

# Making the Connection

## Provider Newsletter • 2nd Quarter 2016



### Provider Satisfaction Survey - Coming Soon!

The provider satisfaction survey will be arriving at your office soon. Please take the time to respond to this short questionnaire from the Myers Group and let your voice be heard. Your **valuable** feedback helps us understand what is important to you and how we can help.

As a result of your responses last year, we were able to:

- Increase the network of quality specialists
- Simplify the authorization process
- Improve the provider manual
- Increase the frequency of policy bulletins for timely and useful written communication
- Provider Relations Representatives now make more visits to your facilities to answer questions and/or assist with resolving claim disputes

We look forward to learning more about what you like to see in the future!

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[MolinaHealthcare.com](http://MolinaHealthcare.com)

# Fast Payments and Convenience For You

Molina Healthcare provides FREE paperless electronic payment and remittance advice services to our providers. Molina Healthcare provides Change Healthcare to our Providers and we would like to highlight the benefits below:

- Faster payments (processing can take as little as 3 days from the day the claim was submitted)
- Providers can self - search for a historical Explanation of Payment - EOP (AKA Remittance Advice) by claim number, member name, etc.
- Providers can view, print, download and save a PDF version of the Explanation of Payment (EOP) for easy reference with no paperwork to store.
- Files can be more efficiently routed to the File Transfer Protocol (FTP) or associated Clearinghouse of the Providers.

Register today. Enrolling is as easy as 1, 2, 3!

1. Visit <https://providernet.alegeus.com>

2. Enter your account information

- Tax ID
- NPI
- Banking information

3. Begin viewing and receiving payments from Molina Healthcare electronically.

For additional assistance, please contact your Provider Service Representative or e-mail us at

[WIProviderEngagement@Molinahealthcare.com](mailto:WIProviderEngagement@Molinahealthcare.com).

## BadgerCare Plus & Medicaid SSI HMO Contract Changes

The 2016-2017 BadgerCare Plus and Medicaid SSI HMO Contract provides HMOs new opportunities to provide quality healthcare services to Medicaid recipients. The contract calls for HMOs to manage the care of individuals that were formerly exempt from HMO enrollment, specifically people with AIDS/HIV diagnoses, as well as those who use Methadone treatment services to overcome addiction.

The Wisconsin Department of Health Services (DHS) has made it a priority to ensure that these individuals receive the appropriate care and care management, and Molina fully supports this effort. Molina is committed to working hard with not only Wisconsin healthcare providers to ensure that these members have access to quality care, but also with local stakeholders to make sure that we understand the needs of this population beyond just the provision of medical services.

Molina employees have been working with the AIDS Resource Center of Wisconsin (ARCW) to ensure that Molina is responsive to their patients' needs. We are also contracting and meeting with our state's Methadone treatment clinics to guarantee that we are making the transition from fee-for-service to managed care as seamless as possible for these providers and members. Given that DHS and the Wisconsin legislature have been focusing on finding solutions to helping individuals overcome drug dependence, Molina is proud to be working with DHS to provide quality care to those battling addictions.

**MolinaHealthcare.com**

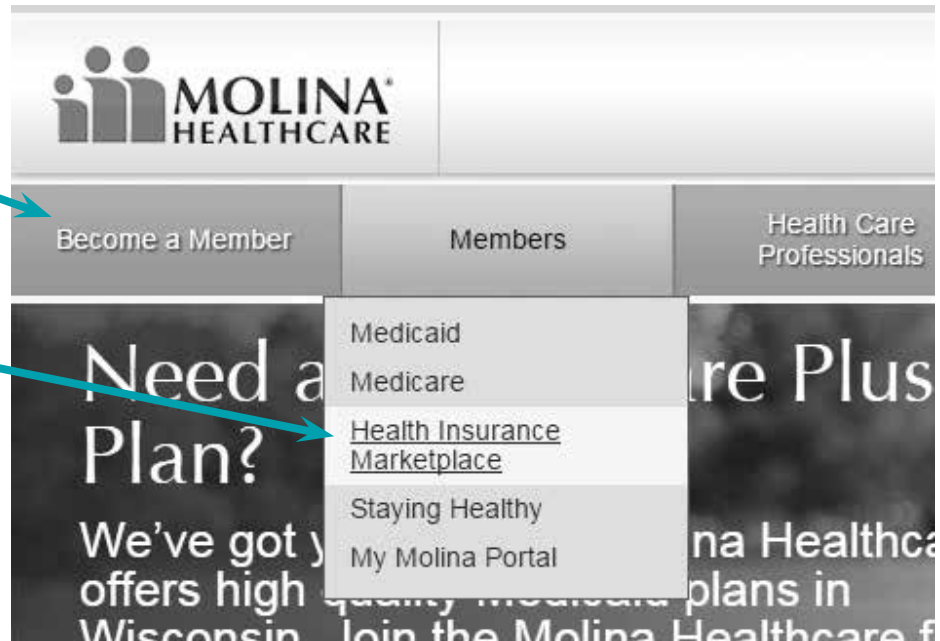
# Marketplace E-Z Pay Locations available

Help your patients avoid the grace period. Molina Marketplace members 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](http://Molinahealthcare.com).

Next click on the Members button.

Then Select Health Insurance Marketplace in the drop down.



You will then select Make a Payment

## Make a Payment

Make a payment for your insurance.

Make a Payment



You will then see the Option to pay by MoneyGram as well as a link to a Geo- mapping feature to assist you finding a convenient location near the bottom of the web page



## Pay by MoneyGram

Bring this info to MoneyGram.  
**Billor Name: Molina Healthcare of WI**  
**Receive Code: 14360**  
To find a MoneyGram near you,  
[Click here.](#)

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

**MolinaHealthcare.com**

# Practitioner Credentialing Reminder

For practitioners participating with Council for Affordable Quality Healthcare (CAQH) we do ask that you update your provider profile with the most current and accurate information through (CAQH) Pro View prior to submitting a Molina Healthcare of WI Credentialing Checklist (CAQH) form.

Incorrect data will create a delay in the primary source verification process causing the turnaround time for correction of an incomplete application to run closer to the 60 calendar days of receipt. As a result, it is possible that the application will be deemed incomplete and Molina will automatically discontinue processing of the application.

In order to avoid any additional issues with incomplete application processing, please be certain that the provider profile is current.

Feel free to contact [Wisconsincredentialing@Molinahealthcare.com](mailto:Wisconsincredentialing@Molinahealthcare.com) with any of your credentialing related questions.



## New forms can now be found at [MolinaHealthcare.com](http://MolinaHealthcare.com)

Member and Provider forms have been updated as of January 2016; in addition, our form libraries have also been reorganized! Forms are now categorized under a specific heading, so that you can find the information needed as efficiently as possible.

To obtain copies of the updated forms:

- Go to **MolinaHealthcare.com**
- Select **Health Care Professional**
- Select the **Line of Business (Medicaid or Marketplace)**
- Select **Forms**
  - Select **Frequently Used Forms.**

Please discard any copies of Molina forms that you may have printed out prior to January 2016. In addition, as our PO Box address has recently changed, please ensure that you are not providing business reply envelopes to patients with the old address.

[MolinaHealthcare.com](http://MolinaHealthcare.com)

# Community Connector Program

The Community Connector is an extension of the Case Manager and plays a highly visible role in connecting members with the most appropriate health care services. As a result of the trusting relationship members develop with the Community Connector, members accept the education, advocacy and support provided by the Community Connector. The goal is to facilitate access to the health care system. Members are empowered to develop self-management skills resulting in an improved quality of life.

A unique quality of this service is the high touch, face-to-face approach in the member's home, medical and community settings. Telephonic contact will also occur based on individual member needs. The Community Connector works in tandem with the Case Manager, supporting the development of the Care Plan. The Case Manager provides guidance and coaching to the Community Connector to identify specific tasks and interventions required for completion of the targeted goals.

What can a Community Connector do?

- Facilitate interaction with health care system
- Ensure member is established with a Primary Care Provider
- Provide alternatives to ED: Nurse Advise Line, Urgent Care Centers, PCP
- Assist with provider appointment scheduling
- Home visits to assess member needs
- Provide resources for caregiver assistance
- Assist with healthcare equipment and supplies process
- Understand healthcare benefits
- Identify barriers to accessing care
- Access transportation resources
- Offer community resources information for basic needs
- Encourage completion of preventive screenings
- Connect to behavioral health services
- Support self-management of chronic conditions
- Encourage immunizations for children
- Encourage prenatal care
- Encourage diabetes education participation



[MolinaHealthcare.com](https://www.molinahealthcare.com)

# HEDIS - Obstetrical Care

## What is the HEDIS Measures related to obstetrical care?

- **Timeliness of Prenatal Care:** The percent of patients who delivered and had prenatal care visits during the first trimester or within 42 days of enrollment.
- **Postpartum Care:** The percent of patients who delivered and had postpartum visits within 21 to 56 days after giving birth.

## How can I improve my practice?

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Complete and submit Molina's pregnancy notification form as soon as a pregnancy diagnosis is confirmed (<http://www.molinahealthcare.com/providers/wi/medicaid/forms/PDF/pregnancy-notification-form.pdf>).
- Schedule your patient for a postpartum visit within 21 to 56 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS).
- Use the postpartum calendar tool from Molina to ensure the visit is within the correct time frames- you can request a copy of the postpartum calendar tool by e-mailing [WIProviderEngagement@Molinahealthcare.com](mailto:WIProviderEngagement@Molinahealthcare.com).

## What should be documented in a postpartum care visit?

The medical record must include documentation indicating the **date** on which a postpartum visit occurred and **one** of the following:

- a. Pelvic exam
- b. Evaluation of weight, blood pressure, breasts and abdomen
- c. Notation of "postpartum care"

## Molina Healthcare Coding Education

One of Molina's newest programs is an educational resource that trains providers in coding and documentation. Every week, a new Molina Healthcare Coding Education fact sheet will be available with the most up to date changes and guidelines provided by CMS and state regulations, on a variety of conditions including diabetes, asthma, depression and COPD. The weekly fact sheet provides the information for coding patients based on the highest specificity of their disease state. Accurate, detailed coding allows for a much more efficient, cost effective, billing department. Register to receive Molina Healthcare Coding Education by e-mailing [WIProviderEngagement@MolinaHealthCare.com](mailto:WIProviderEngagement@MolinaHealthCare.com).

# Updating Provider Information

Molina Healthcare requires providers to notify us in writing, by fax or e-mail with any of the following changes:

- Changes in practice ownership, name, address, phone number or Federal Tax ID numbers
- When adding a new physician to the practice or if a physician is leaving the practice
- Upon loss or suspension of your license to practice
- In the event of bankruptcy or insolvency
- In the event of any suspension, exclusion, debarment, or other sanction from a State or federally funded healthcare program
- In the event of any indictment, arrest, conviction for a felony, or any criminal charge related to your practice
- If there are any material changes in cancellation or termination of liability insurance
- If or when you are closing your practice to new patients or when you are accepting new patients.
- At **least 90** days before terminating affiliation with Molina Healthcare of Wisconsin or one of its provider networks (refer to your contract for specific termination terms)

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

## **Molina Health Care of Wisconsin**

11200 West Parkland Avenue

Milwaukee, WI 53224-3127

**FAX: 414-214-2490**

**E-MAIL: [WIProviderEngagement@Molinahealthcare.com](mailto:WIProviderEngagement@Molinahealthcare.com)**

# Behavioral Health Provider Toolkits

Be on the lookout for our new behavioral health provider toolkits! These toolkits were designed to provide tools and guidance around management of common behavioral health conditions. Two toolkits are available: a Behavioral Health Toolkit for Primary Care Providers and a Behavioral Health Toolkit for Specialists.

Topics covered in the toolkit include:

- Assessment and Diagnosis of Behavioral Health Conditions
- HEDIS Tips
- Risk Adjustment Education

Toolkits are available and can be found here:

Behavior Health Toolkit for Primary Care Providers

<http://www.molinahealthcare.com/providers/common/PDF/Behavioral-Health-Toolkit-for-Specialists.pdf>

Behavioral Health Toolkit for Specialists

<http://www.molinahealthcare.com/providers/common/PDF/Behavioral-Health-Toolkit-for-Specialists.pdf>

Toolkits will be available for use and located on the Molina Healthcare website and provider portal ([www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)).

**MolinaHealthcare.com**

# 2016 Annual Comprehensive Exam (ACE) Program

Our ACE Program is underway for 2016. Molina's 2016 ACE program runs through May 31, 2016. Each accepted ACE form incentive is \$300 and a \$25 incentive payment for each quality measure met.

We have completed our initial ACE packet mailing and will continue to mail packets each month for newly enrolled Molina Medicare members through April 2016.

For more information please contact: Stephanie Grubich CPC, CEMC, Risk Adjustment Coordinator, 414-755-6614, [WIRiskAdjustment@MolinaHealthcare.com](mailto:WIRiskAdjustment@MolinaHealthcare.com).

## Network Updates

Molina Healthcare would like to remind our Medicaid providers and billers about the following topics to help facilitate timely payments or to avoid costly recoupments.

**Ambulance modifiers** – Origin and destination modifier are required, even when no transport occurs. Remember to enter a “Y” in the unshaded area of the CMS-1500 form for each procedure performed as an emergency. If the procedure was not an emergency, leave this field blank. Non-emergency transportation services should be submitted to MTM for reimbursement.

### Forward Health Topic #17797

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=2&s=4&c=13&nt=1500+Health+Insurance+Claim+Form+Completion+Instructions>

### Forward Health Topic #1049

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=2&s=2&c=61&nt=N+on-emergency+Medical+Transportation+by+Ambulance>

**DME Modifiers** – please reference the DME index for all required modifiers and other billing requirements. Some codes require a modifier for reimbursement.

### Forward Health topic #2047

[https://www.forwardhealth.wi.gov/WIPortal/content/provider/maxFee/pdf/DME\\_index.pdf.spage](https://www.forwardhealth.wi.gov/WIPortal/content/provider/maxFee/pdf/DME_index.pdf.spage)

### Forward Health Update No. 2015-32

**Hearing Aid Providers** – Forward Health update No. 2015-32, under the Submission header, providers are required to conduct a performance check for a hearing device 30 days after the dispensing date. Providers may only submit claims for a hearing device and the dispensing fee for a hearing device after the 30 day performance



check has been conducted or, if the member does not return for a performance check, 45 days after the dispensing date.

<https://www.forwardhealth.wi.gov/kw/pdf/2015-32.pdf>

Include the RT (right side) or LT (left side) modifier, as appropriate, on a separate line item of the claim for all unilateral services. Refer to the specific HCPCS code description to determine if a service is unilateral and; therefore, requires a modifier. HCPCS codes that represent both left side and right side hearing instruments do not require an RT or LT modifier.

**Forward Health Update No. 2016-04**

<https://www.forwardhealth.wi.gov/kw/pdf/2016-04.pdf>

**Hospital Based Clinic Visits** – changes to Outpatient Hospital billing now require a PO modifier PO and place of service 19 to be added to claims effective 1-1-2016.

**Forward Health update No. 2016-02**

<https://www.forwardhealth.wi.gov/kw/pdf/2016-02.pdf>

**Type of Bill Restrictions** – Please reference the UB-04 (CMS 1450) Claim Form Instructions in the Forward Health Online Handbooks for the type of bill allowed for each service area.

**Laboratory services** – As a reminder, provider contracts require use of participating providers. This includes laboratory services. Providers are required to submit specimens to participating laboratories. A complete list of participating laboratories can be found at:

<http://www.molinahealthcare.com/providers/wi/medicaid/Pages/home.aspx>

**Nutrition Therapy and Education/Training** – Per WI Medicaid Nutrition Therapy and Education/Training are non-covered services. Some of the most common procedures are 97802 – 97804 and 98960 – 98962. This is not an all-inclusive list.

**Rendering and Billing providers must both be Medicaid certified** – The State requires that all rendering and billing providers be Medicaid certified to receive reimbursement from Molina.

If you would like to receive this information in monthly, please e-mail  
[WIProviderEngagement@Molinahealthcare.com](mailto:WIProviderEngagement@Molinahealthcare.com).

# Reminders:

## Updated Provider Manual

Molina Healthcare of Wisconsin recently updated the provider manual. Please review the 2016 Provider Manual.

The manual can be viewed by visiting [molinahealthcare.com](http://molinahealthcare.com)>I'm a Health care Professional> Manual.

If you have questions about this communication, please contact Provider Services at

[WIProviderEngagement@Molinahealthcare.com](mailto:WIProviderEngagement@Molinahealthcare.com).

## Provider Webinars

Molina Healthcare of Wisconsin's Provider Education Webinars are open to all Network Providers, their medical and office 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 and subject matter expert to answer your questions.

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

Please email [WIProviderEngagement@Molinahealthcare.com](mailto:WIProviderEngagement@Molinahealthcare.com) to be added to our e-mail list and/or receive a schedule of upcoming webinars.



[MolinaHealthcare.com](http://MolinaHealthcare.com)

## **New Address & Fax Numbers**

Effective January 25, 2016, Molina Healthcare of Wisconsin has a new physical address; there **have been no changes in the claims address.**

Please review the information below to ensure you have the updated information;

### **New Address**

11200 W. Parkland Avenue  
Milwaukee, WI 53224

### **New Fax Numbers**

- Provider Appeals (844) 251-1446
- Member Appeals (844) 251-1445
- Provider Services (414) 214-2481
- Member Services (414) 214-2489

### **Fax Numbers that remain the same**

- Provider Contracting (877) 556-5863
- Healthcare Services UM (877) 708-2117

### **The Claims address will remain the same:**

Molina Healthcare of Wisconsin, Inc.  
Attention: Claims  
P.O. Box 22815  
Long Beach, CA 90801

### **Complaints, Grievances and Appeals should be sent to:**

Molina Healthcare of Wisconsin, Inc.  
Attention: Provider Claim Disputes  
P.O. Box 242480  
Milwaukee, WI 53224

**MolinaHealthcare.com**



**Provider Services**  
11200 W. Parkland Avenue  
Milwaukee, WI 53224

[MolinaHealthcare.com](http://MolinaHealthcare.com)



Your Extended Family.