

Overview

Provider Manual 2012

Purpose

This Provider Manual has been prepared to serve as a guide for working with Molina Healthcare of New Mexico, Inc. (Molina Healthcare) managed care products. As a reference tool, the manual will provide basic information and answer general questions about how Molina Healthcare operates.

Organization

The manual is organized into sections identified by tabs showing main topics. The subtopics are listed in the Table of Contents.

Company Profile

Molina Healthcare, Inc. (MHI) is a family-founded, physician-led managed care organization headquartered in Long Beach, California. In 2010 Molina Healthcare was named the largest Hispanic-owned company in the U.S. Founded more than thirty (30) years ago, MHI has grown to serve more than 1.6 million (1,600,000) Members in nine (9) states – California, Florida, Michigan, , New Mexico, Ohio, Texas, Utah, Washington and Wisconsin.

MHI and affiliated health plans focus on providing healthcare services to people who receive benefits through government-sponsored programs such as Medicaid and Medicare. MHI strives to break down the financial, cultural and linguistic barriers that prevent low-income families and individuals from accessing appropriate healthcare – and does so by partnering with state government programs.

MHI is an exceptional health care organization focused on improving access to quality care, increasing coordination of care and improving health outcomes for Medicaid Members; all while cultivating a culturally sensitive and practitioner/provider friendly environment.

C. David Molina, M.D., founded the company in 1980 as a provider organization with a network of primary care clinics in California. As the need for effective management and delivery of healthcare services to underserved populations continued to grow, MHI became licensed as a Health Maintenance Organization (HMO) in California. Dr. Molina believed that each person should be treated like family, and that each person deserves quality care. The company remains devoted to that mission.

MHI is committed to quality and has made accreditation a strategic goal for each of its health plans. Year after year, Molina health plans have received accreditation from the National Committee for Quality Assurance (NCQA). The NCQA accreditation process sets the industry standard for quality in health plan operations. For six consecutive years, Molina Healthcare has earned an “Excellent” ranking from NCQA.

Overview (*continued*)

In addition to operating health plans and primary care clinics, Molina Medicaid Solutions provides design, development, implementation, and business process outsourcing solutions to state governments for their Medicaid Management Information Systems to support the administration of state Medicaid and other health care entitlement programs. Molina Medicaid Solutions is currently contracted with the states of Idaho, Louisiana, Maine, New Jersey and West Virginia.

How Our Health Plan Works

Molina Healthcare is dedicated to working with its practitioners/providers to ensure that compliance standards and regulatory requirements are met. Molina Healthcare has modeled its compliance plan and objectives to reflect the Office of the Inspector General's (OIG) work plans, which is reflected in our relationship with our practitioners/providers to ensure all are in compliance with the work plans.

Our health plan differs from traditional health plans in that at the time of enrollment, Molina Healthcare Primary Care Practitioners (PCPs) are assigned to each Member. The Member will receive an identification card showing the assigned PCP. The Member has the right to change that PCP, and may call Molina Healthcare Member Services with the change. PCPs are chosen from the list of participating practitioners in one of the following specialties: 1) Family Practice/General Practice; 2) Internal Medicine; 3) Pediatrics; or 4) Obstetric/Gynecology (OB/GYN) - Female Members may self-refer to a women's health care practitioner/provider. Some OB/GYNs act as a PCP. In this case, the OB/GYN is listed under the Primary Care Section of the Provider Directory. Individual family Members may choose the same or different PCP(s). If a Member changes PCPs, Molina Healthcare will issue a new card to the Member.

To obtain a Provider Directory, please contact the Provider Services Department in **Albuquerque at (505) 342-4660 or toll free at (800) 377-9594**. Molina Healthcare PCP responsibilities are:

- Providing routine health care, including preventive health exams and treatment for illness and injury;
- Coordinating health care with other participating practitioners/providers. When the PCP feels a referral to a Molina Healthcare specialist is necessary, he/she must follow the procedures for referring Members as outlined in Section I of this manual;
- In rare instances, Members may require care, which is not available within our panel of practitioners/providers. When this situation arises, the Molina Healthcare Medical Director will be available to assist the PCP in securing appropriate care; and
- Obtaining proper authorization when ordering particular services/therapies. For a list of services, see Section J of this manual.

Members may change their PCPs each month. If the change is requested by the twentieth (20th) day of the month, it will become effective the first (1st) day of the following month. If the request is made after the twentieth (20th) day, it will become effective the first (1st) day of the second (2nd) month following the request.

Participating Practitioners/Providers

Definitions:

Practitioner – A professional who provides health care services. Practitioners are usually required to be licensed as defined by law.

Provider – An institution or organization that provides services for Members. Examples of providers include hospitals and home health agencies.

Specialist - A licensed practitioner in all opathic or osteopathic medicine who provides medical care in a particular medical area.

Specialty Care Practitioner/Provider - A practitioner/provider who supplies specialty medical care to Molina Healthcare Members. Such care is provided with referral or authorization from a Member's PCP.

Molina Healthcare of New Mexico, Inc. Salud services are funded in part under contract with the State of New Mexico

How Our Health Plan Works (*continued*)

Primary Care Practitioner (PCP) – An individual, such as a physician or other qualified practitioner, who provides primary care services and manages routine health care.

The panel of participating practitioners/providers consists of physicians, hospitals, and other health care professionals. Participating practitioners/providers agree to provide health care services for Molina Healthcare Members and to abide by Molina Healthcare policies and procedures. The participating practitioner/provider panel includes a full range of licensed and contracting health care professionals and facilities, to include, but is not limited to:

- General Hospitals;
- Practitioners/Physicians;
- Dentists;
- Hospices;
- Physical Therapists;
- Speech Therapists;
- Occupational Therapists;
- Podiatrists;
- Durable Medical Equipment;
- Home Health Care;
- Pharmacies; and
- Licensed and Certified Midwives.

Important Features of an HMO Plan

A health maintenance organization plan is structured to manage the care provided to its Members. Each practitioner/provider and office staff representative needs to be aware of the tools used by Molina Healthcare to manage health care services in order to work successfully with Molina Healthcare.

The important features include:

- PCPs serving as managers of the Member's care (See Section G);
- Referrals from the PCP to other participating practitioners/providers (See Section J);
- Prior Authorization is required for OB/GYN pregnancy related services *at the time of the initial Member visit* (See Section G);
- No referral is required from the PCP for a Member to access an OB/GYN specialist (See Section J); and
- Required prior authorization for a number of services (See Section J).

Medicaid Recipient Financial Responsibilities

New Mexico Administrative Code 8.200.430.16

Practitioners/providers who participate in Medicaid agree to accept the amount paid as payment in full (see 42 CRF 447.15), with the exception of co-payment amounts required in certain Medicaid categories. Other than co-payments, a practitioner/provider may not bill a recipient for any unpaid portion of the bill or for a claim that is not paid because of practitioner/provider administrative error or failure of multiple practitioners/providers to communicate eligibility information. Native Americans are exempt from co-payment requirements.