Molina Healthcare

Provider Open Forum May 2025

Agenda

➢ Frequent Asked Questions (FAQs)

➢ Survey-Please Complete

➢ 2025 MMP Provider Manual

➢ Appeals Reminder

➢ Availity Resources

➢ Member Eligibility- 1st of the month

➢ Demographic changes/ updates

Frequently Asked Questions (FAQs)

Background checks

- **How often?**
  iChat is required within 90days of hire date and annually
  OIG/SAM- Federal exclusion list monthly
  Must maintain records and documentation

- **Are family members exempt from background checks?**
  No. Family members are required to follow the same process.

- **If a family member has a criminal background, can they still care for the member?**

- **Family Caregivers** - If the caregiver with an exclusion is a family/friend chosen by the member, please notify the Molina Support Specialist assigned to your agency so that we may follow appropriate procedure. Do not utilize the caregiver for any service provision unless you receive confirmation from the Molina Support Specialist to do so. Additionally, the applicant must be notified that the results of the screening will be shared with the applicant.

- **Agency Caregivers -** If the caregiver with a permissive exclusion is <u>not</u> a family caregiver chosen by the member, Molina asks that you refrain from using that caregiver when providing services to Molina members and only utilize caregivers without any exclusions. There are permissive exclusions, meaning the member can sign off as long as they've been made aware of the criminal background in certain situations, but there are also Mandatory Exclusions that are not permissible no matter what, usually it has to do with convictions of Medicare/Medicaid Fraud and manufacturing of narcotics.

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Continued FAQs

How does my agency receive more membership?

This is the members' choice. Members must request your agency. Please direct members to their CC.

Can a provider speak on behalf of a member?

No. A provider may not speak on behalf of a member without written/verbal consent.

MDHHS increase starting 10/1/2024- Are claims being back dated?

No. MDHHS letter L24-55 is for facilities only.

For More information regarding exclusions please see page 2 of the FQAs.

1. Mandatory Exclusions
2. Permissive Exclusions

-Working document. Will be uploaded on the LTSS website

Long Term Support Services

LTSS-Provider Survey

Be on the Lookout! Your feedback is important!

Please consider taking a few moments to share your feedback. The information you provide will help us better serve your needs and our members by providing adequate training and improvement in processes within Molina Healthcare of Michigan. We look forward to receiving your response.

PLEASE CLICK HERE →
https://molinahealthcare.surveymonkey.com/r/LTSSProviderSurvey

o   We will review the responses at June Forum- **June 25th from 10am-11am**

2025 MMP Dual Provider Manual

Molina Provider manual will be uploaded on the LTSS website:

Long Term Support Services (Link)

➢ **New- Provider Relations** (name change)
Previously Provider Rep.-Vanessa

➢ **Contact information updated for:**
- Provider Services
- Member Services
- Claims
- Compliance and Fraud Alert line
- 24- hour Nurse Advice line
- Health Care Services
- Health Management
- Pharmacy
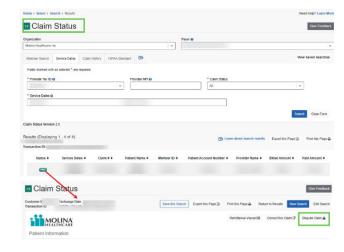
➢ **Members Rights and Responsibilities updated**

Availity – Disputes/Appeals

- Provider disputes/appeals **must** be submitted within 90 days from the remittance date.

- Dispute/appeals **must** be submitted electronically:
  - Availity Essentials Provider Portal (preferred)
    - Availity.com/molinahealthcare
  - Fax:(248)925-1768

- In the event the dispute/appeal is upheld – send an email to mhmltsscontracting@molinahealthcare
  - Include: Claim number, patient information, appeal number, and appeal discission

- Availity disputes: A step-by-step guide
- Claims Correction in Availity

Availity disputes: A step-by-step guide

Initiate Dispute via Claims Status
- Navigate to the Availity Essentials menu bar and select Claims & Payments > Claims Status
- Use the Claim Status application to search for the claims
- After locating the claim, select it on the Claim Status Results page, and click the Dispute Claim button
- A confirmation window will be displayed, informing you that a dispute has been initiated for this claim

Member Eligibility

- Provider must ensure that members are eligible prior to providing services by checking eligibility.
- Approved Prior Authorization does not guarantee payment.

Eligibility Listing for Medicaid Programs

Providers who contract with Molina may verify a Member's eligibility and/or confirm PCP assignment by checking the following:

- Molina Provider Services at (855) 322-4077
- Eligibility can also be verified through the state
    - Champs Eligibility Inquiry   (800) 292-2550
    - Champs Email   ProviderSupport@michigan.gov
    - Molina Provider Portal   Provider.MolinaHealthcare.com
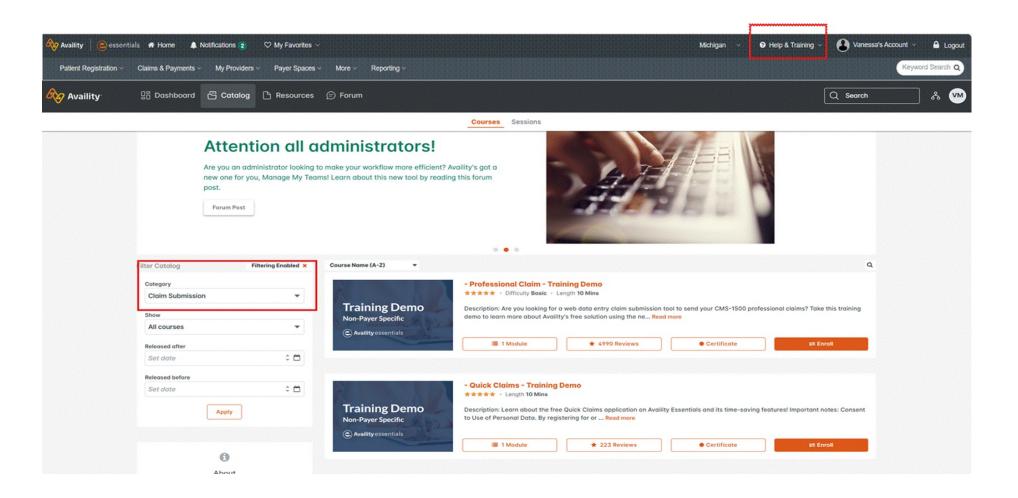- Availity Essentials portal at   provider.MolinaHealthcare.com

Possession of a Medicaid ID Card does not mean a recipient is eligible for Medicaid services. A member's eligibility may change monthly; a Provider should verify a recipient's eligibility each time the recipient receives services. The verification sources can be used to verify a recipient's enrollment in a managed care plan. The name and telephone number of the managed care plan are given along with other eligibility information. Services provided when a member is not enrolled with Molina Healthcare will not be covered.

Provider Manual - Pg. 13

Eligibility and Benefits Inquiry – Quick start guide

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Availity – Help & Training Resources

Demographic Changes/Updates

- Provider Change Form and updated W9 must be submitted for any changes/updates to accounts.

    o Address change – Physical or mailing
    o Add NPI

    o MICHIGAN PROVIDER CHANGE FORM
    o Form W-9

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Mark your Calendars!

Next Open Forum

Wednesday June 25th from 10:00am-11:00am

A Teams Invite will be sent prior to the forum!

Survey

Thank you for joining us today!
We appreciate your feedback!

Please complete the survey below.

https://molinahealthcare.surveymonkey.com/r/LTSSProviderSurvey