



Idaho Medical Association

Molina Issues

November 17, 2011

Presentation to Health Care Task Force
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Molina Issues

- ▶ Enrollment
- ▶ Customer service/communication
- ▶ Claims
 - Modifiers
 - 2011-12 Influenza vaccine
- ▶ Interim payment recoupment
- ▶ 5010 implementation
- ▶ Coordination of Benefits (COB)
- ▶ Healthy Connections
- ▶ Implementation of co-payments



Enrollment

- ▶ Some physicians continue to have problems with initial setup in Molina system
 - Regional customer service representatives are willing to work one-on-one with individual offices having this issue
 - Molina staff are considerate and work closely with physicians to ensure correct claims processing

Customer Service

- ▶ Information provided by customer service phone representative at times not consistent or in sync with information received by IMA



Claims Issues

- ▶ Denials for use of certain modifiers
 - Modifiers are essential tools in the coding process
 - Explain various circumstances of procedures or services; For example:
 - Report multiple procedures performed at same session by same professional (Modifier 25, 51, 59)
 - Report assistant at surgery services (Modifier 80, AS)
- ▶ Influenza vaccine denials due to incorrect information on file



Interim Payments

- ▶ Medicaid made interim payments to providers who were not being paid through the Molina system
 - Ongoing efforts by Medicaid to recoup overpayments
- ▶ Action Collection Service sent letters to providers regarding failure to repay interim payment debt
 - ACS letters were sent only after repeated attempts by Medicaid & Molina to collect payments or make payment arrangements
 - Once a collection letter received, it's too late to make payment arrangements with Medicaid; Providers must make payments to ACS



5010 Transition

- ▶ Compliance impacts all providers
- ▶ Updated Companion Guides for each transaction type are available online
 - Provide detailed information about how Idaho Medicaid expects to receive or send the updated transaction data
- ▶ Testing Version 5010 now will allow adequate time to fine-tune systems
 - Implementation of Version 5010 on January 1, 2012
 - Molina anticipates readiness mid-December



Coordination of Benefits (COB)

- ▶ COB is a provision used to establish the order in which health insurance plans pay claims when more than one plan exists
- ▶ Molina currently reprocessing claims paid incorrectly at beginning of implementation
 - Hospital claims
 - Physicians & other providers to follow
 - Medicaid as third payer of claims still problematic



Healthy Connections

- ▶ Inappropriate recoupment of well-child visits from certain patient types
- ▶ Availability of Healthy Connections roster (listing of Medicaid patients for whom physicians are paid a monthly capitation fee)
 - Recently resolved: These rosters were unavailable to physicians until November 11, 2011 – meaning payment reconciliation prior to that date was difficult or impossible
 - 423 providers received rosters via the portal per their request & 23 received via paper also per request



Patient Co-pay

- ▶ Co-pay amount of \$3.65 for each appointment to be adjusted once every year
 - Beginning November 1, 2011
 - Office visit to podiatrist
 - Chiropractic care
 - Office visit to optometrist
 - Beginning January 1, 2012
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - All doctor's office visits, unless the visit is for preventive care or family planning
 - Exemptions



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- ▶ Thank you for the opportunity to present an update on the Molina system
- ▶ Questions?