

# Provider Orientation - 2024

---

MOLINA HEALTHCARE - MICHIGAN



# Welcome and Reflection

Coming together is a beginning, staying together is progress, and working together is success.

-Henry Ford



# Agenda

- Welcome to Molina Healthcare
- Provider Responsibilities
- Provider Online Resources
- Provider Pre-Enrollment Portal
- Member Identification Cards
- Medicaid Redetermination
- Availity
- Prior Authorization (PA)
- Quality Improvement
- Claims and Compensation
- Transportation Services
- Provider Training Opportunities
- Provider Network Services
- Contact Molina

# Welcome to Molina Healthcare!

Dear Provider:

We would like to extend a warm welcome and thank you for joining the Molina Healthcare of Michigan network. We are happy you have joined the Molina Family!

Molina Provider Relation Managers (PRM) are available to meet with your office and staff and to respond to questions, please email [MHMProviderServices@MolinaHealthCare.com](mailto:MHMProviderServices@MolinaHealthCare.com) .

We look forward to working with you and your staff in providing the highest level of health care services to our Michigan members.

Sincerely,



Martha Walsh, MD

Chief Medical Officer

# Provider Responsibilities

# Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

Nondiscrimination in Health Care Service Delivery

Section 1557 Investigations

Facilities, Equipment, and Personnel

Provider Data Accuracy and Validation

Molina Electronic Solutions Requirements

Electronic Solutions

Availity Essentials Portal

Member Rights and Responsibilities

Member Information and Marketing

Member Eligibility Verification

Member Cost Share

Health Care Services

Participation in Quality Programs

Participation in Credentialing

# Provider Online Resources

# Molina Healthcare Website

- Join Molina Healthcare of Michigan's Network
- Medicaid/Healthy MI Plan/MICHild
- Medicare
- Dual Options
- Marketplace
- Provider Portal
- Prior Auth LookUp Tool

[Welcome to Molina Healthcare of Michigan](#)

The screenshot shows the Molina Healthcare website homepage. At the top left is the logo with the text "MOLINA HEALTHCARE". To the right is a search bar with a "Go" button, a "Sign In" button with a dropdown arrow, and a "Register" link. Below the logo is a teal navigation bar with links: "Become a Member", "Members", "Health Care Professionals", "Find a Doctor or Pharmacy", "Brokers", and "About Molina". The main content area features a large teal banner with a family photo. The text on the banner reads: "Welcome Molina Members!", "Getting started with your Molina benefits is easy with the Quick Start Guide!", "Medicaid Members", and "Healthy Michigan Plan Members". Below the banner is a section titled "How can we help you?" with three buttons: "I'd Like to Become a Molina Member", "I'm a Molina Member", and "I'm a Health Care Professional".



# Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider Online Directory

Member Rights and Responsibilities

Prior Authorization Information

Fraud, Waste, and Abuse Information

Pharmacy Information



Contact Information

Provider Manual

Preventive and Clinical Care Guidelines

Claim Dispute

Provider Communications: Provider Bulletins and Provider Newsletters

Advanced Directives

Molina Payment Policies  
Molina Clinical Policies

Health Insurance Portability and Accountability Act (HIPAA)

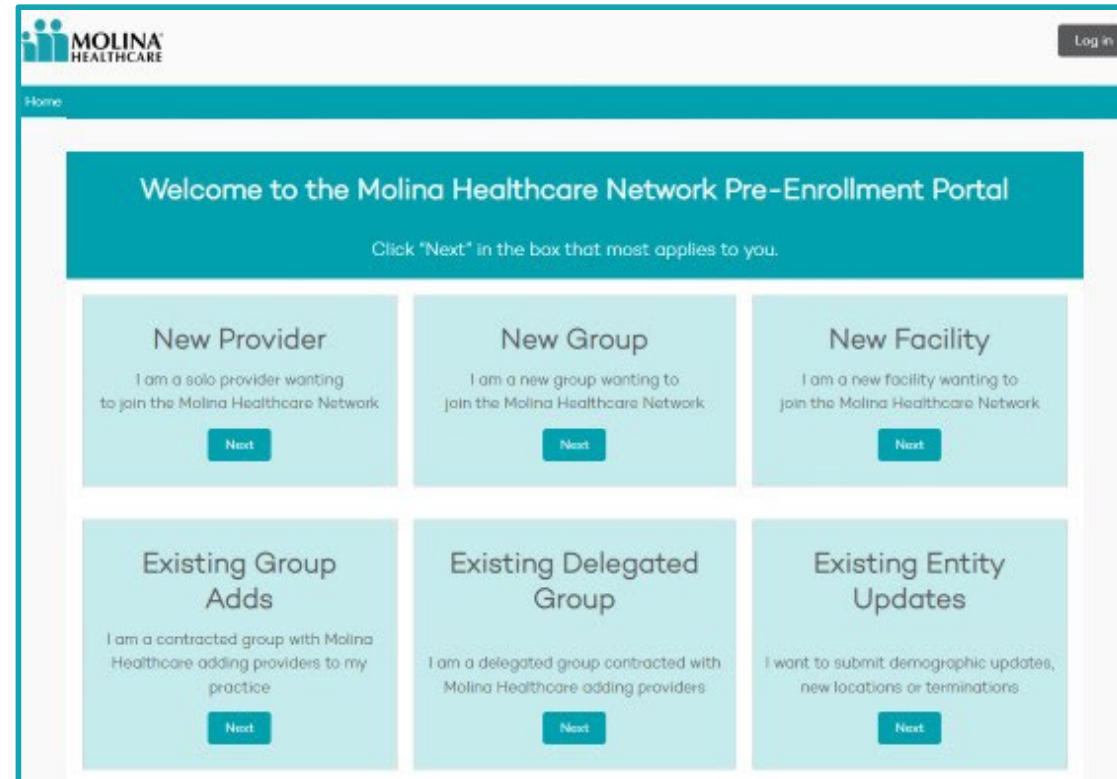
Frequently Used Forms

# Provider Pre-Enrollment Portal

Molina's Provider Website has a variety of online resources:

## Provider Pre-Enrollment Portal

- Providers are re-directed to the pre-enrollment portal from the [Join Our Network](#) page.
- No login is required to access this site.
- The provider will select the appropriate workflow, fill in all required fields and submit the request.
- Select New Provider to view their pre-enrollment form.



MOLINA HEALTHCARE

Log in

Home

Welcome to the Molina Healthcare Network Pre-Enrollment Portal

Click "Next" in the box that most applies to you.

**New Provider**  
I am a solo provider wanting to join the Molina Healthcare Network  
Next

**New Group**  
I am a new group wanting to join the Molina Healthcare Network  
Next

**New Facility**  
I am a new facility wanting to join the Molina Healthcare Network  
Next

**Existing Group Adds**  
I am a contracted group with Molina Healthcare adding providers to my practice  
Next

**Existing Delegated Group**  
I am a delegated group contracted with Molina Healthcare adding providers  
Next

**Existing Entity Updates**  
I want to submit demographic updates, new locations or terminations  
Next

# 2023 Medicaid Provider Manual

## PROVIDER MANUAL

(Provider Handbook)

Molina Healthcare of Michigan, Inc.  
(Molina Healthcare or Molina)

Medicaid  
2023

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" have the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Providers may request a printed copy of this manual by sending an email request to [MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com) or by phone at 947-622-1230

[Molina Healthcare of Michigan 2023 Medicaid  
Provider Manual - Updated 02/23](#)

Contract Information

Enrollment, Eligibility and Disenrollment

Credentialing and Recredentialing

Claims and Compensation

Appeals and Grievances

Pharmacy

Health Care Services

Quality

Behavioral Health

Compliance

Cultural Competency and Linguistic Services

Member Rights and Responsibilities

Benefits and Covered Services

Provider Responsibilities

Delegation

# 2023 Medicare Provider Manual

## PROVIDER MANUAL

(Provider Handbook)

Molina Healthcare of Michigan, Inc.

(Molina Healthcare or Molina)

Medicare Advantage  
2023

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" have the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Last Updated: 01/2023



[Molina Healthcare Medicare Manual](#)

Contract Information

Provider Responsibilities

Cultural Competency and Linguistic Services

Member Rights and Responsibilities

Enrollment in Medicare Advantage Plans

Benefit Overview

Health Care Services

Behavioral Health

Quality Improvement

Risk Adjustment Management Program

Compliance

Claims and Compensation

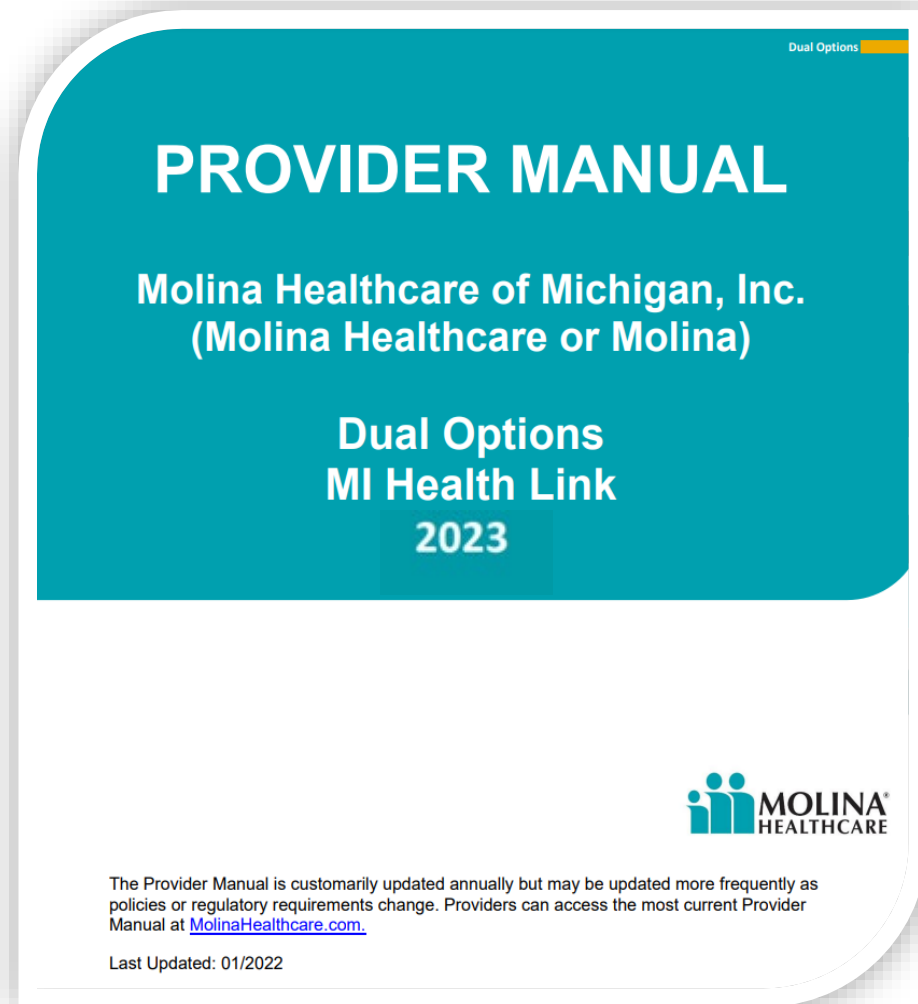
Medicare Member Grievances and Appeals

Credentialing and Recredentialing

Delegation

Medicare Part D

# 2023 Dual Option-MI Health (MMP) Provider Manual



## Molina Healthcare Mi Health Link (MMP) Manual

Molina Dual Options (MMP)

Eligibility and Enrollment

Benefit Overview

Quality

Compliance

Health Care Services

Behavioral Health

Member Rights and Responsibilities

Cultural Competency and Linguistic Services

Delegation

Claims and Compensation

Credentialing and Recredentialing

Medicare Member Grievances and Appeals

Medicare Part D

Risk Adjustment Management Program

Managed Long Term Services & Support

# 2023 Marketplace Provider Manual

## PROVIDER MANUAL

(Provider Handbook)

Molina Healthcare of Michigan, Inc.

(Molina Healthcare or Molina)

Molina Marketplace  
2023

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" have the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaMarketplace.com](https://MolinaMarketplace.com).

Last Updated: 02/2023



Molina Marketplace Manual

Marketplace Products

Contract Information

Provider Responsibilities

Cultural Competency and Linguistic Services

Member Rights and Responsibilities

Eligibility and Grace Period

Benefits and Covered Services

Health Care services (HCS)

Behavioral Health

Quality

Risk Adjustment Management Program

Compliance

Claims and Compensation

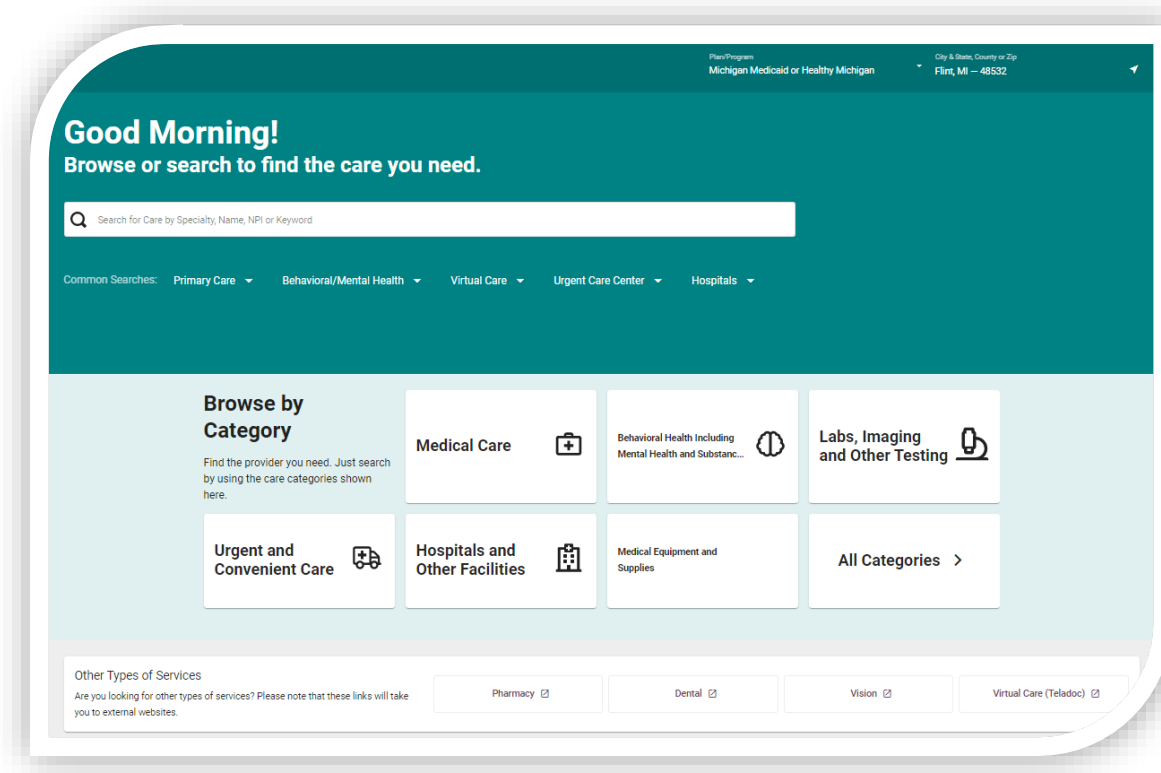
Complaints, Grievance, and Appeals Process

Credentialing and Recredentialing

Delegation

Pharmacy

# Provider Online Resources – Provider Directory



- Molina Healthcare Providers are encouraged to use the Online Provider Directory located on our website to find a Molina Healthcare Plan provider.
- Molina Healthcare providers can be found by visiting our website at [www.MolinaHealthCare.com](http://www.MolinaHealthCare.com) and click on “Find a Doctor or Pharmacy”
- Providers can also update their information by using the Provider Change Form at: [Click Here for Provider Change Form](#)



## Provider Online Resources – CAQH ProView

### Molina Healthcare Strives for Accuracy on the Provider Online Directory

Molina utilizes CAQH profiles for credentialing, updates to practice addresses and other critical information. Although not required, Molina requests that all active Tax ID W9s also be added to the Documents section of the provider CAQH profile.

Molina encourages all providers to sign up to CAQH ProView in order to utilize Direct Assure as a tool to easily update and distribute provider directory data to Molina Healthcare.

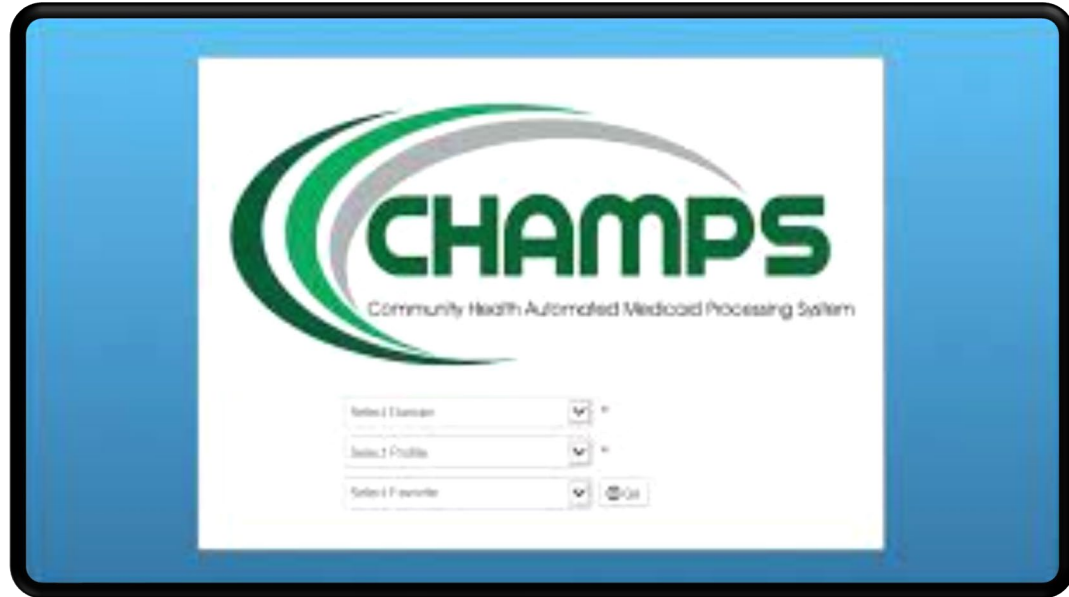
**Direct Assure requires re-attestation be completed every 120 days in CAQH ProView.**

Please be sure to stay current on the quarterly updates and attestations for all CAQH profiles.

For more information regarding CAQH Proview please visit:  
[ProView CAQH](#)



# Community Health Automated Medicaid Processing System - CHAMPS

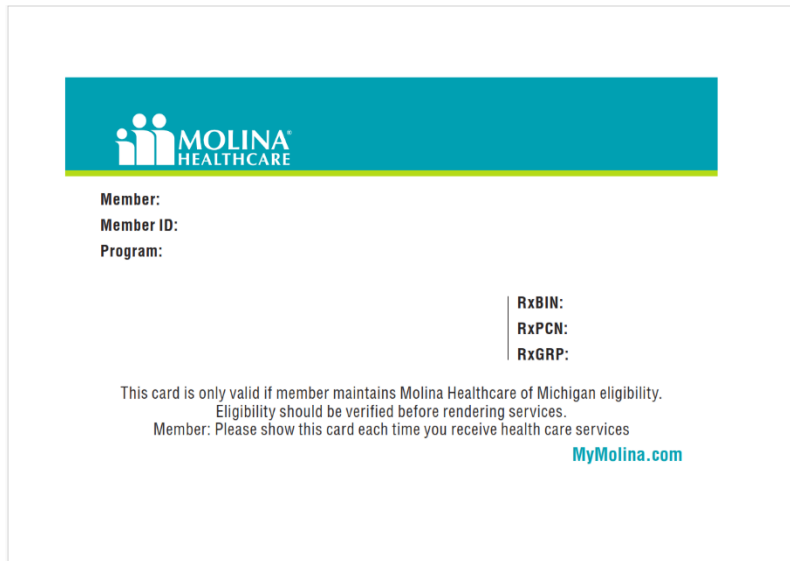


- Effective January 1, 2018, any individual or entity furnishing services to any Michigan Medicaid beneficiary are required to be enrolled in CHAMPS including in-network, out of network, and out of state contracted providers
  - Non-Contracted out of state providers are exempt
- Provider types required to enroll in CHAMPS:
  - All rendering, attending, ordering, referring, prescribing, and billing providers are considered "typical"
- What happens if the provider is not enrolled in CHAMPS
  - Medicaid Health Plans (MHP) and their subcontractors will be prohibited from reimbursing providers that do not comply with CHAMPS requirement.
- For more information on the CHAMPS registration process or to obtain additional information, please follow the link below:
  - <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers/champs-a>

# Member Identification Cards

# Molina Healthcare Medicaid ID Card


Your Name ➡  
Your Member ID ➡




## MEMBERS:

To verify eligibility or change your Primary Care Provider (PCP) visit [www.MyMolina.com](http://www.MyMolina.com) or call Member Services (888) 898-7969. For hearing impaired, call TTY 711 or (866) 735-2929.

**24-HOUR NURSE ADVICE LINE:** If you have questions about your health, call (888) 800-2750 or (866) 648-3537 (Español). For hearing impaired, call TTY 711 or (866) 735-2929.

 **TRANSPORTATION:** For rides to and from non-emergency medical visits, call (888) 898-7969.

 **DENTAL:** To learn about dental benefits for members 21 and older, call (888) 898-7969. To learn about Healthy Kids Dental benefits for members under 21, call the Beneficiary Help Line at (800) 642-3195, TTY (866) 501-5656.

 **VISION:** To learn more about your vision benefits, please call (888) 898-7969.

## PRACTITIONERS/PROVIDERS/HOSPITALS:

For prior authorizations, eligibility, claims or benefits visit the Molina Web Portal at [MolinaHealthcare.com](http://MolinaHealthcare.com) or call (855) 322-4077.

**PHARMACISTS:** For pharmacy authorization questions, please call (855) 322-4077.

**Claims Submission: PO BOX 22664 Long Beach, CA 90801**

**EDI Claims:** Emdeon Payer ID: 42699

[MolinaHealthcare.com](http://MolinaHealthcare.com)

Member Services Contact Information

# Molina Healthcare Medicare Complete Care ID

**MOLINA<sup>®</sup> HEALTHCARE**

**Medicare**

**LOB**  
**Member:** Your Name  
**Member #:** MemID

**PCP:** PCPNAM  
**PCP Tel:** xxx-xxx-xxxx

**RxBIN:** RXBIN  
**RxPCN:** RXPCN  
**RxGRP:** RXGROUP  
**RxID:** MemID

**MedicareRx**  
Prescription Drug Coverage X  
ContNum

**Issued Date:** ISSUDAT

[Website](#)

**Member Services:** xxx-xxx-xxxx  
24-Hour Nurse Advice Line in English: xxx-xxx-xxxx or TTY: 711  
24-Hour Nurse Advice Line in Spanish: xxx-xxx-xxxx

**Providers/Hospitals:** For prior authorization, eligibility and general information, please call Member Services (see above).



**Submit Claims To:**

**Medical/Hospital:** PO Box 22811, Long Beach, CA 90801  
Please call Member Services (see above).

**Pharmacy:** 7050 Union Park Center, Suite 200, Midvale, UT 84047  
Please call Member Services (see above).

[Website](#)

# Molina Healthcare MMP Duals ID (MI Health Link) Card



**Member Name:** <MemFIRST><MemMI><MemLAST>  
**Member ID:** <HIC#>

**Beneficiary ID:** <MEMID>  
PCP Name: <PCPNAM>  
PCP Phone: <PCPPHN>

**MEMBER CANNOT BE CHARGED**  
Copays: \$0

<ContNum>

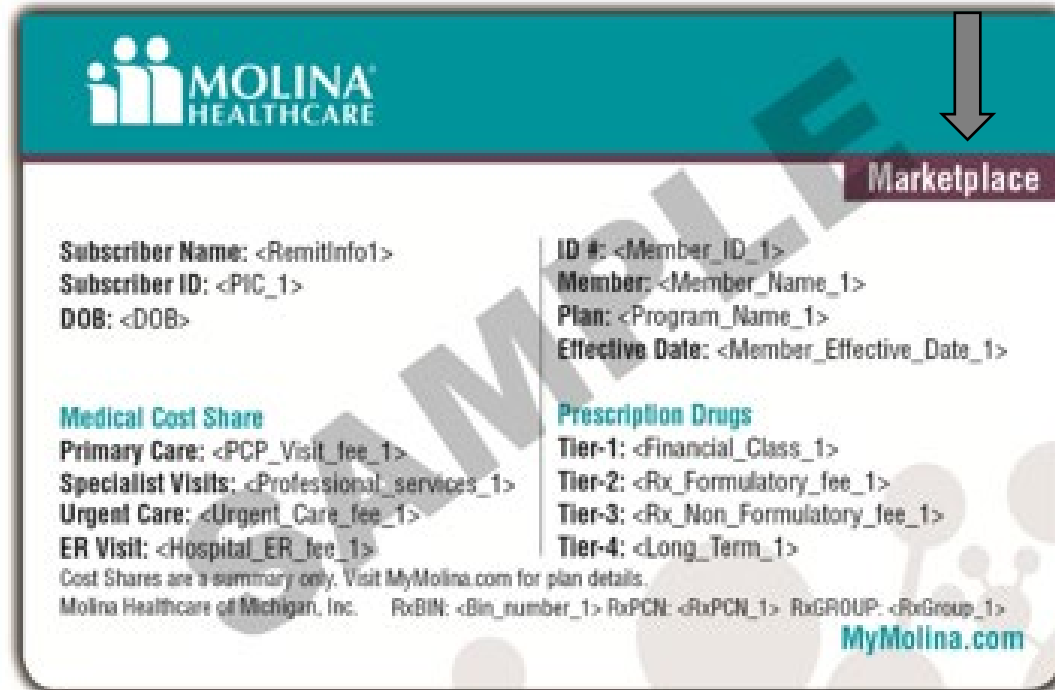
**Medicare<sup>Rx</sup>**  
Prescription Drug Coverage

**RxBIN:** <RXBIN>  
**RxPCN:** <RXPCN>  
**RxGRP:** <RXGroup>  
**RxID:** <HIC#>

In an emergency, call 911 or go to the nearest emergency room. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice Line.

**Member Services:** (855) 735-5604, TTY: 711  
**24-Hour Nurse Advice Line:** (844)-489-2541  
**Website:** [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals)  
**Behavioral Health Services:** Wayne (313) 344-9099, TTY: (800) 630-1044  
Macomb (855) 996-2264, TTY: 711  
**24 Hr Behavioral Health Crisis Line:** Wayne (800) 241-4949,  
Macomb (586) 307-9100  
**Submit Claims To:** P.O. Box 22668, Long Beach, CA 90801  
EDI Claims: Emdeon Payer ID: 38334  
**Claim Inquiry:** (855) 322-4077

# Molina Healthcare Marketplace ID Card



The image shows a template for a Molina Healthcare Marketplace ID card. It features a teal header with the Molina Healthcare logo and the word "Marketplace" in a dark red box. Below the header, the card is divided into two columns of placeholder text. A large, semi-transparent "SAMPLE" watermark is overlaid diagonally across the center. A grey arrow points down from the top right corner of the card.

**MOLINA HEALTHCARE**

**Marketplace**

**Subscriber Name:** <RemitInfo1>  
**Subscriber ID:** <PIC\_1>  
**DOB:** <DOB>

**Medical Cost Share**  
**Primary Care:** <PCP\_Visit\_fee\_1>  
**Specialist Visits:** <Professional\_services\_1>  
**Urgent Care:** <Urgent\_Care\_fee\_1>  
**ER Visit:** <Hospital\_ER\_fee\_1>  
Cost Shares are a summary only. Visit MyMolina.com for plan details.  
Molina Healthcare of Michigan, Inc.    RxBIN: <Bin\_number\_1> RxPCN: <RxPCN\_1> RxGROUP: <RxGroup\_1>

**ID #:** <Member\_ID\_1>  
**Member:** <Member\_Name\_1>  
**Plan:** <Program\_Name\_1>  
**Effective Date:** <Member\_Effective\_Data\_1>

**Prescription Drugs**  
**Tier-1:** <Financia\_Class\_1>  
**Tier-2:** <Rx\_Formulary\_fee\_1>  
**Tier-3:** <Rx\_Non\_Formulary\_fee\_1>  
**Tier-4:** <Long\_Term\_1>

[MyMolina.com](http://MyMolina.com)

**This card is for identification purposes only and does not prove eligibility for service.**

**Member:** Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care.

**Miembro:** Emergencias (24 horas al día): si la emergencia médica puede resultar en muerte o discapacidad, llame al 911 inmediatamente o acuda a la sala de emergencias más cercana. No necesita autorización previa para los servicios de emergencia.

**Remit claims to:** Molina Healthcare, P.O. Box 22668, Long Beach, CA 90801

**Member Services:** (888) 560-4087 (TTY/TTD: 711)

**24 Hour Nurse Advice Line:** (888) 275-8750

**Línea de Consejos de Enfermeras 24 horas (español):** (866) 648-3537

**CVS Caremark Pharmacy Help Desk:** (800) 364-6331

**Provider:** Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number.

**Prior Authorization/Notification of Hospital Admission and Covered Services:**  
(855) 322-4077

[MyMolina.com](http://MyMolina.com)

# Medicaid Redetermination

# Define Redetermination

**What is redetermination?**

The Michigan Department of Health and Human Services (MDHHS) annually reviews a member's eligibility for Medicaid benefits. This is called redetermination.

**What is passive redetermination?**

Some members are approved automatically (known as passively redetermination), meaning they do not have to complete the redetermination packet.

**Who is included in passive redetermination?**

Members are defined based on the type of assistance they receive from the Medicaid program. For example, if a member is a foster child, they are passively redetermined each year, until their birthday at age 26.

**When does redetermination occur?**

A member's redetermination date is the same month they initially enrolled in Medicaid the first time they applied for benefits. For example, if a member enrolled in April, they would have until April 30<sup>th</sup> to submit their redetermination paperwork.

**How does the redetermination process work?**

MDHHS benefit system, [MiBridges](#), generates and sends beneficiaries their redetermination packet **45 days before their redetermination date to the address on file**. Members must complete this packet and return it with proof (documentation) to their assigned MDHHS caseworker.



# Redetermination

## GOALS

To work in partnership with the community to ensure that all eligible members/patients for Medicaid complete the redetermination process and keep their health coverage.



## WHO

- Any Medicaid recipient who receives a redetermination packet from MDHHS, including:
  - TANF (Temporary Assistance for Needy Families)
  - MMP (Medicare/Medicaid Integrated Duals or MI Health Line),
  - HMP (Healthy MI Medicaid Expansion)
  - ABD (Aged/Blind/Disabled), who receives a redetermination packet from MDHHS
- Will members be passively renewed?

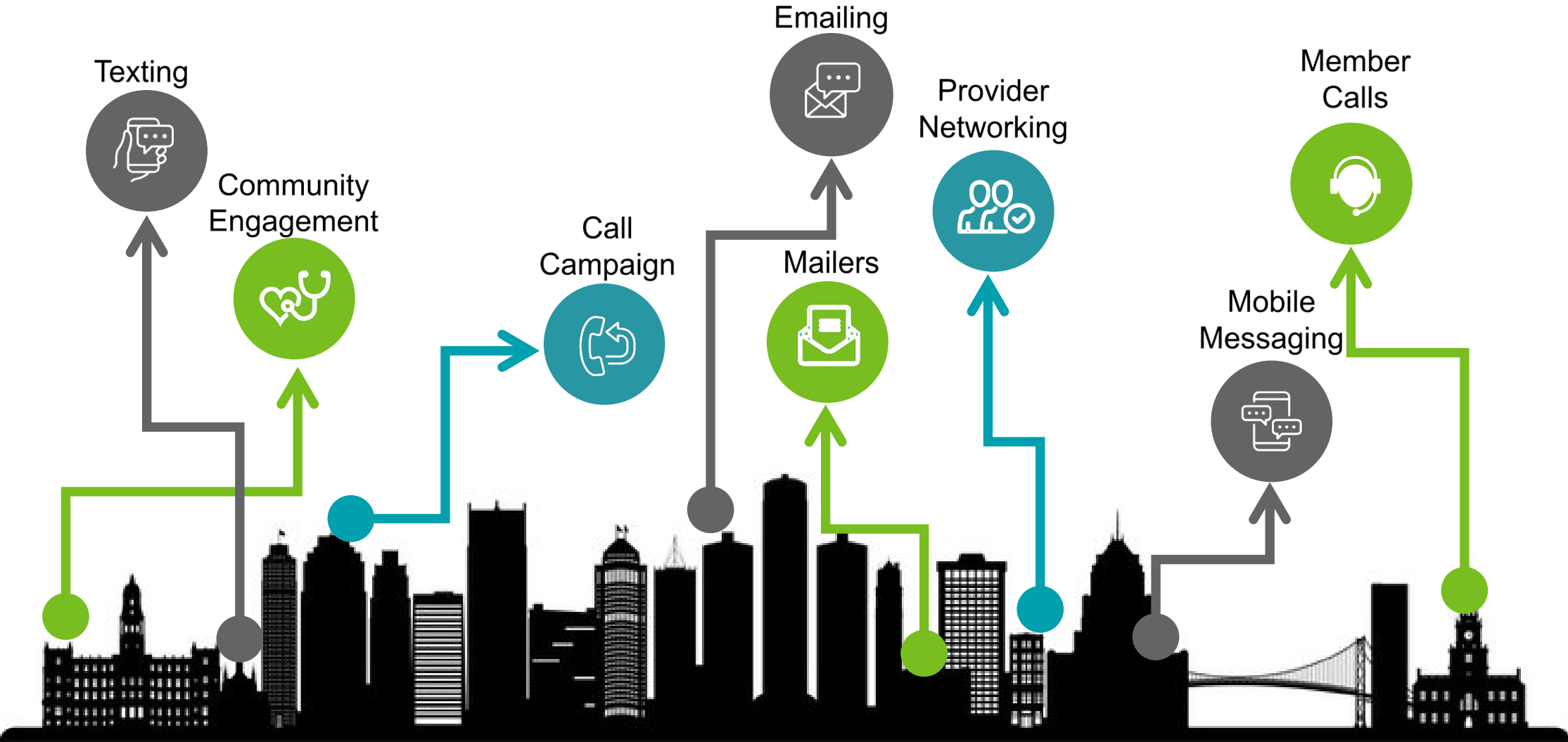


## EFFECTS

- Anxiety about what to do and about losing coverage
- Lack of knowledge about specifics regarding the redetermination process
- May not seek needed care if they lose coverage, potentially leading to worse health outcomes





Approximately, 80% of members **WILL NEED** to complete redetermination paperwork or they will be disenrolled from the Medicaid program.

# How will Molina connect with members?



# Community Collaboration Supporting Medicaid Patients

- We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they do not lose coverage. You can help us by:

<p><b>Toolkits</b></p>  <p>Provider &amp; Patient, can be found online; <a href="https://MolinaHealthcare.com/MedicaidRenewals">MolinaHealthcare.com/MedicaidRenewals</a>.</p>	<p><b>Member Handouts</b></p>  <p>Cobranding with Molina &amp; generic to assist Medicaid members/patients.</p>	<p><b>Social Media</b></p>  <p>Post, like, and tag Molina to inform members/patients.</p>	<p><b>Direct Member Outreach</b></p>  <p>Molina to provide patient lists to support outreach within the next 60 days.</p>
---	---	--	--

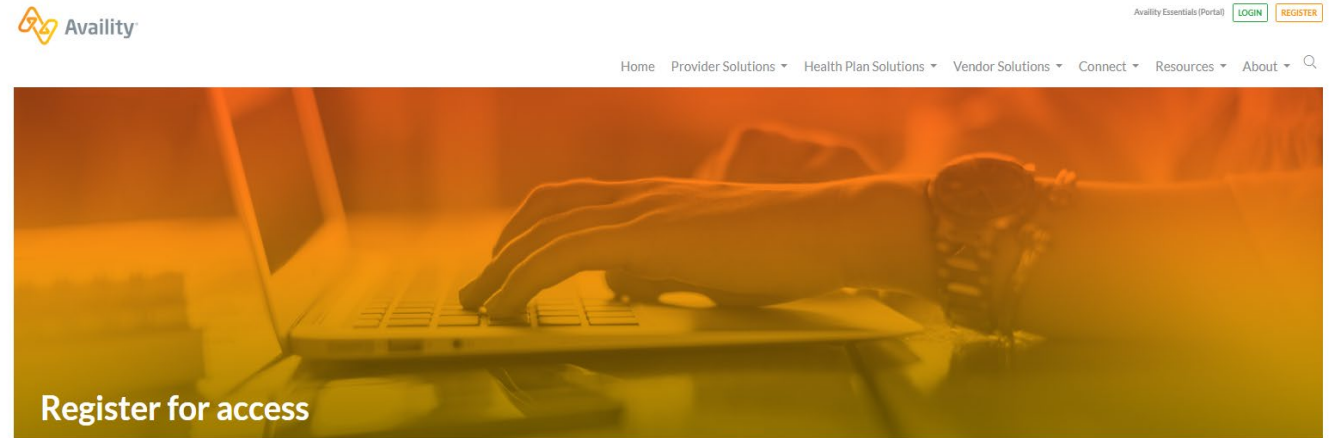
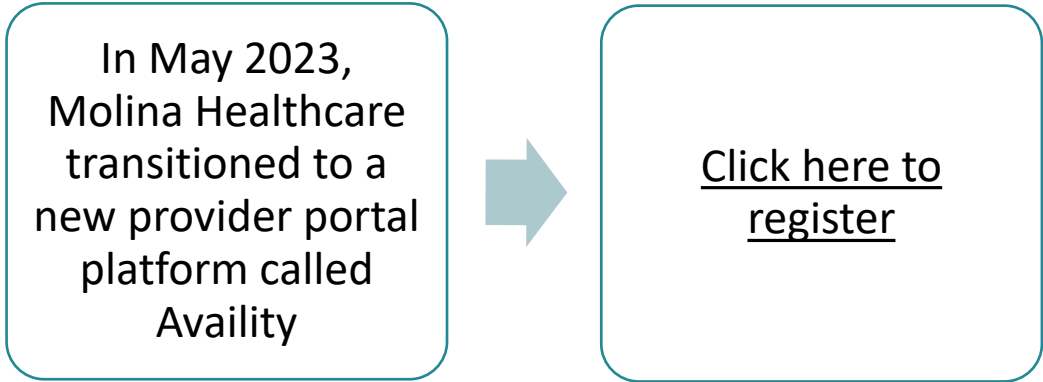
**If you have any questions, please contact your Provider Services Representative, send an email to [MHMProviderServicesMailbox@molinahealthcare.com](mailto:MHMProviderServicesMailbox@molinahealthcare.com) or give us a call at (947) 218-0886 or (947) 622-1230.**

# Availity

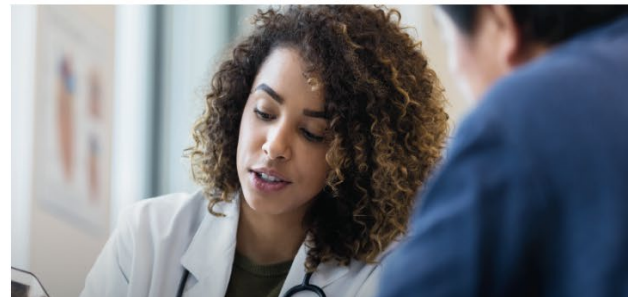
# Availity (Provider Portal)

The Availity Provider Portal is a secure website that allows our providers to perform many self-service functions 24 hours a day, 7 days a week.

Molina Healthcare participating providers must register in order to access the portals.



To register, select your organization type below



Select this option if you are a healthcare provider.

If you are a healthcare provider – i.e., physician practice, mental health provider, specialist, medical transportation service, or non-physician provider – click below to register. Questions about registering? Join us for a live webinar or explore other registration resources on our [training microsite](#).

[Register](#)

# Availity



## Patient Registration

- Eligibility and Benefits Inquiry
- Authorization & Referrals
- Essentials Plus



## Claims & Payments

- Claims Submission
- Claims Status & Payments
- Corrected Claims



## My Providers

- Express Entry
- Enrollment Center
- Manage Organization



## Payer Spaces

- Applications
- HEDIS Information
- Resources
- News and Announcements

# Prior Authorization (PA)

# Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

PA is designed to:				
Assist in benefit determination	Prevent anticipated denials of coverage	Collaborative approach determine appropriate level of care	Care management and disease management opportunities	Improve coordination of care

The PA Code List is a list of the services that require a provider to submit a PA request and if there are limitations to the code.

The screenshot shows the Molina Healthcare website interface. At the top left is the Molina Healthcare logo. To the right is a search bar with a 'Go' button, a 'Sign In' button with a dropdown arrow, and a 'Register' button. Below the logo is a navigation menu with the following items: 'Become a Member', 'Members', 'Health Care Professionals', 'Find a Doctor or Pharmacy', 'Brokers', and 'About Molina'. A red arrow points from the 'Health Care Professionals' menu item to a sidebar on the right. The sidebar contains a 'Health Care Professionals' header and a list of links: 'Join Molina Healthcare of Michigan's Network', 'Medicaid/Healthy MI Plan/MICChild', 'Medicare', 'Dual Options', 'Marketplace', 'Provider Portal', and 'Prior Auth LookUp Tool'. At the bottom of the page, there is a large teal banner with the text 'Need a Prior Authorization?' and a 'Code LookUp Tool' button.



# Quality Improvement

# Quality Improvement

Molina's Quality Improvement Department leverages quality improvement science and best practices to ensure measurable improvements in the care and service provided to our members.



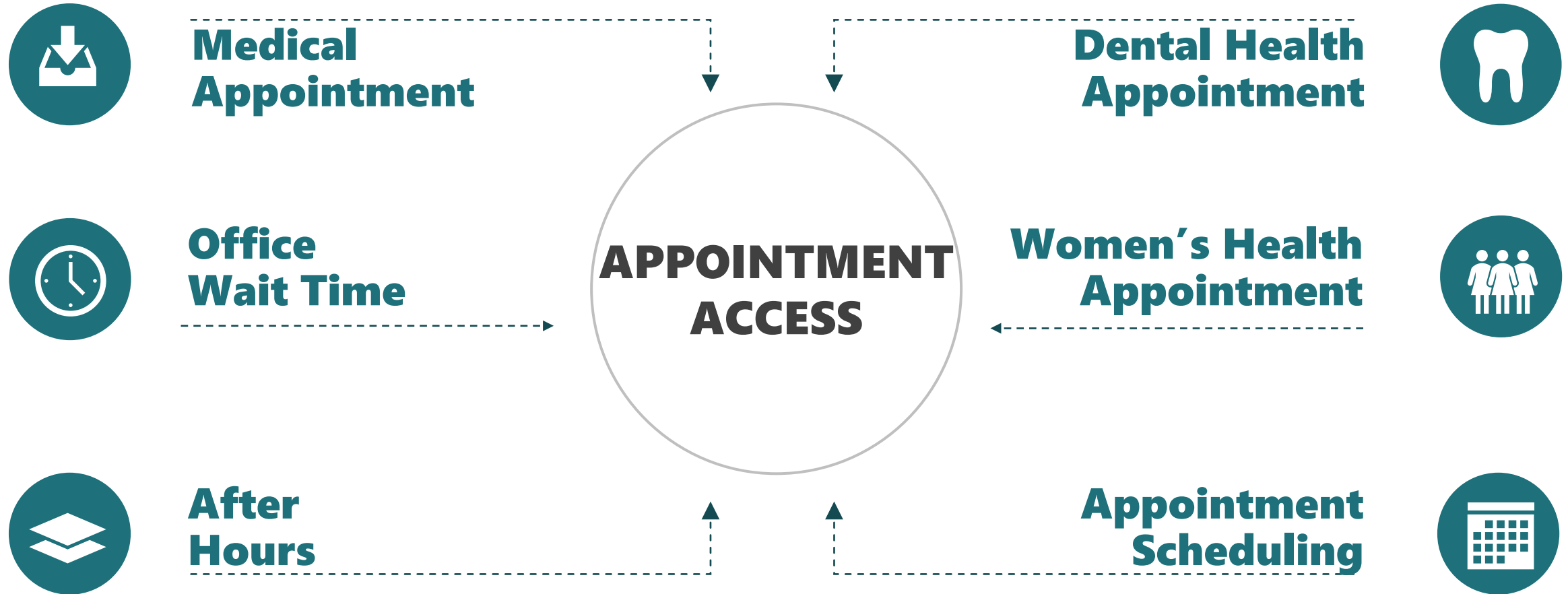
Molina's Quality Improvement Program complies with regulatory requirement and accreditation standards.

The Quality Improvement Program provides structure and outline specific activities designed to improve the care, service, and health of our members.

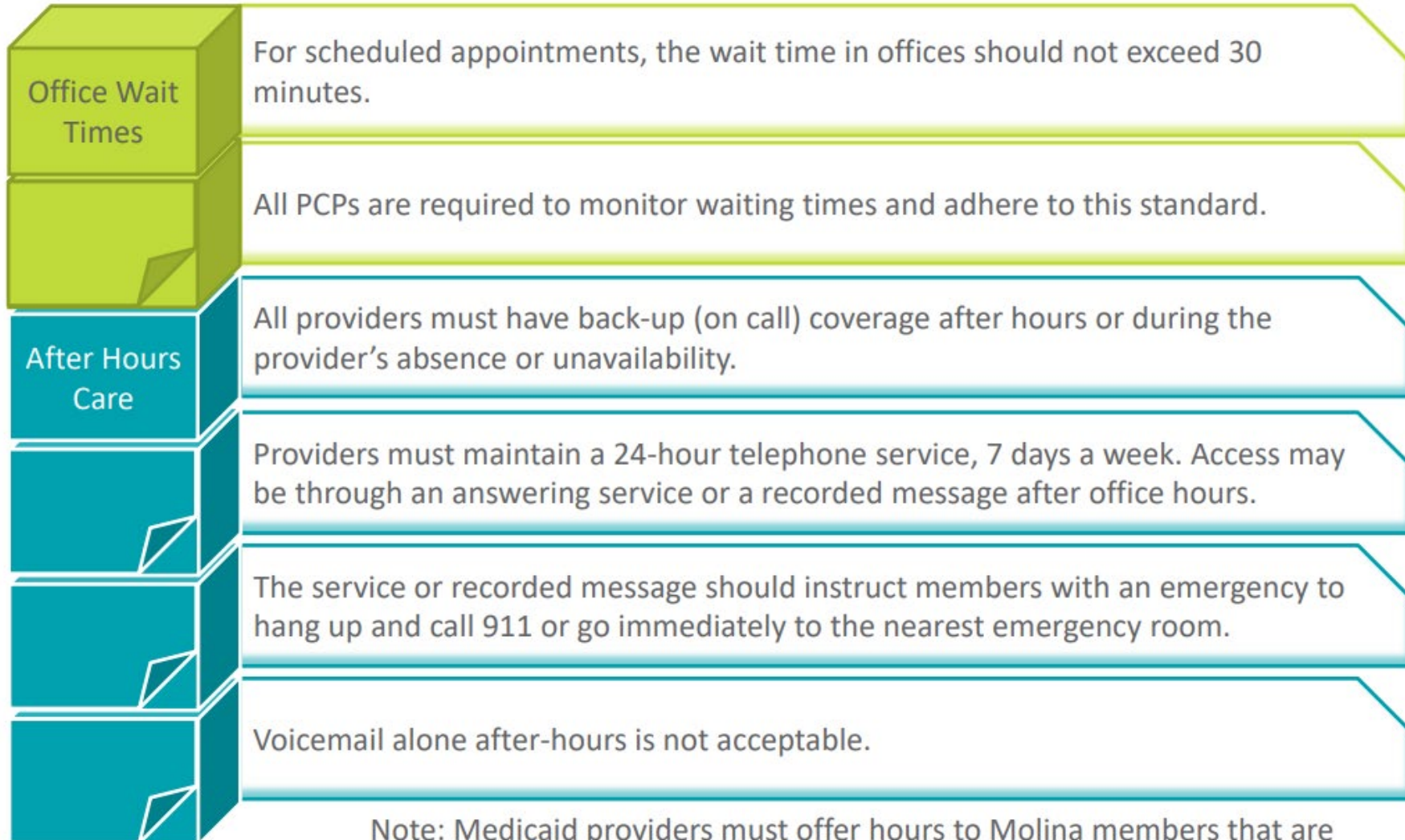


# Access to Care

Molina maintains access to care standards and processes for ongoing monitoring of access to health care provided by contracted PCPs and specialists, providers are required to conform to the Access to Care standards.



## Access to Care Standards



Note: Medicaid providers must offer hours to Molina members that are comparable to commercial plans or Medicaid Fee-for-Service

# Claims and Compensation

# Claim Submission Methods

**01**

Electronic claim submission allows for quick claims submission, tracking, and resubmittal.



**01**

Electronic Data Interchange

**02**

Availity's EDI Clearinghouse service, allows you to submit real-time or batch EDI transactions.



**02**

Availity Essential Portal

**03**

Clearinghouse



**03**

Service that forwards claims information from healthcare providers to insurance payers.

## Claims – Tips for Claims Disputes and/or Reconsiderations

- Providers requesting a reconsideration of a claim that they believe has paid or denied incorrectly, can dispute a claim within 90 days of Molina’s remittance advice date.
- Claims disputes can be submitted via one of the following processes:
  - Availity Portal
  - Molina Claims Dispute Request Form found on the Molina website under “Forms” and then faxed to 248.925.1768.
- For more information, regarding claims disputes please refer to the Provider Manuals on the website.



Please view [Appeals/Grievances - Provider Manual](#)

# Appeals and Correct Claims - Availity

Home > Molina Healthcare > Appeal or Correct Eligible Claims

## Appeal or Correct Eligible Claims

Give Feedback



Organization

NPI (Optional)

Tax ID ?

State

Medicare

Provider ID ?

Continue



# Transportation

# Transportation Services

- Molina Healthcare of Michigan provides non-emergent covered medical transportation services for our Medicaid, Medicare, and MI Health Link members through Access2Care.
- Transportation is provided when members have no other means to get to their doctor's appointments, x-rays, lab tests, pharmacy, medical supplies or other medical care.
- If one of your patients need this service, please have he or she contact Member Services, Monday – Friday, 8:00 am to 5:00 pm (TTY 711) to schedule the transportation.
- Members can request the same-day for urgent non-emergency medical transportation.

## Michigan Member Contact Service Center Direct Phone Numbers

Molina Medicaid 888.616.4842

Molina DSNP 888.616.4841

Molina MMP 866.462.4855

**Please note: It is important to have your patient(s) call three (3) business days in advance of the appointment to schedule the transportation.**

# Molina Provider Training Opportunities

# Molina Provider Training Opportunities

The Molina Provider Services Team offers multiple standard trainings to the provider network throughout the year. Any of the standard trainings can be requested by a provider for one-on-one training.





# You Matter to Molina

 Vaccines for Children Program - Michigan  
How do I become a VFC provider?  Share

- Request enrollment
- Complete forms
- Prepare for site-visit
- Tell your patients



A comprehensive way to connect our dedicated providers to our entire network by offering you the support you need, and keeping you informed of new opportunities.

- ↓ [Molina Coding Tips - Systolic and Diastolic Heart Failure](#)
- ↓ [Molina Coding Tips - Diabetes Mellitus with Peripheral Circulatory Complications](#)
- ↓ [Molina Coding Tips - Diabetes Mellitus with Other Manifestations](#)
- ↓ [Molina Coding Tips - Amending the Medical Record](#)
- ↓ [Molina Coding Tips - Hypertensive Heart Disease](#)
- ↓ [Molina Coding Tips - How to code a patient on Dialysis?](#)
- ↓ [Molina Coding Tips - Diabetes Mellitus with Ocular Manifestations](#)
- ↓ [Molina Coding Tips - Diabetes Mellitus with Neurological Manifestations](#)
- ↓ [Molina Coding Tips - Coding Conditions that are Controlled or Asymptomatic](#)
- ↓ [Molina Coding Tips - Senile Purpura](#)



# You Matter to Molina

**Provider Bulletins**

---

**Upcoming Trainings**

---

**Molina Provider Advisory Council**

---

**Surveys**

---

**Molina Presentations**

---

**Recorded Video Trainings**

[You Matter to Molina \(molinahealthcare.com\)](http://molinahealthcare.com)

# Provider Network Services

# Provider Relations Services



## Satisfaction

- Provider Network Managers and Engagement Teams
- Annual Assessment of Provider Satisfaction



## Communication

- Monthly Updates and Provider Newsletters
- Online Provider Manuals
- Interactive Voice Response (IVR) Phone System



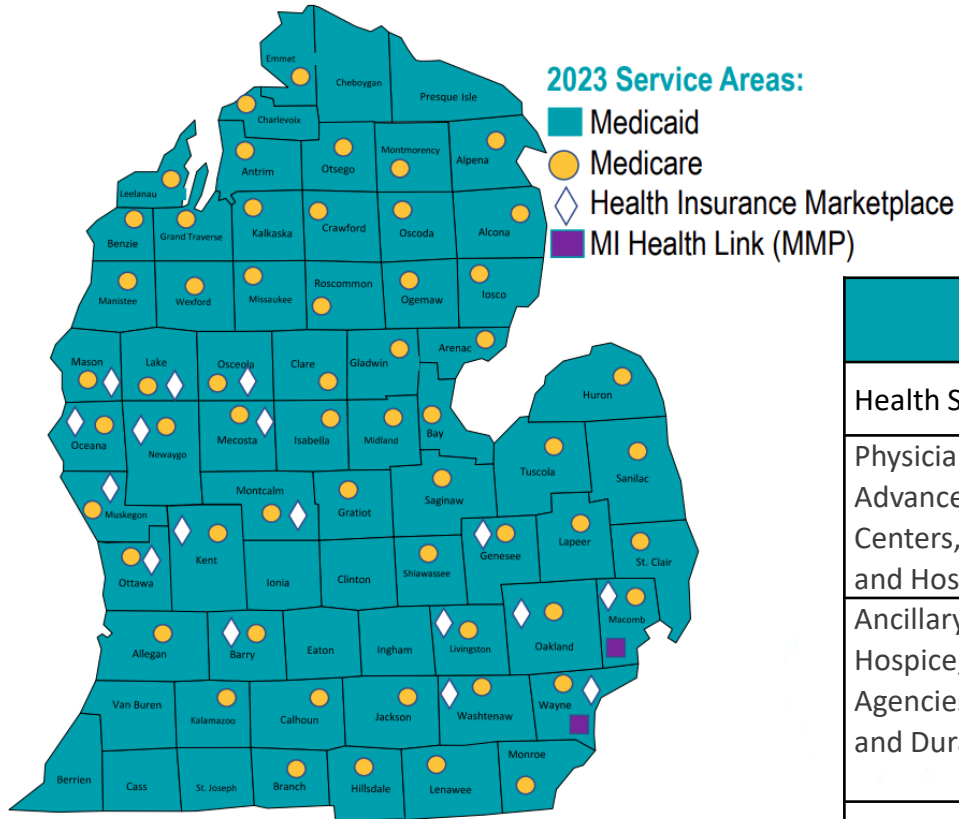
## Technology

- 24-Hour Provider Portal Available via Availity
- Electronic Funds Transfer and Electronic Remittance Advice
- Supplemental Prior Authorization Lookup Tool on Provider Website



# Contact Molina

# Contact Provider Relations Team



Provider Type	Email Address
Health Systems and Hospital Networks	<a href="mailto:MHMProviderServicesHospital@MolinaHealthcare.com">MHMProviderServicesHospital@MolinaHealthcare.com</a>
Physicians, Specialists, Physician Networks, Advanced Imaging/Radiology, Ambulatory Surgical Centers, FQHC Non-BH Providers, Anesthesiologists, and Hospitalists, Doulas, Urgent Care.	<a href="mailto:MHMProviderServicesPhysician@MolinaHealthcare.com">MHMProviderServicesPhysician@MolinaHealthcare.com</a>
Ancillary-Skilled Nursing, Long Term Acute Care, Hospice, and Assisted Living Facilities Home Health Agencies, Laboratories, Ancillary Dialysis Centers, and Durable Medical Equipment, Hearing	<a href="mailto:MHMAncillaryContracting@MolinaHealthCare.com">MHMAncillaryContracting@MolinaHealthCare.com</a>
Long Term Services and Support (LTSS)	<a href="mailto:MHMLTSSContracting@MolinaHealthCare.com">MHMLTSSContracting@MolinaHealthCare.com</a>
Behavioral Health Providers, BH Hospitals, and FQHC Behavioral Health Providers	<a href="mailto:MHMBHProviderServices@MolinaHealthcare.com">MHMBHProviderServices@MolinaHealthcare.com</a>
General Inquires	<a href="mailto:MHMProviderServicesMailbox@molinahealthcare.com">MHMProviderServicesMailbox@molinahealthcare.com</a>

