

MEMBER EMPANELMENT CRITERIA

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

- 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)
- The member is engaged with a different primary care provider at a different provider group (requires supporting documentation including the PCP name, group name and location)

Current criteria for “engagement with a different PCP” are:

- Member has had at least two visits with the same PCP under the same organization (TIN must match) in the last 12 months; and
- Member has not had a visit with their assigned PCP or a PCP at the pay to organization linked to their assigned PCP in the last 12 months

To qualify as a “primary care visit,” the claim must list an evaluation and management office outpatient service code (99201–99215); and the provider type as well as the place of service must match one of the labels listed below:

Types of Providers

- Family Practice
- General Practice
- Internal Medicine
- Pediatrics
- OB/GYN (females only)
- Geriatrics
- Clinics
- Nurse Practitioners
- Physician Assistants

Places of Service (POS)

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

CLEAN-UP PROCESS

1. For members who live “outside of the assigned PCP’s service area” and meet the qualifying criteria listed above, the provider must email the reassignment request to their provider services representative (PSR) with the following information:
 - Group tax ID nbr(s)
 - Member’s name
 - DOB
 - ProviderOne ID
 - Line of business
 - Current “assigned” provider name
 - Current city of residence, including “homeless” members
 - Provider office point person’s name and contact information for this project
2. For members who meet the criteria for “**engagement with a different PCP,**” the provider must provide the PSR with written documentation to support engagement with the other provider(s) and the name, practice and location of the other provider(s). The PSR will conduct an internal review to determine whether the requested reassignments are warranted and, if so, reassign the members to the new PCP. The effective date of the change will be the first day of the following month from the project start date. Molina will not back date PCP effective dates. If the research shows that the members cannot be reassigned, the PSR will contact the provider and explain why, if applicable.

FREQUENTLY ASKED QUESTIONS

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

Molina is required by the state to assign members to a PCP when members do not proactively select a PCP when enrolling in Medicaid.

In these cases, members are assigned via the PCP auto-assignment algorithm, approved by HCA. The algorithm assigns members to a PCP based on the following criteria and in the order shown below:

1. Member history with a PCP
 - The algorithm will first determine whether the member is a returning member and then attempt to match them to a previous PCP. If a member is new to Molina, claim history provided by the state is used to match the member to a PCP with whom the member previously had a relationship, where possible.
2. Family history with a PCP
 - If the member has no previous relationship with a PCP, the algorithm will look for a PCP to which a member’s family member, such as a sibling, is or was assigned.

3. Geographic proximity of the PCP to member's residence

- The auto-assignment logic will ensure that members travel no more than twenty-five (25) miles in non-urban regions and ten (10) miles in urban regions of the service area.

4. Appropriate PCP type

- To ensure an appropriate match, the algorithm will use age, gender and other criteria, such as children assigned to pediatricians.

If the member does not meet any of the algorithm's criteria, the member will be assigned at random to one of the PCPs in the member's service area with an open panel. As a result, PCPs will have new members assigned to them even if they have no prior relationship with the members.

It is important that providers proactively reach out to the member (or the member's parent) to get them engaged with the practice. Molina will not reassign these members even if the providers' efforts to reach and engage them are unsuccessful.

PANEL CLOSURE

If I can no longer accept new members, how do I close my panel?

If a PCP determines that they are unable to accept "new" members, they may close their panel. The provider must provide Molina with 30 days' notice. No new members will be assigned to the PCP after the panel has been closed, except for the following:

- Existing members' families will continue to be assigned
- Members who were previously assigned to the PCP prior to losing eligibility will continue to be "reconnected" to the PCP
- If a PCP provides services to a member twice or more within a 12-month period, the system reassigns the member automatically based on claims data.

To request a change in panel status (closed or open), the provider must fill out the Provider Change Form [here](#) and email it to MHWPProviderInfo@MolinaHealthcare.com. The reason for the status change, as well as the effective date, must be included on the form.

What else do I need to do if I indicate that I do not have the capacity to serve members who are currently assigned to my practice?

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 their panel by completing the Provider Change Form [here](#) and emailing it to MHWPProviderInfo@MolinaHealthcare.com.

Molina will identify those members for potential re-assignment to another PCP based on the objective criteria listed below:

- 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 dismissed member?

A PCP may dismiss a member from their practice for the following reasons, which must be documented by the PCP:

- Repeated “no-shows” for scheduled appointments
- Inappropriate behavior**

** This 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 reason(s) for dismissal from the practice. The provider may use the approved “Dismissal Letter”, located on the Molina website under the Forms tab, or by clicking [here](#).

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 must work with the member to complete a Molina [PCP Change Form](#) and fax it to us at (800) 816-3778; or
- Members can reach out to Molina directly by calling Member Services at (800) 869-7165, TTY 711; and
- Members can 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; or
- 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; and
- Members can also change their PCP by going to [MyMolina.com](https://www.molinahc.com) or by downloading the Molina Mobile app

How does Molina support engagement between members and their assigned PCP?

- Molina provides the following types of information and support for both members and providers:
- Mailing PCP assignment letters and membership cards bearing PCP's name
- Educating members and providers about the benefits that members may be eligible for if they receive certain services necessary to close care gaps
- Regularly update membership lists and contact information for PCPs, along with potential outreach support, during quarterly meetings between providers and Molina Healthcare of Washington

MEDICAID ELIGIBILITY**Do members' eligibility and PCP assignment begin the same month they enroll in Medicaid (via the HCA) or the month after?**

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 on the first day of the following month.

OUT OF SERVICE AREA MEMBERS**What criteria is used to determine whether a member can be moved off a provider panel for being "out of service area"?**

- The member has not had a primary care visit with the assigned provider within the last 12 months; and
- The member lives outside of the assigned provider's service area* (10 miles for urban areas and 25 miles for rural areas)

** Distance is based on the members' "physical address" that Molina has on file from HCA/CMS*

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

As soon as Molina is notified by HCA/CMS, the system will update with the member's address change, and we can then consider your 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.

ADDITIONAL RESOURCES/ FURTHER ASSISTANCE**Who do we contact if we have additional questions or need assistance?**

You can locate your region's Provider Service Representative via Molina's provider [contact list](#) and/or visit our [website](#) if you are looking for in-depth information regarding policies, procedures or regulatory/contractual requirements.

Thank you for your continued service to Molina Medicaid members.