TALKING MEDICAID MANAGED CARE CONTRACTS AND BILLING WITH MOLINA HEALTHCARE OF WASHINGTON

June Smith
Manager, Provider Contracts
Kelsey Gratton
Sr. Provider Engagement Representative

August 5, 2022
LOGISTICS

• Webinar is being recorded.
• Type in your questions or comments via Q/A or Chat.
• CE’s offered through Washington State Pharmacy Association.
  - Evaluation link will be shared at the end of the webinar via chat and sent to participants via e-mail.
  - Secret Code: PIPAR
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HEALTH INSURANCE CREDENTIALING & CONTRACTING IN WASHINGTON STATE

- Contracting with Managed Medicaid Plans in Washington State requires completion of:
  - Health insurance credentialing within Washington State’s credentialing database, ProviderSource (Step 1), and
  - Enrollment with Apple Health (Medicaid) as a provider (Step 2)

- Important Definitions:
  - ‘Health Insurance Credentialing’ is the process insurance plans use to obtain, verify, and assess the qualifications of a provider to render care and services.
  - ‘Contracting’ is the process of entering into a provider agreement with an insurance plan, in order to receive reimbursement.
Where do you start in contracting with Apple Health?
- Submit the contract application with the Managed Care Plan
- Complete and submit the Apple Health/Health Care Authority application
- Complete your provider source CAQH profile
- Enroll as a ProviderOne provider with HCA
PRE WEBINAR QUESTION 2

- Are you knowledgeable with billing and coding for clinical services?
  - Very Knowledgeable
  - Knowledgeable
  - Neutral
  - Unknowledgeable
  - Very Unknowledgeable
PRE WEBINAR QUESTION 3

• I know how to verify eligibility.
  – Yes
  – No
CONTRACTING & CREDENTIALING WITH
MOLINA HEALTHCARE OF WASHINGTON

June Smith
Manager, Provider Contracts
Provider Credentialing and Contracting Process
Molina Healthcare of Washington

Provider completes & submits Contract Request Form, Mini-Apps for all providers, & W-9 to MHWProviderContracting@MolinaHealthcare.com

Molina Provider Network Admin (PNA) team performs preliminary review of documents for accuracy & completeness.

If data elements are missing or incorrect, documents are returned to submitter for correction.

PNA team routes Providersource or CAQH application documents to credentialing team.

Credentialing team requests any additional required documentation and reviews file for approval.

Credentialing application is signed off by physician or rejected. Credentialing is deemed complete and, if approved, valid for three years. Denied providers may reapply after one year.

PNA team drafts contract using data provided into a standard template agreement.

Deviations from standard template language or rates may require OIC & HCA review prior to signature process. This can add up to 45 additional days.

Executed agreements are loaded into Molina’s system (QNXT) for credentialled providers. Provider is now considered PARTICIPATING and can bill for services rendered.

These processes run concurrently for improved overall timelines.
All NPIs which will be included on claims to Molina must be registered with HCA prior to joining the Molina network.

Molina Contract Request Form is available online.

Complete all applicable fields and attach to an email to MHWProviderContracting@MolinaHealthCare.com.
Molina’s Provider Network Admin team utilizes this form to locate complete applications on ProviderSource or CAQH and to streamline loading of provider(s) into Molina’s system.

Please ensure that access has been granted and attestations are within 30 days.

Mini-App is also available online.

Complete all applicable fields and attach to the same email as the Contract Request Form.
The Provider Services Agreement will be with the entity named in Box 1 – please ensure this is correct before submitting to Molina.

Data is verified against NPPES for accuracy. One of the most frequent mismatches is related to Individual/Sole Proprietor in Box 3.

Complete W-9 should also be attached to the same email with the Contract Request Form & Provider Mini-Application(s).
PREP PHARMACIES: BILLING INFORMATION
MOLINA HEALTHCARE OF WASHINGTON

Kelsey Gratton
Sr. Provider Engagement Representative
OneHealthPort users can now access Availity for Molina. If you’re already registered with Availity for another payer, you’re all set. You can use your existing OneHealthPort Subscriber ID and password to get started with Molina on Availity today.

**Here’s how:**
When you log in using your OneHealthPort Subscriber ID and password, you can access Molina by clicking the Molina logo and then selecting the Availity login.

- For assistance with Availity, contact Availity Client Services at 1-800-282-4548 between the hours of 8:00 am and 8:00 pm Eastern, Monday through Friday

If you’re not registered with Availity get started in three steps:
First, register with Availity for your OneHealthPort credentials to work.
Go to [www.onehealthport.com/sso](http://www.onehealthport.com/sso) and select the Molina logo to log in to the Availity Portal.
You’re ready to explore Molina on the Availity Portal.

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**Availity Features**
- Eligibility & Benefits
  - Easy access to patient eligibility and benefits information including COB status
- Claims & Remits
  - View claims status, electronic remittance advices, and open enrollment documents
  - Enter and submit professional and institutional/facility claims online
  - Attach medical documents to any claim in Availity
- Secure Messaging
  - Connect with Molina agents to resolve eligibility, benefits and claim inquiries

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**Payer space features**
Access features not yet available in the Availity portal are available through the PayerSpaces applications such as:
- View PCP member rosters and patient health records
- View PCP member rosters and patient health records
- Appeal, dispute or correct a claim
- Create templates for easier claims submissions
- Review/submit Prior Authorization
On March 1, 2022, the Molina Legacy Provider Portal will no longer accept new user registrations. Providers should and will need to register with Availity at availity.com

Where to get Availity training:

1. Log in to Availity Portal: Login using EmpowerID (onehealthport.com)
2. Select Help & Training > Get Trained
3. In the Availity Learning Center (ALC) that opens in the new browser tab, search the catalog and enroll for this title: Availity Overview for Molina Providers - Recorded Webinar

Once registered with Availity, under the Help & Training > Get Trained, search “Service Providers Not Required to have an NPI” to view training sessions.

For more questions about enrolling in courses email training@availity.com. To view the Availity new user guide visit: http://www.onehealthport.com/hca-cdr
Molina has a CPT look up tool located on our Molina Healthcare website that explains whether or not if certain CPT codes require prior authorization or notification and concurrent review.

- **CPT LOOK UP TOOL:** [https://www.molinahealthcare.com/providers/wa/medicaid/home](https://www.molinahealthcare.com/providers/wa/medicaid/home)

- The presence of a code on this tool should not be used to determine whether a service is covered. Refer to your regulatory agency for benefit coverage and non-covered codes.
- Prior Authorization is not a guarantee of payment for services.

**Information generally required to support the decision making includes:**

- Current/adequate patient history related to the requested services
- Physical examination that addresses the problem
- Lab or radiology results to support the request (previous MRI, CT, lab or X-ray report/results)
- PCP or specialist progress notes or consultations
- Any other information or data specific to the request

Standard authorizations, health care services determinations are to be made within five (5) calendar days of the receipt of necessary information but are allowed up to fourteen (14) calendar days if additional information is required. “Urgent” requests will be processed within 48 hours of initial request.

**To submit an authorization request:**

- Log on to Availity via One Health Port
- Click “Payer spaces” tab on top center drop down
- Click on Molina logo
- Click “Prior auth”
The Current Procedural Terminology (CPT®) codes offer doctors and health care professionals a uniform language for coding medical services and procedures to streamline reporting, increase accuracy and efficiency.

**CPT codes pharmacy can bill:**

- **99401**: HIV/AIDS counseling/testing (Preventive counseling)
- **99402**: Preventive counseling
- **99403**: Preventive counseling
- **99404**: Preventive counseling

Common Prep-Related billing codes: [Common & Other Pre-Exposed Prophylaxis (PrEP)](Common%20%26%20Other%20Pre-Exposed%20Prophylaxis%20(PrEP))

Related Billing Codes ([wa.gov](https://wa.gov))

Molina Follows HCA billing and you can find the billing guides below:

- HCA Billing Guide: [Provider billing guides and fee schedules | Washington State Health Care Authority](https://www.wa.gov)
Verify member eligibility on Availity and submit all claims electronically

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<th>Medicaid/Marketplace Claims Submission</th>
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<td>- Claims can take anywhere from 30-45 days to process</td>
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<td>- Timely Filing details can be in your contract.</td>
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<td>- Provider’s can dispute claims (electronically, fax or email) within 24 months of Molina's remittance advice date or within 30 months after final determination by the primary payer.</td>
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<td>- Appeals can be submitted via Availity (Payer spaces), Fax: (877) 814-0342 or <a href="mailto:MHWProviderServicesInternalRep@MolinaHealthcare.com">MHWProviderServicesInternalRep@MolinaHealthcare.com</a></td>
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<th>Medicare Claims Submission</th>
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<td>- Standard Timely Filing: One Year</td>
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Electronic Data Interchange (EDI) / Electronic Remittance Advices (ERA)/Electronic Funds Transfer (EFT)

- EDI claims must be submitted under EDI payer number: **38336**
- Register with Change HealthCare for ERA, EFT & 835 submissions on [https://providernet.adminisource.com](https://providernet.adminisource.com)
- Why does registration for EFT/ERA require that I have received a paper check payment from Molina Healthcare?
  - The reason behind this necessity is to ensure that the person registering the Provider has the authority to do so, and is aware of the Explanation of Payment (EOP) name and address information – while registering with ProviderNet.
  - An initial payment to at least one Tax ID + NPI association is necessary to become eligible for EFT thru ProviderNet.
  - If the Provider has multiple NPIs associated to one Tax ID, then only one affiliation needs a paper check number.
  - If the Provider has multiple Tax IDs and NPIs, then each Tax ID would need a minimum of one paper check from Molina.
- If you need assistance with submitting claims, please email [EDI.Claims@Molinahealthcare.com](mailto:EDI.Claims@Molinahealthcare.com)
Members Rights

Your Rights as a Molina Healthcare Member

Did you know that as a member of Molina Healthcare, you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure that you get the covered services and care that you need.

• Members rights link: Member Rights & Responsibilities (molinahealthcare.com)
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<th>Service</th>
<th>Option</th>
<th>Description</th>
<th>Contact Information</th>
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<td><em>Eligibility</em></td>
<td>Option #1</td>
<td>Benefits, Eligibility &amp; Claim information</td>
<td>7:30 a.m. to 6:30 p.m., Mon-Fri</td>
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<td><em>Pharmacy</em></td>
<td>Option #2</td>
<td>Questions regarding the formulary and/or drug Prior Authorization requests</td>
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<td><em>Non-pharmacy claims inquiry</em></td>
<td>Option #3</td>
<td>Assistance with complex claims concerns, claim appeals, disputes and provider questions</td>
<td><a href="mailto:MHWProviderServicesInternalRep@MolinaHealthcare.com">MHWProviderServicesInternalRep@MolinaHealthcare.com</a></td>
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<td><em>Admits/Prior Authorizations</em></td>
<td>Option #4</td>
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<td><em>Case Management</em></td>
<td>Option #5</td>
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<td><em>Contracting/Credentialing</em></td>
<td>Option #6</td>
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<td><a href="mailto:MHWProviderContracting@MolinaHealthcare.com">MHWProviderContracting@MolinaHealthcare.com</a></td>
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<td><em>Community Engagement</em></td>
<td>Ext. 144177</td>
<td>Health education, events and other community engagement activities</td>
<td><a href="mailto:WACommunity@MolinaHealthcare.com">WACommunity@MolinaHealthcare.com</a></td>
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<td><em>Claims Recovery</em></td>
<td>866-624 8999</td>
<td>Dispute: Molina Healthcare, PO Box 2470, Spokane, WA 99210</td>
<td>Refund: Molina Healthcare, PO Box 30717, Los Angeles, CA 90030</td>
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<td><em>CareMark Specialty Pharmaceuticals</em></td>
<td>800-869-7791</td>
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<td><a href="https://www.caremark.com">https://www.caremark.com</a></td>
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<td><em>Vision Service Plan (VSP)</em></td>
<td>800-615-1883</td>
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<td><a href="http://www.VSP.com">www.VSP.com</a></td>
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<td><em>Provider Information Change</em></td>
<td>- Fax: 206-973-8527 - Email: <a href="mailto:MHWProviderInfo@molinahealthcare.com">MHWProviderInfo@molinahealthcare.com</a></td>
<td>Change in office locations, hours, phone, fax or email address, office location, Tax ID and/or NPI, open/close status to new patients (PCP’s Only) please submit changes using the Provider Change Information Form located on our website: Provider Change Form (molinahealthcare.com)</td>
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POST WEBINAR QUESTION 1

Where do you start in contracting with Apple Health?
- Submit the contract application with the Managed Care Plan
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- Enroll as a ProviderOne provider with HCA
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  - Very Knowledgeable
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  - Very Unknowledgeable
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• I know how to verify eligibility.
  - Yes
  - No
PrEP Delivery Network Panel:
Learning from Leaders - Community Leaders and PIPAR Pharmacies
Share Experiences and Welcome Pharmacies to Washington’s
PrEP Delivery Network

Friday, September 9
12:00 - 1:00 PM PT

Participants include Health Officers and Representatives from Health Districts and Health Departments from Seattle-King County, Tacoma-Pierce County, Snohomish, Spokane and Yakima