Making the Connection

Provider Newsletter • 3rd Quarter 2016

Provider Satisfaction Survey

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
- Improved 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 issues

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

Referring members to In-network providers

Molina's Prior Authorization process is great way to keep the lines of communication open with our providers. The prior authorize process requires in network providers to communicate with us on specific services and to ensure the services are covered through our network.

As a reminder, our provider contracts department requires Members to utilize participating providers. We maintain a network of providers to care for our Members. Referrals are not required for members to be seen by in-network specialists. However, prior authorization may be required depending on the service provided.

There are circumstances where a provider may request a service that is unavailable or not provided through our network. It is very important to get a prior-authorization for members who are being treated for specific services or referred outside of the Molina Healthcare network to prevent the member from incurring balance billed amounts.

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MOLINA HEALTHCARE®

Your Extended Family.

Please call if you have questions or concerns about a prior authorization, you may call our Medical Service Provider line at (855) 326-5059.

2016 Annual Comprehensive Exam (ACE) Program

Thank you to all our providers who participated in our 2016 Molina Medicare ACE Program that ended on May 31, 2016. Your participation is greatly appreciated; we look forward to your continued participation. Please contact Stephanie Grubich CPC, CEMC Risk Adjustment Coordinator with any coding or risk adjustment questions at (414) 755-6614 or e-mail WIRiskAdjustment@MolinaHealthcare.com.

Health Living with Diabetes

We are excited to be offering *Healthy Living with Diabetes* and the *National Diabetes Prevention Program* again this year.

***Healthy Living with Diabetes** is a* workshop designed to help adults with type 2 diabetes or pre-diabetes learn self-management skills and increase their confidence in managing their diabetes.
The workshop meets once a week for six weeks — 2-1/2 hours each session. *Healthy Living with Diabetes* complements existing treatments a participant receives. This program is recommended for Adults with type 2 diabetes and/or Adults living with someone who has diabetes.

National Diabetes Prevention Program is designed to help adults that are at high risk for type 2 diabetes learn skills to eat healthier and be more active. This is a CDC – recognized lifestyle change program focused on delaying the onset of type 2 diabetes.

This program meets once per week for 1 hour sessions for 16 weeks. After the initial 16 weeks the participants meet once per month for 6 months.

Individuals must qualify to participate in this program. To quality in the National Diabetes Prevention Program, the participant must:
- Be a Molina Member
- Be 18 years or older
- BMI ≥ 24 kg/m2 (≥22 if Asian) AND
- Diagnosis of pre-diabetes, or GDM, based on (check one or more)
    - ✓ Fasting blood glucose (range 100 - 125 mg/dl)
    - ✓ 2-hour glucose (range 140 - 199 mg/dl)
    - ✓ HbA1c (range 5.7 - 6.4)
    - ✓ Previous GDM (may be self-reported)

To refer patients to either diabetes program a provider can contact Stephanie N. Health Educator with Molina Healthcare at (414) 755-6660. We will then fax the provider a copy of the referral.

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Fast Payments and Convenience for You

Molina Healthcare provides FREE paperless electronic payment and remittance advice services to our providers called Change Healthcare. This service provides the following benefits to our providers;

- 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 at (888) 999-2404. Representative or e-mail us at WIProviderEngagement@Molinahealthcare.com.

Provider Orientation Webinars

Don't miss out! Take advantage of the Molina Provider Education Webinars. Our webinars are available to all Network Providers, including their medical and office staff. Webinars are hosted through WebEx, providing the opportunity to listen to the presentation by phone or on the web. You also have a live person and subject matter expert available to answer your questions.

DATE	TIME	WEBINAR TOPIC	LINK TO JOIN YOUR WEB_EX	Meeting number
July				
7/7/2016	9:30 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=m75b8fddc35e93ec-cc6949bb66b01e5d9	801 207 695
7/14/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=mb17290a077c076b083086fa672cf-baf1	807 803 943
7/21/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=maef128a0e3c8466d950dc-20d1e7e294c	800 909 208
7/28/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=mf660977c18f7fc100112085d01c6925f	807 366 141
August				
8/4/2016	9:30 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=m00a2ff0b1a15057319c4a7c0ca2efaef	800 971 618
8/11/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=maaabf090dc054cfc30a-8681c491e22a6	807 680 836
8/18/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=m4673915db30549d4b-9f1299629468e84	803 209 962
8/25/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=m8e62515e-848a421cea1a71da7af54157	800 140 355

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DATE	TIME	WEBINAR TOPIC	LINK TO JOIN YOUR WEB_EX	Meeting number
September				
9/1/2016	9:30 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=m6973ff0c721bf69fb9ea597afc63a111	800 813 010
9/8/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=m9f1acfffae62de63dc035eee6a3105fb	804 323 491
9/15/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=mf139cdd237d02b015184725275ef-f5ad	809 431 967
9/22/2016	10:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?MTID=mb4a15dbc2f9710b20d-bedd0d5f86b332	801 478 705

Please encourage appropriate staff to register for these informative, educational opportunities.
Please e-mail WIProviderEngagement@Molinahealthcare.com to be added onto our e-mail list and be the first to learn about new informative webinars.

Updating Provider Information

Keeping provider information updated is important to Molina. If your provider office is experiencing change, we ask that Molina be informed immediately. By keeping provider records updated allows us to provide our members a current list of in-network doctors. We require that Providers 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 and vice versa
- 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

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Network Participation Status and Effective Date

A provider is considered participating (PAR) in the Molina Healthcare network when:
- Contracts, addendums and attachments are signed and fully executed.
- If required for the provider's specialty, all stages of credentialing are completed and approved by Molina Healthcare's credentialing committee.
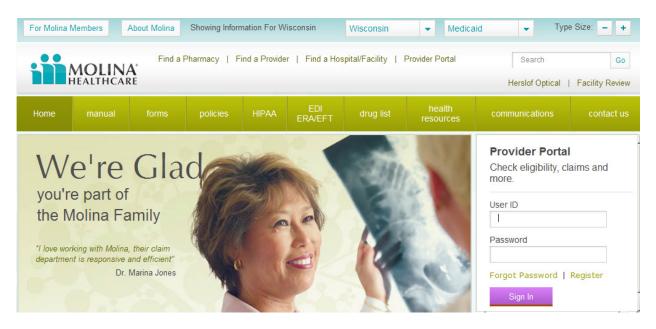
If credentialing is necessary, a provider's PAR effective date is the date after the credentialing committee approves the provider.

If credentialing is not necessary, a provider's PAR effective date is the date required attachments were fully executed by Molina Healthcare.

If the provider does not complete a required attachment, the provider is not given PAR status, even if he/she has been fully credentialed.

New Prior-Authorization Code list

Effective July 1, 2016 Molina Healthcare will be updating the Prior-Authorization codification list. Look for the updated documents to be posted on July 1, 2016 on the Molina website at www.MolinaHealthcare.com/providers/WI . You will find the Prior-Authorization codification list under the form tab.

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Molina Healthcare of WI is now partnering with MedXM

Molina Healthcare of WI is partnering with MedXM, a third party health vendor, to conduct in-home postpartum visits for women who are having difficulty getting to the provider's office for their postpartum visit. The visits include a comprehensive assessment and physical evaluation (no pelvic exam) conducted by a credentialed physician. A copy of the completed assessment is sent over to the member's PCP, but members are still encouraged to follow up with their PCP or OBGYN if they have additional questions or concerns.

In addition to postpartum visits, MedXM is also being used for A1C and micro-albumin testing for specific Molina members with diabetes who we have no record of getting their A1C checked within the last year. Results will also be sent to member's PCP, and members are encouraged to follow up with their PCP to ensure they are getting the care they need. Please contact Molina Healthcare at (888) 999-2404 if you have questions about this service.

Risk Adjustment (RA)

It is that time of the year again! The Risk Adjustment (RA) is right around the corner and your partnership is important to the RA process. Risk Adjustment (RA) process requires Centers for Medicare and Medicaid Services (CMS) to use member health information to evaluate our member's health status. CMS gathers information from multiple entities such as, providers, health plans, and demographic information.

The process is driven by accurate submission of complete specific diagnosis codes for all medical conditions affecting Medicare, Marketplace, and Medicaid beneficiaries. In addition, accurate medical record documentation supporting the diagnosis codes is also required.

Accurate Risk Adjustment submission allows a complete picture of a beneficiary's health status.
A good standard of practice is to document a cause and effect relationship by using linkage terms like "diabetic" or "due to diabetes".

For example, Diabetes with complications requires dual codes; the code for diabetes is sequenced 1st followed by the manifestation code indicating the complications. V58.67 (ICD-9-CM prior to 10/1/2015) and Z79.4 (ICD-10-CM 10/1/2015 and after). Long term (current) use of insulin are used to designate patients with Diabetes Type 2 using Insulin.

Risk Adjustment Data Validation: CMS performs annual medical record review, also called Risk Adjustment Data Validation (RADV) to determine if the diagnosis codes submitted by providers and health plans are accurate. Molina Healthcare Inc. will be in provider offices collecting medical records over the summer for the RA record review and as always your cooperation is appreciated.

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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.

Billable Revenue codes- Please remember to include only billable revenue codes, per Forward Health, for all claim submissions. For reference please use link below.

- **Forward Health Topic #1418**
  https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=32&s=2&c=10&nt=Revenue+Codes

- **Forward Health Topic #1364** https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=43&s=2&c=10&nt=Revenue+Codes

Billing Therapy Services- As a reminder, all DME, physical therapy, occupational therapy and speech therapy services are required to be billed on a CMS-1500 claim form. All services billing on a UB-04 will be denied.

Reimbursable Professional Charges- ForwardHealth only reimburses a professional charge submitted on a CMS-1500 for services provided in an off-campus provider-based outpatient clinic. For reference please use the link below.

- **ForwardHealth update 2016-02**
  https://www.forwardhealth.wi.gov/kw/pdf/2016-02.pdf

DME Providers- Rental services (RR modifier) submitted must have a date span indicating multiple rental dates by the "from" and "to" dates of service. **Rental items must be ranged within the same calendar month on claims.** Each month for rental submissions must have its own claim detail line. The number of days indicated on the submittal <u>must equal</u> the number of days within the range. Please reference Key to DME Index for the state's policy along with the individual DME indexes found at;

https://www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/MedicalEquipmentVendor/resources_25.htm.spage

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