

Making the Connection

Provider Newsletter • 1st Quarter 2017



How to help Molina Marketplace Members Reduce Out-of-Pocket Expenses

Molina Healthcare of Wisconsin (Molina) is working with our Marketplace members to reduce their out of pockets cost. When a provider uses a lab that is not in the Molina Marketplace provider network, or if a provider refers a Marketplace patient/member to an out-of-network lab will result in a higher health care costs for the members. It is imperative that participating providers use or refer Molina members to in-network labs.

This will help the member/patient receive the most out of their in-network benefits. Please review the chart below for a few of our Laboratory in-network providers.

National laboratory affiliate information

The list of providers below does not reflect Molina Healthcare’s full network of contracted laboratory providers. There may be providers

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or certain specialties that are not included in this list, as Molina Healthcare has a broad network of laboratory providers and patient service center locations.

<p>Ambry Genetics Corporation Phone: 866.262.7943 E-mail: info@ambrygen.com http://www.ambrygen.com/how-order-testing</p>	<p>B3 Diagnostic Laboratory Phone: 888.508.0561 http://b3m.b3diagnosticlaboratorytx.com/</p>
<p>Employment Health Services Phone: 920.434.2441 E-mail: drdjk@hccgb.com http://www.employmenthealthservices.com/</p>	<p>Family Clinic of Natural Medicine Phone: 608.222.2700 E-mail: info@familynaturalmedicine.com http://familynaturalmedicine.com/blood-draw-service/</p>
<p>Laboratory Services Cooperative Phone: 206.328.6824</p>	<p>Millennium Health Phone: 866.866.0605 http://www.millenniumhealth.com/</p>
<p>Myriad Genetics Phone: 800.469.7423</p>	<p>Precision Toxicology Phone: 800.635.6901 E-mail: info@precisiondxlab.com http://precisiondxlab.com/</p>
<p>Quest Diagnostics Phone: 866.MYQUEST (866.697.8378) http://www.questdiagnostics.com/home/physicians.html</p>	<p>Vitae Diagnostics Phone: 310.376.5812 E-mail: Info@VitaeDiagnostics.com http://VitaeDiagnostics.com</p>

Refer to MolinaHealthcare.com for the most current directories.

2017 Annual Comprehensive Exam (ACE) Program

Great News! Our 2017 ACE Program will be starting in January and will run through May 31, 2017. Molina Healthcare of Wisconsin (Molina) will provide upcoming Incentive information in the near future. For more information please contact: Stephanie Grubich CPC, CRC, CEMC, Associate Risk Adjustment Coordinator at 414-755-6614 or e-mail WIRiskAdjustment@MolinaHealthcare.com

Corrected Claim Billing Requirements

Providers can submit corrected claims when changing or adding information, such as a change in coding. There are three ways to submit a corrected claim to Molina Healthcare. Please review the three submissions below:

1. Paper claim submission
 - On CMS 1500s forms, indicate your submission is a corrected claim in Box 22 and Box 22A
 - (“Medicaid Resubmission Code” and “Resubmission Original Ref No”).

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- On a UB04, indicate your submission is a corrected claim by inputting the value of 7 or 8 in the Box 4 in the third digit of the Type of Bill [XX7 or XX8].
- Mail paper claims to:
Molina Healthcare of Wisconsin, Inc.
PO Box 22815
Long Beach, CA 90801

2. Electronic Data Interchange (EDI)

- Web Portal Submission
- Log in with your username and password.
- Select “Create a professional claim” from the left menu.
- Select the radio button for the correct claim option.
- Enter the ID number of the claim you want to correct.
- Make corrections and add supporting documents explanation of benefits (EOB).
- Submit your claim.

3. Molina Healthcare’s Provider Web Portal

- Electronic Submission CMS 1500
 - o In the 2300 Loop, the CLM segment (claim information) CLM05-3 (claim frequency type code) must indicate one of the following qualifier codes:
 - o “7”- REPLACEMENT (replacement of prior claim)
 - o “8”- VOID (void/cancel of prior claim)
 - o In the 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.
- UB04
 - o Bill type for UB claims are billed in loop 2300/CLM05-1. In Bill Type for UB, the 7 or 8 goes in the third digit for “frequency.”
 - o The 2300 Loop, the REF segment (claim information), must include the original claim number of the claim being corrected, found on the remittance advice.

Important:

When submitting corrected claims to Molina Healthcare, follow these billing requirements below:

- Always submit through the Web Portal, electronically or via paper as indicated in the steps below.
- Do not submit corrected claims through the claims reconsideration process.
- Always include the original claim in its entirety with the corrections made.
- Do not submit a corrected claim with only codes that were edited by Molina Healthcare on the original claim.

To learn more, see our Claim Features Training Guide at MolinaHealthcare.com under the “Manual” tab. You can also e-mail WIProviderEngagement@Molinahealthcare.com with additional questions.



How to handle Outpatient Facility Physical Therapy, Occupational Therapy, and Speech Language Pathology Claims

ForwardHealth requires outpatient Physical Therapy (PT), Occupational Therapy (OT), and Speech Language Pathology (SLP) to be submitted on a CMS-1500. The only exception is PT, OT and SLP evaluations and re-evaluations which may be submitted on an institutional UB-04 claim form. If an evaluation or re-evaluation is performed the same day as therapy all services may be submitted on the CMS-1500 form.

Please refer to the to the ForwardHealth Update 11/2011 No. 2011-76 claims for Outpatient Hospital Therapy Services must be Submitted using a professional claim.

Additional information can be found by visiting the links below.

<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Updates/year/publist2011.htm.spaga>

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=43&s=4&c=13&nt=Therapy+Services>

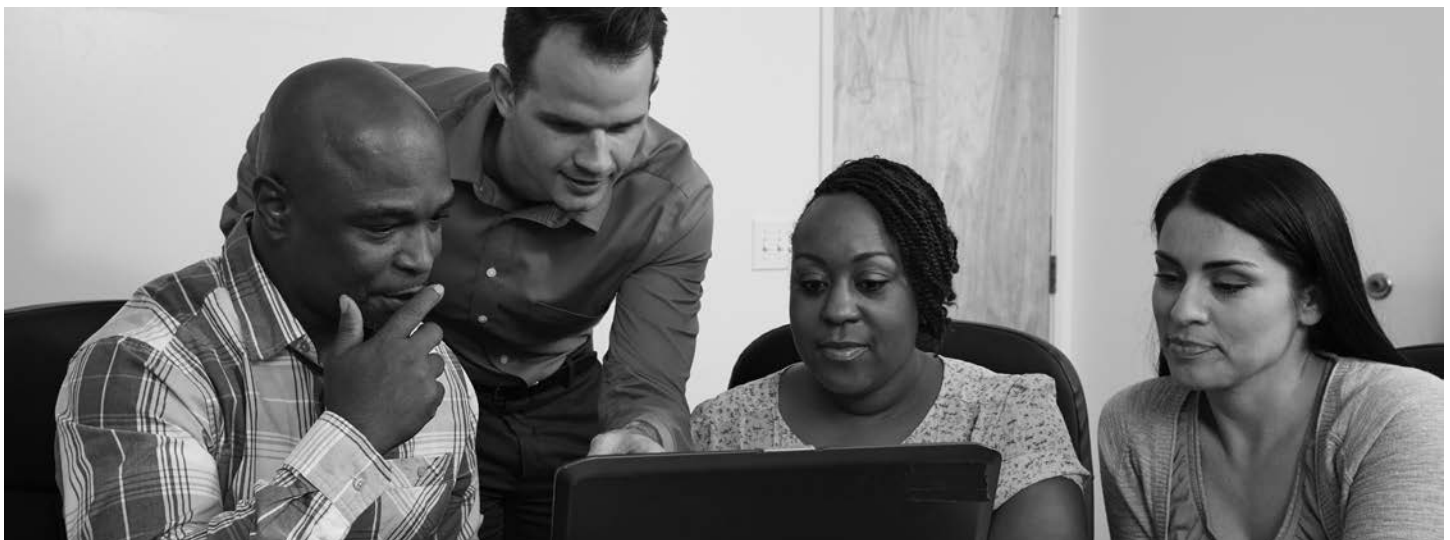
Sign Up for the 2017 Provider Webinars

Be the first to learn about our new Provider Education Webinars. The webinars are open to all Network Providers and their medical staff. Webinars are hosted through WebEx, which allows you to listen to the presentation by phone or by viewing it on your computer. All webinars include a live person to answer your questions.

January			February			March		
Thursday, January 19, 2017	10:00 AM	Provider Orientation	Thursday, February 2 , 2017	10:00 AM	Provider Orientation	Thursday, March 2 , 2017	10:00 AM	Provider Orientation
Tuesday, January 24, 2017	10:00 AM	Provider Orientation	Tuesday, February 7, 2017	10:00 AM	Provider Orientation	Tuesday, March 7, 2017	10:00 AM	Provider Orientation
			Thursday, February 16 , 2017	10:00 AM	Provider Orientation	Thursday, March 16, 2017	10:00 AM	Provider Orientation
			Tuesday, February 21, 2017	10:00 AM	Provider Orientation	Tuesday, March 21, 2017	10:00 AM	Provider Orientation
						Thursday, March 30, 2017	10:00 AM	Provider Orientation

Please encourage appropriate staff to register for these informative, educational opportunities.

Please e-mail us at WIProviderEngagement@Molinahealthcare.com to sign up to our e-mail list. We look forward to hearing from you.

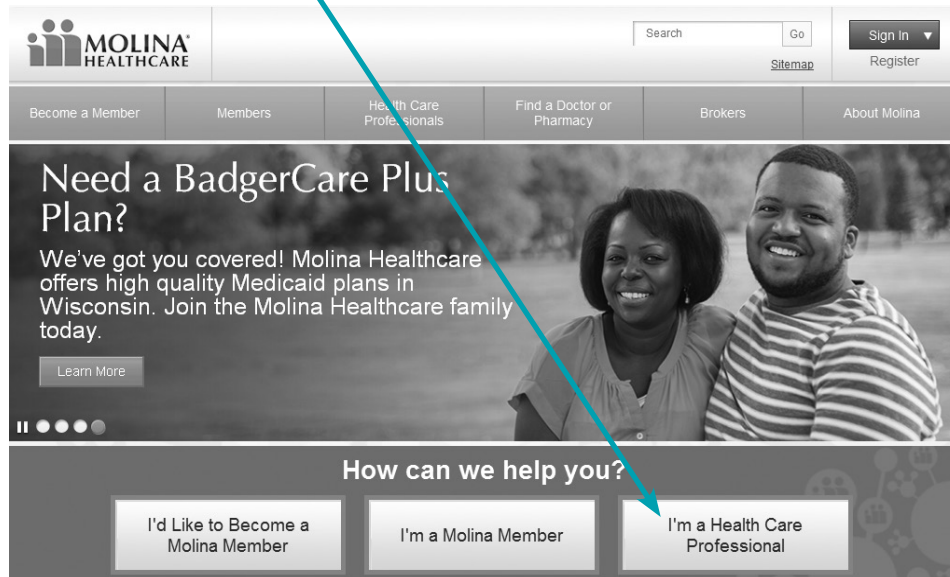


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Great News! Provider Manual is Now Available Online

Molina Healthcare of Wisconsin (Molina) recently updated the 2017 Provider manual. Please visit our website and follow the steps below:

1. Go to Molinahealthcare.com
2. Select I'm a Health care Professional



3. Next, select the manual tab and a drop down will appear allowing the user to select the Provider Manual.



If you have questions regarding the manual or if you need assistance, please contact Molina's Provider Services at WIProviderEngagement@MolinaHealthCare.Com.

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OB Provider Incentive Program

Molina Healthcare of Wisconsin (Molina) is pleased to announce a Medicaid incentive program to promote prenatal care in the first trimester and postpartum care after delivery for our Medicaid members. For providers who bill globally for obstetrical services, we would like to encourage you to use CPT II codes for prenatal & postpartum visits.

In addition to your contracted reimbursement rate, Molina Healthcare of Wisconsin will pay an incentive of \$50.00 per eligible patient for the initial prenatal visit that occurs within the HEDIS required timeframe and \$50.00 per eligible patient for each postpartum visit that is completed within the HEDIS required timeframe, with a maximum possible incentive of \$100.00 per patient.

To be eligible for the incentive:

1. Provider must have submitted a global claim for the obstetrical services.
2. Providers must use the 0500F or 0503F CPT II codes indicating the visit happened within the HEDIS required timeframe.
 - Providers are asked to submit the prenatal CPT II code at the time of the visit, and the incentive payment will be issued after the global billing code is received.
 - No additional payments will be made on the CPT II code during claim adjudication
3. Claims must be received within 60 days of the date of service.
4. The incentive payment will be issued to the practice in a lump sum check on a quarterly basis

Thank you for your continued commitment to delivering quality care to our members. If you have questions, please contact Jenny at jennifer.kessler@molinahealthcare.com.



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Why is it Important for Molina to Know about Provider Updates?

Molina Healthcare of Wisconsin (Molina) requires Providers to notify us of all provider changes.

It is quick and easy to make the necessary changes:

1. First, go to MolinaHealthcare.com
2. Next, select the Health Care Professionals tab and from the drop down select the line of business (Medicaid or Marketplace)

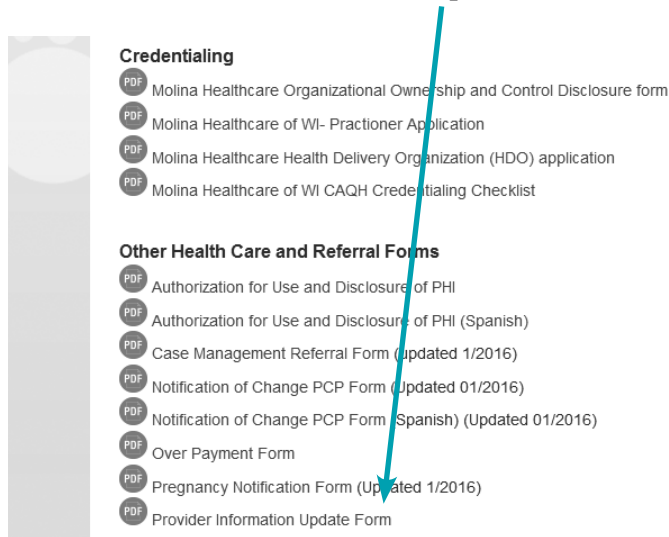


3. Then select, the forms tab and from the drop down double click on "Frequently Used Forms"



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4. Select the form titled Provider Information Update Form



- ✓ Please utilize and follow the instructions on the Provider Information Update Form
- ✓ Directions for completion and submission are provided on the form.

If you have questions, please contact your Provider Service Representative at WIProviderEngagement@MolinaHealthcare.com we are happy to assist.

Please submit changes via mail, fax, or e-mail:

Molina Healthcare of Wisconsin
11200 West Parkland Avenue
Milwaukee, WI 53224-3127
FAX: 414-214-2490
E-MAIL: WIProviderEngagement@MolinaHealthCare.com

Important Reminder!!!

Please discontinue mailing correspondence to the PO BOX below (Molina no longer has access to this mailbox)

Molina Healthcare of Wisconsin
PO BOX 270208
West Allis, WI 53227-9962

Please use the PO BOX below:
Molina Healthcare of Wisconsin
PO BOX 242480
Milwaukee, WI 53224-9931

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Annual Notice of Member Rights and Responsibilities

What are our Members Rights and Responsibilities?

These rights and responsibilities are located on the Molina Healthcare of Wisconsin's website at MolinaHealthcare.com.

Member's Rights

They have the right to:

- Be treated with respect and recognition of their dignity by everyone who works with Molina.
- Get information about Molina, our providers, our doctors, our services and Members' rights and responsibilities.
- Choose their "main" doctor from Molina's list of Participating Providers (This doctor is called their Primary Care Doctor or Personal Doctor).
- Be informed about their health. If they have an illness, they have the right to be told about all treatment options regardless of cost or benefit coverage. They have the right to have all their questions about their health answered.
- Help make decisions about their health care. They have the right to refuse medical treatment.
- They have a right to privacy. We keep their medical records private.*
- See their medical record. They also have the right to get a copy of and correct their medical record where legally allowed.
- Complain about Molina or their care. They can call, fax, e-mail or write to Molina's Customer Support Center.
- Appeal Molina's decisions. They have the right to have someone speak for them during their grievance.
- Disenroll from Molina (leave the Molina Healthcare product).
- Ask for a second opinion about their health condition.
- Ask for someone outside Molina to look into therapies that are Experimental or Investigational.
- Decide in advance how they want to be cared for in case they have a life-threatening illness or injury.
- Get interpreter services on a 24 hour basis at no cost to help them talk with their doctor or us if they prefer to speak a language other than English.
- Get information about Molina, their providers, or their health in the language they prefer.
- Ask for and get materials in other formats such as, larger size print, audio and Braille upon request and in a timely fashion appropriate for the format being requested and in accordance with state laws.
- Receive instructions on how they can view online, or request a copy of, Molina's non-proprietary clinical and administrative policies and procedures.
- Get a copy of Molina's list of approved drugs (Drug Formulary) on request.
- Submit a grievance if they do not get Medically Necessary medications after an Emergency visit at one of Molina's contracted hospitals.
- Not to be treated poorly by Molina or their doctors for acting on any of these rights.
- Make recommendations regarding Molina's Member rights and responsibilities policies.
- Be free from controls or isolation used to pressure, punish or seek revenge.
- File a grievance or complaint if they believe their linguistic needs were not met by Molina.*Subject to State and Federal laws

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Their Responsibilities

They have the responsibility to:

- Learn and ask questions about their health benefits. If they have a question about their benefits, call toll-free at (888) 560-2043. If they are deaf or hard of hearing, they may contact us by dialing 7-1-1 for the National Relay Service.
- Give information to their doctor, provider, or Molina that is needed to care for them.
- Be active in decisions about their health care.
- Follow the care plans for them that they have agreed on with their doctor(s).
- Build and keep a strong patient-doctor relationship. Cooperate with their doctor and staff. Keep appointments and be on time. If they are going to be late or cannot keep their appointment, they must call their doctor's office.
- Give their Molina Healthcare card when getting medical care. Do not give their card to others. Let Molina know about any fraud or wrong doing.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals as they are able.

Be Active In Their Healthcare

Plan Ahead

- Schedule their appointments at a good time for them
- Ask for their appointment at a time when the office is least busy if they are worried about waiting too long
- Keep a list of questions they want to ask their doctor
- Refill their prescription before they run out of medicine

Make the Most of Doctor Visits

- Ask their doctor questions
- Ask about possible side effects of any medication prescribed
- Tell their doctor if they are drinking any teas or taking herbs. Also tell their doctor about any vitamins or Over-the-counter medications they are using

Visiting Their Doctor When They are Sick

- Try to give their doctor as much information as they can.
- Are they getting worse or are their symptoms staying about the same?
- Have they taken anything?

If they would like more information, please call Molina's Customer Support Center toll-free at 1 (888) 560-2043, Monday through Friday, between 8:00 a.m. and 5:00 p.m. CT. If they are deaf or hard of hearing, they may contact us by dialing 7-1-1 for the National Relay Service.

Second opinions

If a member does not agree with their provider's plan of care, they have the right to request a second opinion from another provider. Members should call Member Services to find out how to get a second opinion. Second opinions may require Prior Authorization.

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Provider Services
11200 W. Parkland Avenue
Milwaukee, WI 53224

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Your Extended Family.