



Molina Healthcare of Washington
FAQs for Providers about Medicaid Member Assignment
Updated: 05/10/2021

Criteria and Process

If I have members on my roster whom we have not seen, will Molina reassign those members to a different provider?

Members **may be eligible** for reassignment by Molina to another primary care provider (PCP) based on one or more of the following criteria:

- The member chose the PCP on their Medicaid enrollment form, but the PCP's panel is closed.
- The member does not meet the age or gender criteria for a practice.
- The member has not had a primary care visit with the assigned provider **and** the member lives outside of the assigned provider's service area (10 miles for urban areas and 25 miles for rural areas). All member address updates must only come from HCA/CMS.
- The member is engaged with a different primary care provider at a different provider group (requires supporting documentation including the dates of service, PCP name, group name and location). The current criteria for "engagement with a different PCP" are:
 - Member has had at least two visits with the same PCP within the last 12 months.
 - To qualify as a "primary care visit," the visit claim must list an evaluation and management office outpatient service code (99201–99215); and
 - The provider type and the place of service must match one of the labels listed below:

Types of Providers

- Adolescent Medicine - Family Medicine
- Adult Health Nurse Practitioner
- Adult Medicine - Family Medicine
- Family Medicine
- Family Nurse Practitioner
- General Practice
- Geriatric Medicine
- Geriatric Medicine - Internal Medicine

- Gerontology Nurse Practitioner
- Gynecology
- Internal Medicine
- Obstetrics
- Obstetrics & Gynecology
- Pediatrics
- Pediatrics Nurse Practitioner
- Physician Assistant

Places of Service

- Pos 11 – Office
- Pos 49 – Independent Clinic
- Pos 50 – Federally Qualified Health Center
- Pos 72 – Rural Health Clinic
- Pos 19 – Off Campus Outpatient Hospital
- Pos 22 – On Campus Outpatient Hospital

What is the process I should use to request that Molina reassign members who meet the above criteria for reassignment?

For members who meet the above qualifying criteria, the provider should email the reassignment request to their external provider services representative with member's name, DOB, ProviderOne ID, line of business, current "assigned" provider, and reason for requested reassignment, e.g., the member is actively engaged with a different PCP at a different provider group; the member does not meet the age or gender criteria for a practice; member lives outside of provider's service area.

For members engaged with other PCPs, providers would need to provide dates of service to support engagement with the other provider(s) and the name/practice/location of the other provider(s).

Molina will conduct internal research to determine whether the requested reassignments are warranted and, if so, reassign the members to a new provider. Molina will inform the requesting provider if the reassignment requests were approved or denied, and the reason if applicable.

Why would I have members who are "not mine" but who are not eligible for reassignment?

Molina is required by the state to assign members to providers if a member does not choose a provider on their own. All provider groups will be assigned some members whom they have not seen before and may be difficult to reach, but who are not eligible for reassignment. These are members who did not proactively select a provider when they enrolled in Medicaid, and Molina does not have any

member historical information that can be used to assign them to a provider (e.g. past providers and family members' providers).

In these cases, members are assigned via the assignment algorithm. If the member does not meet any of the criteria/rules in the algorithm (e.g., assigned based on past providers or family members' providers), the member will be assigned to one of the providers in the member's service area with an open panel. As a result, all providers in each service area will get unengaged members assigned to them. It is important that providers proactively outreach to contact the member (or member's parent) and get them engaged with the practice.

Every provider group will have a significant percentage of members who have not seen their provider. This is normal. Molina will not reassign these members even if the providers' efforts to reach and engage the members are unsuccessful.

Panel Closure

How do I close my panel if I can no longer accept new members?

If a PCP determines that they are unable to accommodate "new" Members he or she can elect to close his or her panel. Molina must receive 30 days advance notice from the provider. Once the panel is closed, no new Members will be assigned to the PCP with the following exceptions:

- Family Members of existing Members will continue to be assigned.
- Members who were previously assigned to the PCP prior to a loss of eligibility will continue to be "reconnected" to the PCP.
- Members who a PCP has provided services two or more times in a 12-month period. The system automatically re-assigns the member based on claims data.

To request the change in panel status (closed or open), the provider must fill out the Provider Change Form [here](#) and email it to MHWProviderInfo@MolinaHealthcare.com. The form must include the reason and the effective date of the status change.

If I indicate that I do not have capacity to serve members who are currently assigned to my practice, what else do I need to do?

In the event a PCP determines they are unable to serve not only New Members, but also Members who have been previously assigned, the PCP must close his or her panel by completing the Provider Change Form [here](#) and emailing it to MHWProviderInfo@MolinaHealthcare.com.

Molina will identify those Members for potential re-assignment to another PCP using the following objective criteria:

- Members were assigned to the PCP within the last 1-6 months
- Member has never been seen by the PCP and does not have a scheduled appointment
- Member is not a family member of a Member being actively seen by the PCP

The current PCP must provide emergency care to the Member for thirty (30) days during this transition period.

Member Dismissal

When is it appropriate to dismiss a member, and what information am I responsible for communicating to the member once they are being dismissed?

A PCP may dismiss a Member from his/her practice based on the following reasons. The issues must be documented by the PCP:

- Repeated “No-Shows” for scheduled appointments
- Inappropriate behavior

This Section does not apply if the Member’s behavior is resulting from his or her special needs, except when his or her continued assignment to the PCP seriously impairs the PCP’s ability to furnish services to either the individual member or other members. The Member must receive written notification from the PCP explaining in detail the reasons for dismissal from the practice. The provider may use the approved “Dismissal Letter” located on the Molina website at

MolinaHealthcare.com/providers/wa/medicaid/forms/fuf.aspx. The PCP may use their own dismissal letter after approval by Molina. A copy of the dismissal letter should be faxed to Member Services at (800) 816-3778. Molina will contact the Member and assist in selecting a new PCP. The current PCP must provide emergency care to the Member for thirty (30) days during this transition period.

If a PCP wants to dismiss a member for any other reason, please contact your Provider Services representative.

Addressing Empanelment with Members

How can I help a member change their assigned PCP?

Providers should work with the member to complete a Molina [PCP change form](#) and fax it to us at (800) 816-3778. Members can also reach out to Molina directly for assistance by calling Member Services at (800) 869-7165, TTY 711. Members can also change their PCP by going to MyMolina.com or by downloading the Molina Mobile app.

What is Molina's process for assigning newborns to PCPs?

- Newborns will be assigned to the mother's PCP through the first full month of coverage following discharge from the hospital.
- The mother may select a different PCP for her newborn effective the first full calendar month after discharge from the hospital by notifying Member Services at (800) 869-7165, TTY 711. Members can also change their PCP by going to [MyMolina.com](https://www.myl Molina.com) or by downloading the Molina Mobile app.

What type of support does Molina provide to encourage members to see their assigned PCP?

Molina provides the following types of information and support for both members and providers to support member engagement with their assigned PCP:

- Mailed PCP assignment letters and membership cards with the PCP's name on the card
- Education for members and providers about incentives that members could receive if they get selected services needed to close care gaps
- Regular updated membership lists and contact information for PCPs, and discussion of potential outreach support during quarterly meetings between providers and Molina Healthcare of Washington

Medicaid Eligibility

When members enroll in Medicaid (through the HCA), does their eligibility and PCP assignment begin the same month they enroll, or the following month?

Beginning April 2016, the Health Care Authority (HCA) implemented an Earlier Enrollment policy. This is a mechanism that allows clients to be enrolled into a plan the same month they become eligible for Medicaid, as opposed to waiting until at least the next month to be enrolled. Earlier Enrollment applies to clients who are new to Medicaid or who have had a break in eligibility and are recertified for Medicaid services. The member is retro effective to the first of the month they were determined eligible for Medicaid. The current month enrollment is intended to allow the member continuous enrollment in managed care from the date of enrollment. When a member changes from one health plan to the next, the change will always be effective the first of the following month.

Out of Service Area Members

When a member is determined to be out of the provider's service area, what is the process for having the member reassigned appropriately?

Molina Provider Services staff determines whether the provider is rural or urban. Members are outside of the provider's service area if they live over 10 miles from an urban provider or over 25 miles from a rural provider.

How long must the member have lived outside of our service area before the request can be made?

All member address updates MUST come from HCA/CMS. Once Molina staff sees the member's address change in our system, you can submit the request.

Recently Deceased Members

When a member is recently deceased, how long does it typically take for the Molina member roster to update with this information?

Molina immediately updates our system when a member's death is reported by HCA/CMS.

If we find a recently deceased member who did not reside in the provider's service area and/or was actively engaged with an outside provider and not engaged with any provider(s) in our group, how should we proceed?

The standard rules would apply. If the member was not seen by the same PCP two or more times in the last 12 months, or if the member chose a provider at your group, the member could not have been reassigned per reassignment criteria.

Members Who Have Changed Insurance

How long does it typically take for a member to be removed from Molina's roster when they have changed to different health insurance (e.g., employer-based insurance, Medicare)?

As soon as Molina is notified by HCA/CMS, the system will update with the member's termination date for their coverage.

**If you have further questions, please contact
your Molina Provider Service Representative
or call our Provider Contact Center at (800) 869-7165.**

Thank you for your continued service to Molina Medicaid members.