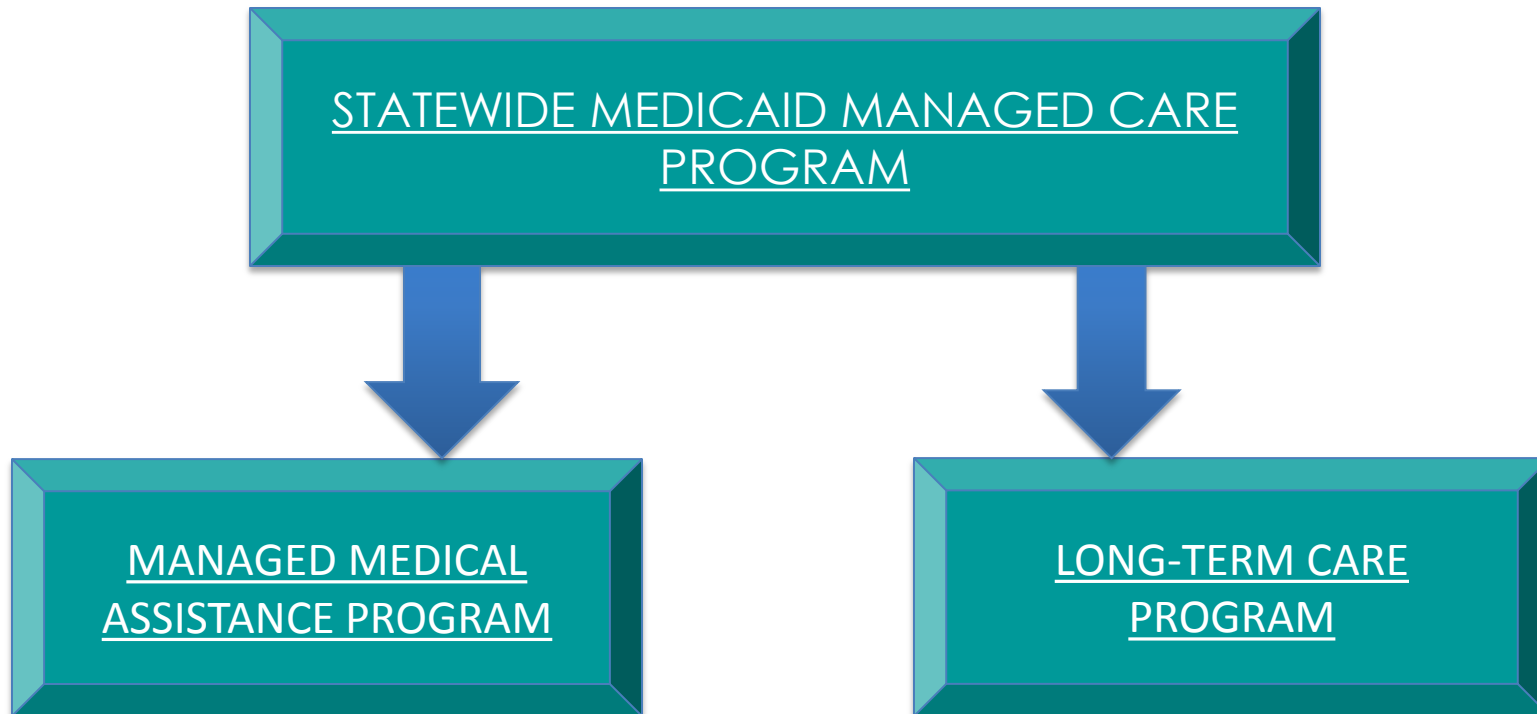




Your Extended Family.

# LTC Monthly Claims Training – SIXT and MEDP Aid Categories

# Statewide Medicaid Managed Care: Key Components



# Verifying Eligibility



Molina Healthcare offers various tools for verifying member eligibility. Providers may use our online self-service Web Portal, integrated voice response system (IVR), or speak with a live Customer Service Representative.

**Web Portal :** <https://eportal.molinahealthcare.com/Provider/login>

**Customer Service:** (866) 472-4585 (M-F 8:00 am – 7:00 pm)

**IVR Automated System:** (866) 472-4585 (24 Hours)



Your Extended Family <sub>3</sub>

# Eligibility Overview



Medicaid is a program intended for those with low income, but a low income is not the only requirement to enroll in the program. Eligibility is *categorical*—that is, to enroll you must be a member of a category defined by statute; some of these categories include but are not limited to low-income children below a certain age, pregnant women, parents of Medicaid-eligible children who meet certain income requirements, and low-income seniors.

The details of how each category is defined vary from state to state.

# What is the MEDP Aid Category?



## MEDP – Medicaid Pending

- The “MEDP” aid category applies to individuals who apply for the Long-term Care program to receive home and community based services and who meet medical eligibility requirements.
- These individuals can choose to receive services **before** being determined financially eligible for Medicaid by the Florida Department of Children and Families (DCF).
- This option is not available to individuals in nursing facilities.

# What is the SIXT Aid Category?



## SIXT – Sixty Days Loss of Eligibility

- Long-term Care plans are required to cover recipients who have lost Medicaid eligibility for sixty days from the date of ineligibility.
- The SIXT aid category allows recipient eligibility to continue during loss of eligibility.

# MEDP & SIXT Reimbursement – LTC



- The Long-term Care plan must assist Medicaid Pending enrollees with completing the DCF financial eligibility process.
- The Long-term Care plan is responsible for reimbursing subcontracted providers for the provision of home and community based services during the Medicaid Pending period, **whether or not** the enrollee is determined financially eligible for Medicaid by DCF.

# MEDP & SIXT Reimbursement – HMO



- If the recipient has an HMO and they are Medicaid pending or in loss of Medicaid eligibility for 60 days the HMO will be responsible for paying the provider in both situations.



# Submitting Claims



Providers may submit claims to Molina for LTC in the following ways:

- On paper, using a current version CMS-1500 form, to:

Molina Healthcare  
PO Box 22812  
Long Beach, CA 90801

- Electronically, via a clearinghouse, Payer ID #51062
  - Visit [www.molinahealthcare.com](http://www.molinahealthcare.com) for additional information about EDI submission
- Electronically, via the Molina Web Portal



# Direct Deposit of Funds



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

Molina Healthcare's EFT provider is ProviderNet.

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

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

# Timely Filing



F.S. 641.3155 requires that providers submit all claims within six (6) months of the date of service. Network providers must make every effort to submit claims for payment in a timely manner, and within the statutory requirement.

If Molina Healthcare of Florida is not the primary payer under coordination of benefits (COB), providers must submit claims for payment to Molina Healthcare of Florida within ninety (90) days after the final determination by the primary payer.

Except as otherwise provided by law or provided by government sponsored program requirements, any claims that are not submitted to Molina Healthcare of Florida within these timelines will not be eligible for payment, and provider thereby waives any right to payment.

Non-Participating providers have one (1) Calendar Year from Date Of Service to submit an initial (Original) Claim.

Corrected Claims may be submitted at any time within the filing limit, or within 35 days of the claim Paid Date, if the filing limit has expired.



# EXAMPLE: MEDP Member in FLMMS



Providers Account Claims **Eligibility** Prior Authorization LTC Reports Trade Files

Eligibility Verification Request ? ⌵

Recipient ID  Birth Date

Card Control #  SSN

Last Name  From DOS 09/01/2014

First Name  To DOS 09/24/2014

Gender

---

Recipient Information ? ⌵

Recipient ID  Last Name

Birth Date  First Name

Medicare AB Medicare #

Patient Liability Outpatient Dollars Remaining \$1500.00

Home Health Visits Remaining 60 ER Visits Remaining 6

Inpatient Days Remaining 45

Vision Benefit Limits

\*\*\* No rows found \*\*\*

General Physician Visits

\*\*\* No rows found \*\*\*

Benefit Plan

Benefit Plan	Effective Date	End Date
MEDP: Full Medicaid	09/01/2014	09/24/2014

TPL

\*\*\* No rows found \*\*\*

Managed Care

Provider Name	Provider Phone	Plan Name	Effective Date	End Date
MOLINA HEALTHCARE, INC	(866)422-2541	SMMC Long-Term Care (LTCC)	09/01/2014	09/24/2014

Lock-In

\*\*\* No rows found \*\*\*



# EXAMPLE: SIXT Member in FLMMS



Providers Account Claims **Eligibility** Prior Authorization LTC Reports Trade Files

Eligibility Verification Request ? ⬆

Recipient ID  Birth Date

Card Control #  SSN

Last Name  From DOS 09/01/2014

First Name  To DOS 09/24/2014

Gender

---

Recipient Information ? ⬆

Recipient ID  Last Name

Birth Date  First Name

Medicare AB Medicare #

Patient Liability Outpatient Dollars Remaining \$1500.00

Home Health Visits Remaining 60 ER Visits Remaining 6

Inpatient Days Remaining 45

Vision Benefit Limits

\*\*\* No rows found \*\*\*

General Physician Visits

\*\*\* No rows found \*\*\*

Benefit Plan

Benefit Plan	Effective Date	End Date
SMB : Ltd to Med. premiums, deductibles and CoIns	09/01/2014	09/24/2014
<b>SIXT: Full Medicaid</b>	09/01/2014	09/24/2014

TPL

\*\*\* No rows found \*\*\*

Managed Care

Provider Name	Provider Phone	Plan Name	Effective Date	End Date
MOLINA HEALTHCARE, INC	(866)422-2541	SMMC Long-Term Care (LTCC)	09/01/2014	09/24/2014

Lock-In

\*\*\* No rows found \*\*\*



# Web Portal Tools



## Member Eligibility

- Verify effective dates
- Verify patient demographics

## Claims

- Check claim status
- Submit claims

## Authorizations

- Check status of an LTC authorization
- Request an LTC authorization



Your Extended Family.

# Verifying Member Eligibility on Web-Portal



Favorites | Web Slice Gallery | Free Hotmail | Suggested Sites

Welcome to Molina Healthcare, Inc. - ePortal Services

**MOLINA HEALTHCARE** Provider Self Services

Aug 27 2014 2:05:49 PM  
Support User : Marshals

Home **Member Eligibility** Claims Service Request/Authorization Provider Search HEDIS Profile **New!** Member Roster Download Account Tools Logout

**Newsletters**

- Medicaid Newsletter
- Marketplace Newsletter

**Messages**

✓ No New Message

**NEW!** Export a Claims Report to Excel beyond 12 months and receive your report in as little as ten minutes! To access, click on "Claims" then "Export Claims Report to Excel".

**Recent Service Requests/Authorizations\***

Show All

\* Displays the last 30 days' most recent Service Requests/Authorizations based on Submission Date

**Recent Claims \***

[Show Recent Claims](#)

\* Displays the last 30 days' most recent Claims based on Received Date

**Downloadable Claim Reports**

You have no claim files in last 30 days. [View more Claim files](#)

**Nurse Advice Reports**

You have no Nurse Advice Reports in last 30 days. [View more Nurse Advice Reports](#)

**Welcome**  
IZQUIERDO HOME CARE I

- Contact Molina
- View FAQs
- NPI Submission
- What's New!
- Training Materials

**Forms**

- Medication Prior Authorization Request
- More Forms
- LCD's and NCD's
- State Billing Guidelines
- 2012 Provider Orientation
- Marketplace Provider
- Forms
  - Marketplace Prior Authorization Form
  - Prior Authorization Grid
  - Service Request

**Links**

- Find a Pharmacy
- View Nurse Advice Reports
- ProviderNet Remittance EFT
- HIPAA 5010
- Formulary

- ☐ After logging in:
  - Select "Member Eligibility"



Your Extended Family <sup>15</sup>

# Verifying Member Eligibility on Web-Portal



The screenshot shows the Molina Healthcare Provider Self Services web portal. The page title is "Provider Self Services" and the date/time is "Aug 27 2014 1:56:35 PM". The support user is "Marshals". The navigation menu includes "Home", "Member Eligibility", "Claims", "Service Request/Authorization", "Provider Search", "HEDIS Profile New!", "Member Roster", "Download", "Account Tools", and "Logout". The "Member Eligibility" section is active, and the "Member Search" link is circled in red. The search form includes fields for "Member ID", "First Name", "Last Name", "Date of Birth", "Gender", "Zip Code", and "Line of Business". The "Search for Member" button is also circled in red. A date field for "To see member eligibility from certain date enter date here:" is set to "08/27/2014".

- ❑ Member Search:
  - Enter Member ID or Member First and Last Name and Date of Birth

Select "Search for Member"





# Verifying Member Eligibility on Web-Portal - EXAMPLES



## Comprehensive Member (LTC and MMA) - Enrollment Plan: MMA & LONG TERM CARE BENEFIT PLAN

**MOLINA HEALTHCARE** Provider Self Services  
Aug 27 2014 1:56:01 PM Support User : Marshals

Home Member Eligibility Claims Service Request/Authorization Provider Search HEDIS Profile New! Member Roster Download Account Tools Logout

**You Are Here: Member Information**

Back to Member Eligibility Inquiry

Quick View:  Member currently enrolled  No Missed Services  No enrollment restrictions

**Member Information**

Name: [REDACTED] Member #: [REDACTED]  
Date of Birth: [REDACTED] Gender: [REDACTED]  
Mailing Address: [REDACTED] Home #: [REDACTED]

**Additional Member Information**

**Enrollment Information**

Enrollment Plan: **MMA & LONG TERM CARE BENEFIT PLAN**  
Enrollment Status: ACTIVE  
Enrollment Effective Date: 07/01/2014  
Enrollment Term Date: [REDACTED]  
Rate Code: 11-110J9B  
Health Plan ID: [REDACTED]  
Subscriber ID: [REDACTED]  
Medi-Kids: NO

**Primary Care Provider Information**

Provider Name: TAMAYO, EDMUNDO R  
Provider NPI: 1457347957  
Provider Specialty: INTERNAL MEDICINE  
Effective Date with Member: 07/01/2014  
Service Location: EDMUNDO R TAMAYO MD  
PA, 9037 BISCAYNE BLVD

- Member Information Page** should reflect:
  - Member Name
  - Date of Birth
  - Mailing Address
  - Gender
  - Telephone Number(s)
  
- Enrollment Plan:** Is the member's Line Of Business with Molina.
  
- Enrollment Status:** Active or Inactive
  
- Enrollment Effective Date:** First Date of Member enrollment



# Verifying Member Eligibility on Web-Portal - EXAMPLES



## MMA Member - Enrollment Plan: MANAGED MEDICAL ASSISTANCE (MMA) BENEFIT PLAN

**Enrollment Plan:**  
Is the member's Line Of Business with Molina.

The screenshot displays the Molina Healthcare Provider Self Services interface. At the top, the navigation bar includes links for Home, Member Eligibility, Claims, Service Request/Authorization, Provider Search, HEDIS Profile, Member Roster, Download, Account Tools, and Logout. The current page is titled "Member Information" and shows a "Quick View" summary with three green status indicators: "Member currently enrolled", "No Missed Services", and "No enrollment restrictions". A red arrow points to the "Enrollment Plan" field, which is highlighted in blue and contains the text "MANAGED MEDICAL ASSISTANCE (MMA) BENEFIT PLAN". Other visible fields include "Enrollment Status: ACTIVE", "Enrollment Effective Date: 07/01/2014", and "Enrollment Term Dates: Rate Code: 11-110F5F". The "Primary Care Provider Information" section at the bottom lists "BRAVO, BELKYS" as the provider.



Your Extended Family 18

# Verifying Member Eligibility on Web-Portal - EXAMPLES



## LTC Member - Enrollment Plan: FLORIDA LONG TERM CARE BENEFIT PLAN

**Enrollment Plan:**  
Is the member's Line Of  
Business with Molina.

**MOLINA HEALTHCARE** Provider Self Services  
Aug 27 2014 1:58:08 PM  
Support User : Marshals

Home Member Eligibility Claims Service Request/Authorization Provider Search HEDIS Profile **New!** Member Roster Download Account Tools Logout

**You Are Here: Member Information** [Help](#)

*\*PLEASE NOTE - Eligibility verification is not a guarantee of payment.*

[Back to Member Eligibility Inquiry](#) Eligibility Information is current as of Aug 27 2014 10:30:08 AM PST

Quick View:  Member currently enrolled  No Missed Services  No enrollment restrictions

**Member Information**

Name: [REDACTED] Member #: [REDACTED]  
Date of Birth: [REDACTED] Gender: [REDACTED]  
Mailing Address: [REDACTED] Home #: [REDACTED]

Alternative #: [REDACTED]  
Mobile #: [REDACTED]  
Email ID: [REDACTED]

**+ Additional Member Information** Expand to view Additional Member Information

**Enrollment Information** As of search date Today

Enrollment Plan: **FLORIDA LONG TERM CARE BENEFIT PLAN** Member has no current restrictions  
Enrollment Status: ACTIVE  
Enrollment Effective Date: 02/01/2014 Member has no other Insurance  
Enrollment Term Date:  
Rate Code: 05-038EQR  
Health Plan ID: [REDACTED] View [Benefit Co-Pay Summary Amount](#)  
Subscriber ID: [REDACTED]  
Medi-Kids: No

**+ Enrollment History** Expand to view Enrollment History

**- Primary Care Provider Information** Collapse to hide Primary Care Provider Information

There are no Primary Care Provider Information records

**+ PCP History** Expand to view PCP History

**+ IPA/Group Information** Expand to view IPA/Group Information

**+ IPA/Group History**



Your Extended Family <sup>19</sup>

# Provider Handbook



Providers may access Molina's online training materials for instructions on billing services for Long-Term Care, but should continue to follow the State's Medicaid guidelines in the Agency for Health Care Administration's (AHCA) Handbook for both billing and covered services information. The Handbooks are located at:

## **Florida Provider Handbook –**

[http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH\\_12\\_12-07-01\\_Provider\\_General\\_Handbook.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/GH_12_12-07-01_Provider_General_Handbook.pdf)

## **Molina LTC Provider Handbook –**

<http://www.molinahealthcare.com/providers/fl/PDF/Medicaid/provider-handbook-ltc.pdf>

***\*\*Providers should ensure that they bill only their respective codes as indicated in their Molina Healthcare Contract.\*\****



**Your Extended Family.**

# Balance Billing



Participating providers shall accept Molina Healthcare's payments as payment in full for covered services. Providers may not balance bill the Member for any covered benefit, except for applicable copayments and deductibles, if any.

As a Molina Healthcare of Florida participating provider, your office is responsible for verifying eligibility and obtaining approval for those services that require authorization. In the event of a denial of payment, providers shall look solely to Molina Healthcare for compensation for services rendered.

# Questions



THANK YOU FOR ATTENDING!

FOR A COPY OF THIS PRESENTATION PLEASE EMAIL:  
[Shaun.Marshall@MolinaHealthcare.Com](mailto:Shaun.Marshall@MolinaHealthcare.Com)

