

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

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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

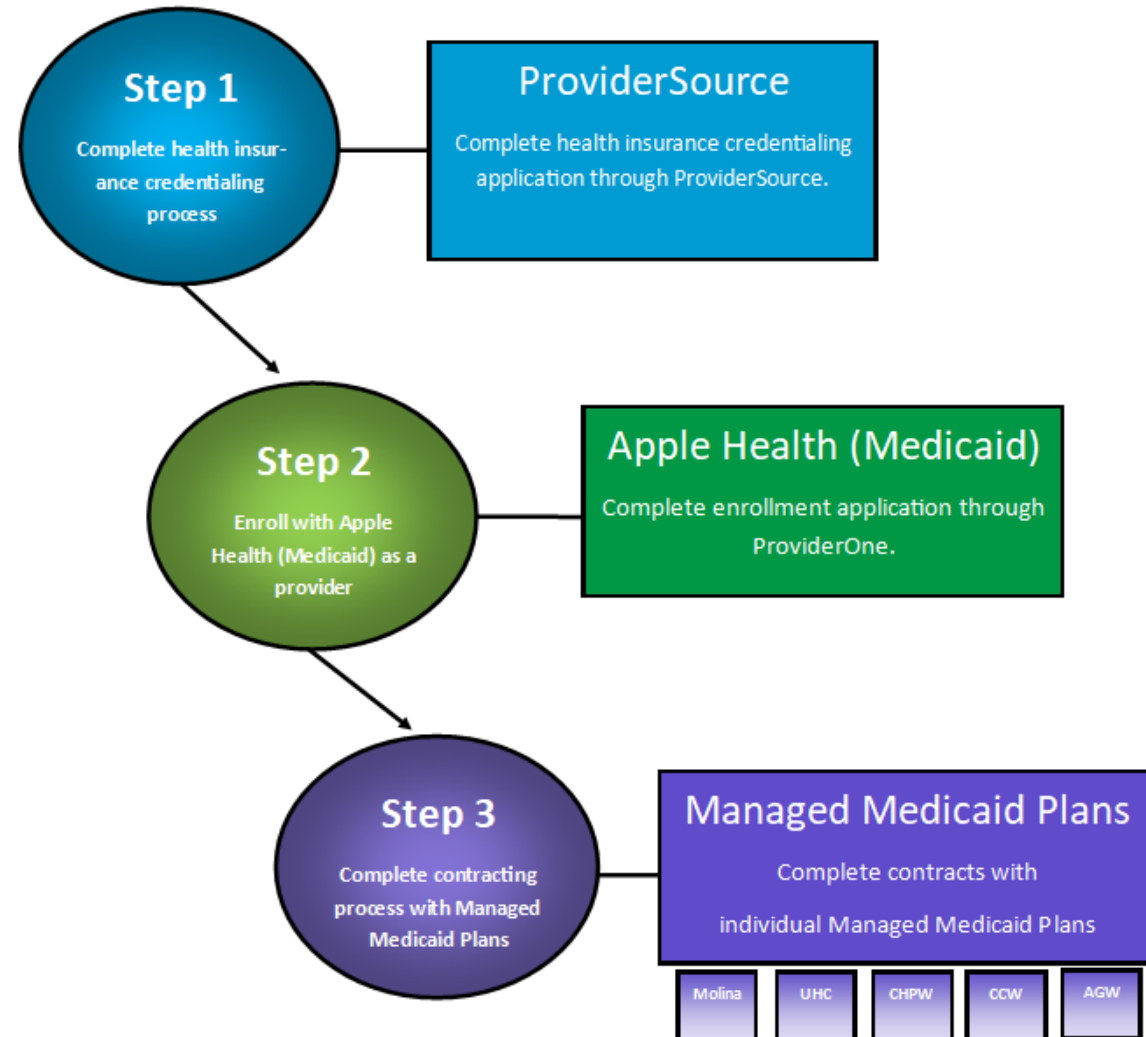
Disclaimer

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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.



PRE WEBINAR QUESTION 1

- 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

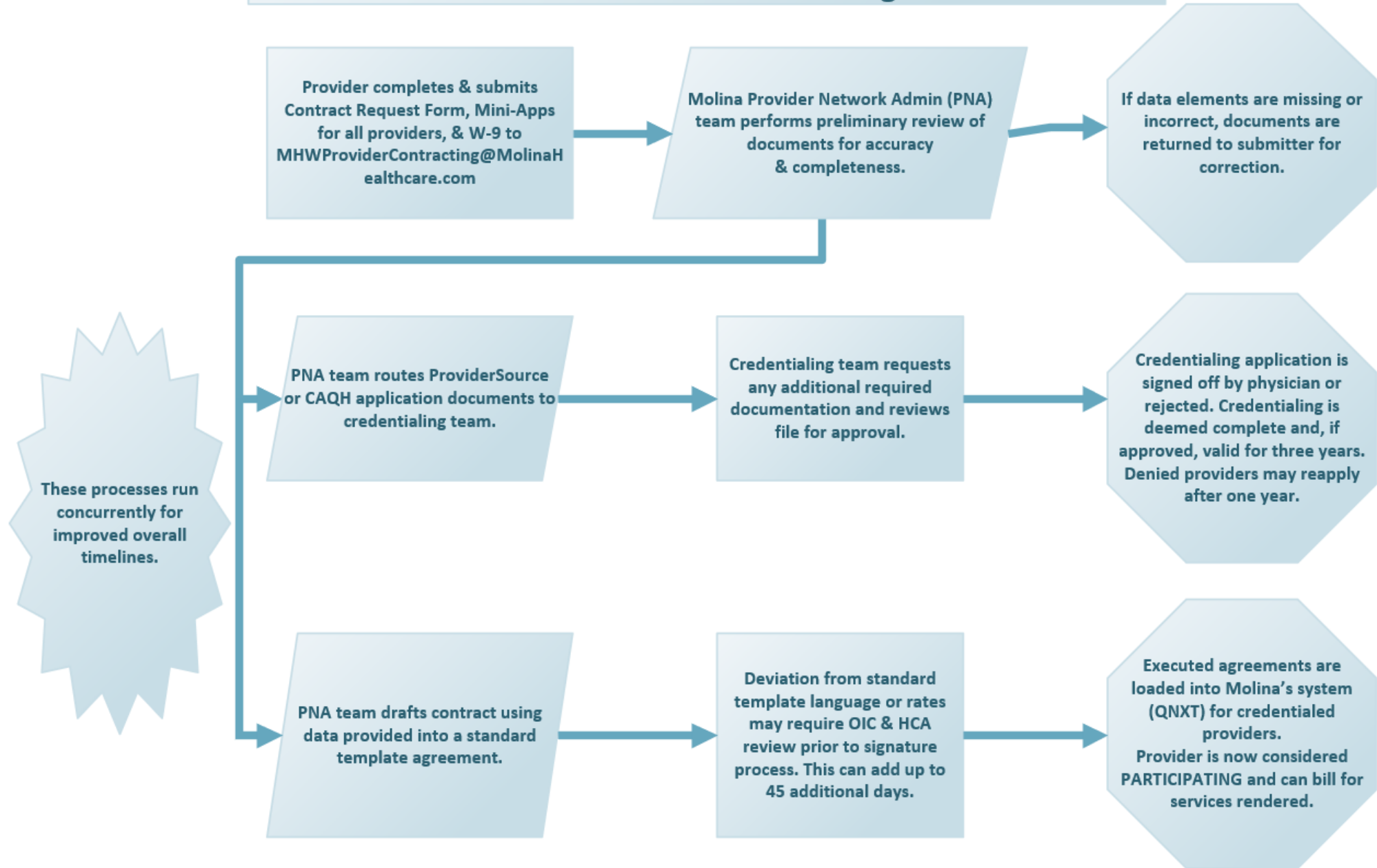
PRE WEBINAR QUESTION 3

- 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



CONTRACT REQUEST FORM

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.



Provider Contract Request Form Molina Healthcare of Washington, Inc.

Thank you for your interest in becoming a **Molina Healthcare of Washington, Inc.**, provider! Please complete this form and return it along with a W-9 to: MHWProviderContracting@MolinaHealthcare.com for network participation consideration. *Completing this form is not a guarantee of network participation.*

PROVIDER TYPE (check all that apply)

<input type="checkbox"/> Individual	<input type="checkbox"/> Single Specialty Group	<input type="checkbox"/> Multi-Specialty Group		
Specialty(ies):				
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Hospital	<input type="checkbox"/> Skilled Nursing Facility	
<input type="checkbox"/> Home Health	<input type="checkbox"/> DME	<input type="checkbox"/> Laboratory		
<input type="checkbox"/> FQHC	<input type="checkbox"/> RHC	<input type="checkbox"/> Tribal		
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Autism Services	<input type="checkbox"/> SUD / <input type="checkbox"/> MAT	<input type="checkbox"/> Gender Dysphoria	<input type="checkbox"/> Eating Disorder
Other:			Facility Based:	<input type="checkbox"/> Yes <input type="checkbox"/> No

GROUP ADMINISTRATOR CONTACT INFORMATION

Name:	Phone:
Email:	
<input type="checkbox"/> Employee of the Group	<input type="checkbox"/> Consultant / 3 rd Party Professional

GROUP INFORMATION

Legal Name:	
DBA Name:	
<input type="checkbox"/> DBA name is billing name (Box 33 on HCFA / CMS1500)	<input type="checkbox"/> DBA name is service location name (Box 32 on HCFA / CMS1500)
TIN:	Group/Billing NPI*:
Primary Service Location: <i>(Please include roster of additional service locations.)</i>	
Phone:	Fax:
Billing/Remit Address:	

PRACTITIONER ROSTER (Complete if applicable, please attach separate sheet for additional practitioners.)

Last Name: _____ First Name: _____
Specialty: _____ Title (MD, DO, etc.) _____
NPI: _____ Age Limits (if yes, please specify): _____

Gender Restrictions Yes No (if yes, please specify): _____ Complete OB Care: Yes No

Family Planning: Yes No PCP Yes No Accepting New Patients Yes No

Are all practitioners employed by the group and billing under the group TIN identified above? Yes No

If NO, please be advised that a separate agreement may be required for non-employed practitioners.

*Please note: All billing and rendering NPIs MUST be registered with the Washington State Health Care Authority (HCA) prior to credentialing/contracting. All providers must be credentialed AND contracted to be considered in-network participating providers.

PROVIDER MINI-APPLICATION

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.

Please complete this form to add a new practitioner to an in-network contracted group and return to: MHWProviderContracting@MolinaHealthcare.com.

If practitioner is **Facility Based** (ie: Hospitalist, Anesthesiologist, etc) and/or **non-PCP Physician Assistant or Nurse Practitioner** this form can be returned to MHWProviderInfo@MolinaHealthcare.com.

Failure to provide information requested on this form may result in significant processing delays and/or the denial of your request. Completing this form is not a guarantee of network participation.

PRACTITIONER INFORMATION			
Last Name:	First Name:	Middle Initial:	Suffix (Jr, Sr, III, etc):
Birth Date:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Individual NPI*:	
Title (MD, DO, ARNP, etc.)	Primary Specialty: <input type="checkbox"/> PCP <input type="checkbox"/> Facility-Based (Hospital, SNF, etc.)	Sub-Specialties:	
Application Availability: <input type="checkbox"/> ProviderSource <input type="checkbox"/> CAQH #:			

GROUP CONTACT INFORMATION		
Name:	Phone:	Email:

PRIMARY PRACTICE INFORMATION	
Start/Effective Date:	
Legal Name:	
TIN:	Group/Billing NPI:
Primary Service Location:	
Panel Information - Required for each affiliated location:	
1. Age Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Upper Age Limit: Lower Age Limit:	
2. Gender Limit: <input type="checkbox"/> No <input type="checkbox"/> Female Only <input type="checkbox"/> Male Only	
3. Complete OB Care up to Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Including Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Family Planning Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Accepting New Patients - If a PCP, do you have an open panel for member assignment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECONDARY PRACTICE INFORMATION	
Start/Effective Date:	
Legal Name:	
TIN:	Group/Billing NPI:
Secondary Service Location:	
<i>Please include roster of additional service locations including Panel Information below.</i>	
Panel Information - Required for each affiliated location:	
<input type="checkbox"/> Same as Primary Practice, if different, please complete panel information below.	
1. Age Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Upper Age Limit: Lower Age Limit:	
2. Gender Limit: <input type="checkbox"/> No <input type="checkbox"/> Female Only <input type="checkbox"/> Male Only	
3. Complete OB Care up to Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Including Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Family Planning Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Accepting New Patients - If a PCP, do you have an open panel for member assignment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

W-9 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).

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

____ - ____ - _____

or

Employer identification number

____ - _____

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

PREP PHARMACIES: BILLING INFORMATION MOLINA HEALTHCARE OF WASHINGTON

Kelsey Gratton
Sr. Provider Engagement Representative

Availity Portal Overview/Features

Molina Healthcare is excited to share the many great features that are available to providers when using Availity.

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 and select the Molina logo to log in to the Availity Portal.

You're ready to explore Molina on the Availity Portal.

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

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

Availity Portal Training

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 \(onehealthport.com\)](http://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>

PRIOR AUTHORIZATION (PA)

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>

- **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”

To Print an Auth form visit or to find Frequently used forms click below:

What is a CPT Code?

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 \(PrEP\) Related Billing Codes \(wa.gov\)](#)

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](#)

Verify member eligibility on Availity and submit all claims electronically

Medicaid/Marketplace Claims Submission

- Claims can take anywhere from 30-45 days to process
- Timely Filing details can be in your contract.
- 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.
- Appeals can be submitted via Availity (*Payer spaces*), Fax: (877) 814-0342 or MHWProviderServicesInternalRep@MolinaHealthcare.com

Medicare Claims Submission

- Standard Timely Filing: One Year

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>
- 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

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 \(molinahealthcare.com\)](https://www.molinahealthcare.com)

PROVIDER SERVICES PH# 855-322-4082 (Providers Only)

Eligibility	Option #1	Benefits, Eligibility & Claim information 7:30 a.m. to 6:30 p.m., Mon-Fri
Pharmacy	Option #2	Questions regarding the formulary and/or drug Prior Authorization requests
Non-pharmacy claims inquiry	Option #3	Assistance with complex claims concerns, claim appeals, disputes and provider questions MHWProviderServicesInternalRep@MolinaHealthcare.com
Admits/Prior Authorizations	Option #4	
Case Management	Option #5	
Contracting/Credentialing	Option #6	MHWProviderContracting@MolinaHealthcare.com
Community Engagement	Ext. 144177	Health education, events and other community engagement activities WACommunity@MolinaHealthcare.com
Claims Recovery	866-624 8999 FAX: 888-396-1520	Dispute: Molina Healthcare, PO Box 2470, Spokane, WA 99210 Refund: Molina Healthcare, PO Box 30717, Los Angeles, CA 90030
CareMark Specialty Pharmaceuticals	800-869-7791	https://www.caremark.com
Vision Service Plan (VSP)	800-615-1883	www.VSP.com
Provider Information Change	- Fax: 206-973-8527 - Email: MHWProviderInfo@molinahealthcare.com	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)

USEFUL LINKS

CLAIMS EDITING PROCESS

<https://www.molinahealthcare.com/providers/wa/medicaid/policies/Pages/policies.aspx>

FRAUD PREVENTION

<https://www.molinahealthcare.com/providers/wa/medicaid/policies/Pages/fraud.aspx>

HCA MEDICAID FEE SCHEDULE

<http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>

HIPAA RESOURCES

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

MEDICAID FORMULARY

<https://www.molinahealthcare.com/members/wa/en-US/PDF/Medicaid/formulary.pdf>

MENTAL HEALTH RESOURCES

<http://www.molinahealthcare.com/providers/wa/medicaid/resource/Pages/mental-health.aspx>
<https://www.warecoveryhelpline.org>

PROVIDER MANUAL

[Medicaid](#), [Medicare](#) and [Marketplace](#)

PROVIDER NEWSLETTER

<http://www.molinahealthcare.com/providers/wa/medicaid/comm/Pages/newsletters.aspx>

FREQUENTLY USED FORMS

[Frequently Used Forms | Molina Healthcare of Washington](#)

POST WEBINAR QUESTION 1

- 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

POST WEBINAR QUESTION 2

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

POST WEBINAR QUESTION 3

- I know how to verify eligibility.
 - Yes
 - No

NEXT SESSION

**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