

Making the Connection

Provider Newsletter • 2nd Quarter 2014

Tools to Help Providers Access Information Faster

Molina HealthCare is making it easier for provider to access information with just a click. Molina offers providers two NEW tools, the Molina Provider Web Portal and FREE Electronic Payment remittance advice service.

Check Out The Molina Provider Web Portal!

Molina's Provider Web Portal is an easy-to-use, online tool designed to meet your needs! Check out the many features we provide to you 24/7 at www.MolinaHealthcare.com:

- Eligibility listing
 - Current eligibility listing by PCP is available (real time viewing and download)
 - Quick and easy search for members
 - View current eligibility status and member benefit details
 - HEDIS missed services information
- Search for contracted provider
- Submit and check status of Service Request Authorizations online
 - Create, submit, and print Service Requests/Authorizations with notification of status changes
 - View Service Request approval status and save time with the ability to create templates for frequently used requests
- Claims
 - Create and submit professional claims and receive notification of status changes
 - Inquire on current claims status and print your claims
- Export and download claim files
- View and update your provider profile
- Download frequently used forms
- Read FAQs
- Contact Molina Healthcare via secure email

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Don't forget to visit our Molina Provider Web Portal. It is an easy tool designed to meet your needs! All Molina Providers have access to our Portal. The HEDIS Scorecard Web Portal Tool is also located on the portal. This is a great tool to assess your care and services. www.molinahealthcare.com

Faster Payments and Convenience For You

We want to remind our providers of the FREE paperless electronic payment and remittance advice service available. Enrolling is as easy as 1,2,3! Registration takes only a few minutes.

1. Visit <https://providernet.alegeus.com>
2. Enter your account information (Tax ID, NPI, and banking information)
3. Begin viewing and receiving payments from Molina Healthcare electronically

Marketplace E-Z Pay Locations Help your Patients Avoid the Grace Period

Great news! Molina Marketplace members now have nearly 400 new physical locations where they can pay their monthly Marketplace premiums across the state.

To find a location near you, first go to Molinahealthcare.com.

Next click on **Become a Member** button. Then select **Health Insurance Marketplace** in the drop down.



Next, click on the picture icon that displays **Ways to Pay**.



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You will then see the MoneyGram logo as well as a link to a geo-mapping feature to assist you finding a convenient location near the bottom of the web page.



These locations take cash and many are open late nights and of course weekends!

Avoid Claim Denials With These Coding/Claim Tips

As a reminder, the following is required for reporting CPT 3008F:

- Code 3008F Body Mass Index (BMI) must be submitted on the same claim as the office visit or preventative visit code, if 3008F is submitted on a separate claim from the visit then code 3008F will be denied. Please refer to topic #8277, below is the link from ForwardHealth with detail information regarding this process.
- Member is between 2-18 years of age
- Procedure code 3008F must point to one of the following BMI diagnosis codes, as appropriate
 - V85.51 - Body Mass Index, pediatric, less than 5th percentile for age
 - V85.52 - Body Mass Index, pediatric, 5th percentile to less than 85th percentile for age
 - V85.53 - Body Mass Index, pediatric, 85th percentile to less than 95th percentile for age
 - V85.54 - Body Mass Index, pediatric, greater than or equal to 95th percentile for age

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=24&s=5&c=30&nt=Additional+Reimbursement+for+Reporting+Body+Mass+Index>

If you have any questions please contact us at 855-326-5059.

Rules Regarding Billing Members

One of the most common calls we get from our members is in regards to being billed/balanced billed by a provider. We want to remind our providers that in accordance with State and Federal laws, if a provider inappropriately collects payment from an enrolled Member or Authorized Representative acting on behalf of the Member, that provider may be subject to program sanctions including termination of Medicaid enrollment. In addition, the provider may also be fined, imprisoned, or both pursuant to Section 42 USC s. 1320a-7b and Wis. Stats. 49.49 (3m).

If you have inquiries regarding member eligibility and/or current claim status please access the Molina Provider Web Portal at www.MolinaHealthcare.com or call us at 855-326-5059.



How Can Our Interdisciplinary Care Team Help Your Patients?

Molina Healthcare's Case Management Department has an Interdisciplinary Care Team (ICT) designed to meet the comprehensive needs of Molina's most vulnerable members. The ICT team coordinates the delivery of services and benefits for Molina members. The role of the ICT is to integrate all participants who provide care to Molina members including primary care, specialty care, behavioral health, and referrals to community-based resources.

The ICT provides care management such as:

- Assessment
- Care planning
- Authorization of services
- Medication management
- Discharge planning
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- Appropriate and efficient transitions of care to stabilize medical conditions
- Increase adherence with treatment
- Maintain functional status
- Obtain the member's individualized care plan goals

The ICT also supports members in medical homes, assists in assuring integration of services and coordination of care across the spectrum of the healthcare system. Based on member preferences, the ICT assists with development of the interdisciplinary care plan using person-centered, culturally, linguistically, and physically appropriate approaches aimed at maintaining optimal health status in the least restrictive environment possible. Members have the right to self-direct their care. All members have access to the ICT based on needs and preferences. The participants of the ICT maintain frequent contact with the member through various methods including face-to-face visits, email, and telephone options as appropriate to meet the member's needs and risk-level.

The ICT is comprised of professionally trained and/or credentialed personnel. The Molina Case Manager (Nurse, Social Worker, Health Educator, etc.), determines the composition of the ICT based on assessed needs and member preference. The Molina Case Manager is accountable for coordination of all benefits and services the member may need. In addition, the case manager also leads the ICT meeting, and is responsible for coordination of ICT participants.

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Childless Adults Enrolling in BadgerCare Plus: What Does This Mean For Providers?

Many of your offices and facilities may already be noticing that Childless Adults (up to 100% FPL) throughout Wisconsin are actively enrolling in the BadgerCare Plus Program. According to the DHS update regarding enrollment information related to the BadgerCare Plus policy changes that went into effect on April 1, 2014:

- 81,731 newly eligible Childless Adults began receiving BadgerCare Plus benefits in April 2014
- 62,776 individuals with incomes above the federal poverty level no longer met the BadgerCare Plus program rules on April 1, 2014 and now have access to Affordable Health Care coverage through the Federal Health Insurance Marketplace

The newly eligible Childless Adult members will remain on Fee-for-Service Medicaid until at least July 1, 2014. During June of 2014 they will begin to receive packets in the mail with information regarding the HMOs to choose from in their area. It is estimated that between July and November of 2014 the Childless Adults will be enrolling into HMOs and that most will have selected or been assigned to a health plan by November. We hope that your Childless Adult patients and all your Medicaid, BadgerCare Plus, and Medicare / Medicaid eligible patients will choose Molina Healthcare of Wisconsin.

Molina Healthcare of Wisconsin looks forward to enrolling these newly eligible Childless Adults and would like to partner with you to help educate these new BadgerCare Plus members on healthcare literacy and navigating the healthcare system. If you would like to partner with us to host educational sessions for Childless Adults or other Medicaid, BadgerCare, Marketplace, or Medicare D-SNP patients at your office, please contact our Community Outreach Team at WisconsinCommunityOutreach@molinahealthcare.com



Continuity and Coordination of Care- Advisory Boards Members Wanted

Molina Healthcare of Wisconsin believes its members should receive quality, seamless, appropriate care through communication between health care providers and primary care providers. MHWI goals are to avoid miscommunication between parties and improve continuity and coordination between providers to ensure timely and accurate information is effectively communicated. MHWI provides support to members in taking an active role in their efforts to reduce risk in their own care.

When members receive behavioral health services, they need to be informed on how their records will be handled, and in certain circumstances, to give consent (authorization) so information can be properly shared with the member's primary care provider.

MHWI conducts annual assessments regarding the exchange of information that is conducted between health care providers.

Examples of monitoring activities from a Behavior Health (BH) perspective:

- Review of PCP medical records to determine if PCP's receive hospital discharge summaries, outpatient lab, outpatient radiology, outpatient surgery, specialists reports, and other reports
- Review of PCP medical records to determine if PCP's receive BH specialist feedback, such as BH hospitalization discharge summaries
- Surveys of BH providers regarding the exchange of health care information
- Surveys of PCPs regarding the exchange of health care information

Molina Healthcare of Wisconsin looks forward to collaborating with you to provide quality care to our members. If you would like to be part of the Advisory Board for Continuity and Coordination of Care (ABCC), please call our Quality Department at (414) 882-2928.



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The Member Advocacy Team Can Assist Your Office

Our team works with both the members and the providers to facilitate the provision of Medicaid benefits. In Addition, we can be the contact for members who have social needs.

Just recently, a provider called with a member in their office that needed assistance with housing. The member had lived in subsidized housing for years and just recently heard that the building was being sold. The member already received a 30-day notice to move and did not know where to turn. The Member Advocate was able to assist by connecting the member to the local ADRC (Aging and Disability Resource Center) for a listing of subsidized housing in the area, and a referral to 211 Impact (a central access point for people in need) for additional community resources.

We are here to help!

To contact a Member Advocate, please call Molina's Member Services Department at (888) 999-2404 and ask to be connected to a Member Advocate.





Provider Services

2400 S. 102nd St., Ste 105

West Allis, WI 53227



Looking Ahead:

Reminder: Complete Provider Satisfaction Surveys-
Be on the look out for upcoming Webinar series
starting July 2014.

**Molina's Provider Web Portal is an
easy-to-use, online tool designed to
meet your needs! All Molina Providers
have access to our portal.**

**Register for our Provider
Web Portal Today.**

It is easy. Visit our website at
www.MolinaHealthcare.com

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Your Extended Family.