1 | UA | U8 | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | N0501 | VENTILATOR-PARTIAL | 4 | | | | HC | 94005 | 0230 | | U1 | UA | U8 | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0452 | OT-REHABILITATIVE SERV | 7 | | | | HC | 97039 | 0431 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0453 | OT ASSESSMENT-REHABILITATIVE SERV | 7 | | | | HC | 97003 | 0434 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0467 | OT-REHABILITATIVE SERVICE CONTRACTED | 7 | | | | HC | 97039 | 0431 | | U1 | UA | GO | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0468 | OT-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 7 | | | | HC | 97003 | 0434 | | U1 | UA | GO | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0454 | PT-REHABILITATIVE SERV | 8 | | | | HC | 97039 | 0421 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0455 | PT ASSESSMENT-REHABILITATIVE SERV | 8 | | | | HC | 97001 | 0424 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0469 | PT-REHABILITATIVE SERVICE CONTRACTED | 8 | | | | HC | 97039 | 0421 | | U1 | UA | GP | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0470 | PT-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 8 | | | | HC | 97001 | 0424 | | U1 | UA | GP | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0456 | ST-REHABILITATIVE SERV | 9 | | | | HC | 92507 | 0441 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0457 | ST ASSESSMENT-REHABILITATIVE SERV | 9 | | | | HC | 92524 | 0444 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0457 | ST ASSESSMENT-REHABILITATIVE SERV | 9 | | | | HC | 92523 | 0444 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0457 | ST ASSESSMENT-REHABILITATIVE SERV | 9 | | | V5364 | HC | 92522 | 0444 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0457 | ST ASSESSMENT-REHABILITATIVE SERV | 9 | | | | HC | 92521 | 0444 | | U1 | UA | | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0471 | ST-REHABILITATIVE SERVICE CONTRACTED | 9 | | | | HC | 92507 | 0441 | | U1 | UA | GN | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0472 | ST-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 9 | | | V5364 | HC | 92522 | 0444 | | U1 | UA | GN | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0472 | ST-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 9 | | | V5364 | HC | 92522 | 0444 | | U1 | UA | GN | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0472 | ST-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 9 | | | | HC | 92523 | 0444 | | U1 | UA | GN | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0472 | ST-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 9 | | | | HC | 92524 | 0444 | | U1 | UA | GN | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0472 | ST-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 9 | | | | HC | 92521 | 0444 | | U1 | UA | GN | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0472 | ST-ASSESSMENT-REHABILITATIVE SERVICE CONTRACTED | 9 | | | | HC | 92506 | 0444 | | U1 | UA | GN | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0479 | CPWC ASSESSMENT BY OT SERVICE CONTRACTED | 7B | | | | HC | 97542 | 0434 | | U1 | UA | GO | | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0480 | CPWC ASSESSMENTS BY PT SERVICE CONTRACTED | 8B | | | | HC | 97542 | 0424 | | U1 | UA | GP | | | I | A | 02/01/2015 | 12/31/2199 |
| | | DME/ADAPTIVE AIDS- LOW AIR PRESSURE MATTRESS | | | | | | | | | | | | | | | | | |
| 1 | G0512 | (PASRR) | 15P | | | | HC | E0186 | 0290 | | | | | KX | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0512 | DME/ADAPTIVE AIDS-PROSTHETIC DEVICE (PASRR) | 15P | | | | HC | L7499 | 0290 | | | | | KX | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0512 | DME/ADAPTIVE AIDS- ORTHOTIC DEVICE (PASRR) | 15P | | | | HC | L1971 | 0290 | | | | | KX | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0512 | DME/ADAPTIVE AIDS-GAIT TRAINER (PASRR) | 15P | | | | HC | E8001 | 0290 | | | | | KX | | I | A | 02/01/2015 | 12/31/2199 |
| 1 | G0512 | DME/ADAPTIVE AIDS-TRAVEL CHAIR/RESTRAINT (PASRR) | 15P | | | | HC | E1035 | 0290 | | | | | KX | | I | A | 02/01/2015 | 12/31/2199 |

Service Authorization

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
 - Create Service Request/Authorization using Clear Coverage **new**

Member ID: *

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" value="Monroe"/> | <input type="text" value="Marilyn"/> | <input type="text"/> | <input type="text" value="03/10/1932"/> | <input type="text" value="F"/> |
| Address | | City | State | Zip |
| <input type="text" value="111 Somewhere Lane"/> | | <input type="text" value="Houston"/> | <input type="text" value="TX"/> | <input type="text" value="78"/> |
| Phone # (Home) | Phone # (Mobile) | PCP Name | | |
| <input type="text" value="713.555.5555"/> | <input type="text"/> | <input type="text"/> | | |

Service Information

Enter Required Information*

| | | | | | |
|----------------------|--|---------------------------|---------------------------------------|-------------------|---------------------------------------|
| Type of Service: * | <input type="text" value="Therapies"/> | Inpatient Notification: * | <input type="text" value="Select"/> | Submit | |
| Place of Service: * | <input type="text" value="Outpatient"/> | Admission Date: * | <input type="text" value="mmddyyyy"/> | Discharge Date: * | <input type="text" value="mmddyyyy"/> |
| Proposed Start Date: | <input type="text" value="02/10/2015"/> | | | | |
| mmddyyyy | | | | | |
| Care Type: | <input type="radio"/> Elective <input type="radio"/> Urgent/Expedite Within 72 Hours <input type="radio"/> Emergency Only choose a CARE TYPE if other than a ROUTINE submission | | | | |

- Enter Member ID, demographics will populate for Molina Members.
- Type of service
- Place of service
- Proposed start date

Service Authorization continued

Type in part of the diagnosis code or description to activate the search feature

Diagnosis Search
✕

Diagnosis Code Search

Diagnosis Code:

Diagnosis Description:

| [Remove] | Diagnosis Code | | Diagnosis Description |
|--------------------------|--|--|-------------------------------|
| <input type="checkbox"/> | <input style="width: 50px;" type="text" value="728.87"/> | | MUSCLE WEAKNESS (GENERALIZED) |
| <input type="checkbox"/> | <input style="width: 50px;" type="text"/> | | |
| <input type="checkbox"/> | <input style="width: 50px;" type="text"/> | | |

(Add more diagnoses)

Enter Procedure Codes

| [Remove] | Procedure Code | | Procedure Description | Number of Units | Proced |
|--------------------------|---|--|----------------------------|---|---|
| <input type="checkbox"/> | <input style="width: 50px;" type="text" value="97003"/> | | OT EVALUATION | <input style="width: 30px;" type="text" value="1"/> | <input type="button" value="GO"/> <input type="button" value=""/> |
| <input type="checkbox"/> | <input style="width: 50px;" type="text" value="97535"/> | | SELF CARE MNGMENT TRAINING | <input style="width: 30px;" type="text" value="1"/> | <input type="button" value="GO"/> <input type="button" value=""/> |
| <input type="checkbox"/> | <input style="width: 50px;" type="text"/> | | | <input style="width: 30px;" type="text"/> | <input type="button" value="GO"/> <input type="button" value=""/> |

Service Authorization continued

Provider Information

Requester Information
Name : [REHABILITATION AND HEALTHCARE] Phone # : 9564234959

Contact Information
Name : * LastName, FirstName Phone # : * 713-555-5555 Fax # :

Accident Related Information
Accident Code : * Select Accident Date : * mmddyyyy

Provider information will populate. Enter contact person and phone number. Referring provider, select name from drop down menu.

Referring Provider Information

Referring Provider : * [REHABILITATION AND HEALTHCARE]

| | | | | |
|---|---------------------|-------------------|---------------------------------------|-------------------|
| Last/Facility Name [REHABILITATION AND HEALTHCARE] | First Name | NPI 1518293919 | State TX | Zip Code 78550 |
| Address 4301 S EXP' | Phone 9564234959 | City HARLINGEN | Specialty SKILLED NURSING FACILITY | |
| Email | | Fax 9562437602 | | |

Note: If you do not find the provider, please contact (866) 449-6849 for more information

Referred To Provider Information

To locate a provider enter the provider NPI and move to the next field to search or use the Find Provider link to select.
If provider is not found, enter the required information manually.

Find a Provider Clear

| | | | | |
|-----------|-------------|------------|-----------|------------|
| NPI | Last Name * | First Name | State * | Zip Code * |
| Address * | | City * | | |
| Email | Phone | Fax | Specialty | |
| | | | Select | |

Attachments and Remarks

Supporting Information

You may attach documentation or note in the Clinical Notes/Comments section for your Service Request/Authorization.

Attachments

Type of Attachment : 6 - Initial Assessment

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

Upload files only when you want to submit the Service Request/Authorization. Upload up to 5 files at a time that do not exceed a total of 5 MB and continue uploading until you complete the attachments. Each uploaded file cannot have more than 10 pages in the file. Each uploaded file size cannot be greater than 5 MB. The total attachment upload cannot exceed 20 MB

Clinical Notes/Comments 8000 Characters Max. 8000 chara

Remarks:

[Cancel](#) [Clear](#) [Cancel](#) [Save](#)

Supporting documentation may be attached. Remarks field holds up to 8,000 characters in order to support Medical Necessity

Service Authorization continued

Fax ✕

Do you have any supporting document to Fax?

City

MOLINA HEALTHCARE

Online Service Request Supporting Document Submission Form

Instructions

1. Print this page
2. Do not write on, or change anything on this page
3. Place this page in front of your supporting documentation
4. Fax this page along with your supporting documentation to this number:
Fax No: 866-420-3639
5. Discard this cover sheet

DO NOT reuse this cover page for supporting documentation associated with a different service request

For use by States only. Do not write below this line.

Submittal Tracking Number:

State:

CONFIDENTIALITY NOTICE

The documents accompanying this facsimile transmission contain confidential information belonging to the sender, which is privileged. The information is intended only for the use of the intended recipient, Molina Healthcare. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of action in reliance on the content of this facsimile information is strictly prohibited. If you have received this facsimile in error, please immediately notify us via telephone at 1-866-665-4629. Thank you.



Submit. Prompt will ask if there is supporting documentation to fax. If yes, a fax cover sheet will be provided.

Help Menu

Training Materials

Web Portal Training Materials

[Service Request / Authorizations Video](#)

[Account Tools Video](#)

[Provider Online Directory Video](#)

[Claims Video](#)

[Member Roster Training Video](#)

 [Clear Coverage Service Request/Authorization FAQs](#)

 [Professional Claim \(CMS1500\) Help](#)

 [Institutional Claim \(UB04\) Help](#)

 [Claims and UB04 FAQ](#)

 [HEDIS Reference Sheet Medicaid](#)

[HEDIS Profile Training Video](#)

 [Alegeus ProviderNet Registration Instructions](#)

State Specific Training Materials

 [Revised LTSS Provider Orientation](#)

 [MHT SS+ ACUTEPO](#)

 [ALL MHT ePORTAL PMO](#)

 [ACUTE MHT CHIP JEFFPO](#)

 [Emdeon Self Enrollment Molina](#)

 [WebConnect import claims instructions](#)

 [Molina WebConnect Self Enrollment](#)

 [WebConnect create claims instructions](#)

The help menu contains video and PDF help items.

Helpful Links



Molina Healthcare Provider Website

<http://www.molinahealthcare.com/providers/tx/medicaid/Pages/home.aspx>

Molina Frequently Used Forms

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

Nursing Facility Newsletter-Changes in the Medicaid Submission Process

http://www.tmhp.com/LTC_Information_Letters/IL2014-68.pdf

http://www.tmhp.com/News_Items/2015/02-Feb/02-05-15%20Claims%20Forwarding%20Dental%20Billing%20and%20Other%20Changes%20Related%20to%20the%20NF%20Transition.pdf

TMHP Long Term Care Provider Updates

http://www.tmhp.com/Pages/LTC/ltc_home.aspx

HHSC STAR+PLUS Expansion

<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-adding-nursing.shtml>



Your Extended Family.

Molina Quick Reference Phone Guide



APPEALS

P.O. Box 165089
Irving, TX 75016

BEHAVIORAL HEALTH SERVICES

.....(800) 818-5837
BH Fax for Prior Authorization(866) 617-4967
For Behavioral Health Services in Dallas Service Area
(STAR & STAR+PLUS), please call NorthSTAR at(888) 800-6799

CONTRACTING

texasexpansioncontracting@molinahealthcare.com

- How to join the network
- Contract Clarifications
- Fee schedule inquiries

CUSTOMER SERVICE (MEMBERS AND PROVIDERS)

- Claims Status
- Member Eligibility
- Benefit Verification
- Complaint & Appeals Status

Bexar, Harris, Dallas, Jefferson, El Paso &
Hidalgo Service Areas (Voice).....(866) 449-6849
.....(Fax) (281) 599-8916

DENTAL SERVICES

Denta Quest.....(800) 508-6775
Liberty Dental(888) 703-6999

ELECTRONIC CLAIMS SUBMISSION VENDORS

- Payor Identification for all - 20554
- Availity, Zirmed, Practice Insight, SSI & EMDEON

MEDICAL MANAGEMENT

- Prior Notification
- Prior Authorization
- Referrals
- Disease Management

STAR+PLUS Service
Coordination Department.....(Voice) (866) 409-0039
.....(Fax) (866) 420-3639

MOLINA COMPLAINTS ADDRESS

N.E. Loop 410
#200, San Antonio,
TX 78216
Bexar, Harris, Dallas, Jefferson, El Paso &
Hidalgo Service Areas 866-449-6849
CHIP Rural Service Area.....877-319-6826

NURSE ADVICE LINE

- Clinical Support for Members.....(888) 275-8750 (English)
- or(866) 648-3537 (Spanish)

PAPER & CORRECTED CLAIMS ADDRESS

P.O. Box 22719
Long Beach, CA 90801

PHARMACY

Prior Authorization
Assistance/Inquiries
.....(Voice) (866) 449-6849
.....(Fax) (888) 487-9251

PROVIDER SERVICES

Bexar, Harris, Dallas, Jefferson,
El Paso & Hidalgo Service Areas(866) 449-6849

STAR+PLUS SERVICE COORDINATION

.....(866) 409-0039
.....(Fax) (866) 420-3639

MEDICAID CONTACTS

EPORTAL TECHNICAL SUPPORT(866) 449-6848

FAMILY PLANNING PROGRAM.....(512) 458-7796

MEDICAID HOTLINE(800) 252-8263

MEDICAID PROGRAM MEMBER

Verification (NAIS).....(800) 925-9126

NPI # REQUEST

https://nppes.cms.hhs.gov.....(800) 925-9126

STARLINK-MEDICAID MANAGED CARE HELPLINE

General Member Assistance.....(866) 566-8989

STAR & STAR+PLUS PROGRAM ENROLLMENT

PCP Information
Plan Changes
Health Plan Information(800) 964-2777

TEXAS DEPARTMENT OF INSURANCE

HMO Division.....(512) 322-4266
HMO Complaint.....(800) 252-3439
Consumer Division.....(512) 463-6500
Consumer Hotline(800) 252-3439

Please visit www.MolinaHealthcare.com



Your Extended Family



Questions

