

Making the Connection

Provider Newsletter 4th Quarter

Earn \$40 for each Pregnancy Notification Form received for a current Molina Member.

Why is notifying Molina that a member is pregnant so important?

By completing the Pregnancy Notification Form, you can help the member/patient in many ways!

Providers are usually the first to know when a member/patient is pregnant. By notifying the health plan, it allows for additional resources to help co-manage the member's care so she can receive the best care possible during her pregnancy.

Molina Healthcare a Pregnancy Notification Form can be faxed to: (414) 847-1778 and earn \$40 per form. The Pregnancy Notification Forms can be found here: http://www.molinahealthcare.com/providers/wi/medicaid/forms/PDF/forms_WI_16_pregnancy_notification_form.pdf or requested from your Provider Service Rep by emailing WIproviderengagement@molinahealthcare.com.

2015 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older. It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu related complications or because they live with or care for people at high risk for developing flu-related complications. For a complete copy of the ACIP recommendations and updates or

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for information on the flu vaccine options for the 2015 flu season, please visit the Centers for Disease Control and Prevention at <http://www.cdc.gov/flu/professionals/vaccination/>

Corrected Claims

The corrected claims process begins when you receive a Explanation of Benefits (EOB) from Molina Healthcare detailing the claims processing results. A corrected claim should only be submitted for a claim that has already paid, was applied to the patient's deductible/copayment or was denied by the Plan, or for which you need to correct information on the original submission.

File a Corrected Claim... When:

1. Claim was billed for incorrect member
2. Claim was billed with incorrect diagnosis
3. Claim was billed with incorrect procedure code
4. Claim was billed with the incorrect amount entered

File a New Claim... When:

1. Claim never billed
2. Receive a claim mail back form
3. Additional information requested. File new claim with requested correspondence.

Submitting Corrected Claims

Corrected claims can be submitted on paper or electronically through the Molina Provider Web-portal. Molina Healthcare does not accept corrected claims via EDI.

E-Portal

Corrected Claims may be submitted electronically via the Molina Healthcare Provider E-Portal with the appropriate field on the 837I or 837P completed.

Paper

When submitting corrected claims on paper, clearly mark claim as "corrected claim".

These claims do not have to go through the Appeals process. Marking the Claim "corrected claim" will ensure that the Claim is not automatically denied as a duplicate.

Corrected Claims can be sent to:

Molina Healthcare of Wisconsin, Inc.
PO Box 228I5
Long Beach, CA 9080I

MolinaHealthcare.com

Denied Claims

Denied Claims must be appealed within sixty (60) days of receipt of the denial. Formal Appeals must be submitted in writing clearly marked “appeal”.

The Appeal must include:

- Provider’s name
- Date of service
- Date of billing
- Date of payment and/or nonpayment,
- Member’s name
- Member ID Number

Provider Appeals must also include the reason(s) the Claim merits reconsideration. If the Appeal relates to Medical Emergency, Medical Necessity and/or prior Authorization, Medical Records substantiating documentation must accompany the appeal.

Appeals on the denial can be submitted via:

Mail

Molina Healthcare of Wisconsin, Inc.
Attn: Provider Appeals Department
P.O. Box 270208
West Allis, WI 53227
Fax: 414-847-1778
Email: MWIAppeals@Molinahealthcare.com

2015 Model of Care

The Centers for Medicare and Medicaid (CMS) require all Molina contracted providers complete the annual Model of Care training, no later than November 1, 2015. This basic training reviews the Molina Healthcare duals program and describes how Molina Healthcare and its contracted providers work together to successfully deliver the duals MOC program.

To view the 2015 Model of Care Provider Training please visit: <http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx>.

Once you have completed the training please complete the 2015 Model of Care Provider Training Attestation form. The completed form can be faxed to 414.847.1778 or emailed to WIproviderengagement@molinahealthcare.com.

Changes to Medicaid Claims Processing

Effective immediately Wisconsin is implementing the use of a No Pay Contract for rendering and Pay to/ billing providers who are no longer certified with the state of Wisconsin.

When a rendering provider is no longer certified with the state of Wisconsin a “No Pay Contract” will be placed on their record as “No Pay - Rendering/Payto Not Certified.” A rendering provider who is no longer certified will have a no pay contract placed on their record for each group they are affiliated with.

When a pay to/billing provider is no longer certified, the “No Pay Contract” will also be put on all the rendering providers affiliated with that group.

These changes will cause claims to deny with denial code B7 – “This provider was not certified/ eligible to be paid for this procedure/service on this date of service.” There will also be a memo entered and it will indicate if it is the group or individual provider that is not certified.

Example 1: Provider is affiliated with Wheaton, Aurora, and ACME Medical – ACME Medical terms their certification with the state – The provider may perform services for Medicaid members at Wheaton and Aurora and receive reimbursement but if they perform services at ACME Medical, those services will be denied stating, This provider was not certified/eligible to be paid for this procedure/service on this date of service.

Example 2: Flip the scenario, the provider isn't certified. We will add the no pay contract to all groups they are affiliated with, meaning all claims will deny.

APTC Members:

APTC Members are granted a three (3) month grace period. During the first month of the grace period claims and authorizations will continue to be processed. Services, authorization requests, and claims may be denied or have certain restrictions during the second and third months of the grace period. If the APTC Member's full past-due premium is not paid by the end of the third month of the grace period, the APTC Member will be retroactively terminated to the last day of the first month of the grace period.

Non-APTC Members:

Non-ATPC Members are granted a ten (10) day grace period, during which they may be able to access some or all services covered under their benefit plan. If the full past-due premium is not paid by the end of the grace period, the Non-APTC Member will be retroactively terminated to the last day of the last month for which the premium was paid.

ICD-10 READY???

On October 1, 2015, the United States transitions from ICD-9 to ICD-10 as the medical code set for the medical diagnoses and inpatient hospital procedures. Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes will continue to be used for outpatient, ambulatory, and office-based procedure coding.

Molina Healthcare's approach to ICD-10 conversion:

- Molina Healthcare has used GEMs (General Equivalency Mappings), as well as other coding methodologies as a guide to assist in understanding and translating ICD-9 codes to ICD-10.
- All core systems, as well as our processes and policies have been updated and tested. Molina Healthcare had done everything possible to ensure that the transition to ICD-10 is seamless to providers.
- Molina Healthcare will support dual processing of ICD-9 and ICD-10 codes. ICD-9 coded claims with dates of services or discharge dates prior to the compliance deadline date will be accepted.
- Molina Healthcare will only accept ICD-10 coded claims for any dates of service on or after the ICD-10 effective date.

Please refer to these industry standard resources to help guide you with your ICD-10 planning and preparation:

- Centers For Medicare & Medicaid Services (CMS) <http://www.cms.gov/>
- Workgroup for Electronic Data Interchange (WEDI) <http://www.wedi.org/>
- National Center for Health Statistics (NCHS) <http://www.cdc.gov/nchs/>
- <http://www.cms.gov/medicare/coding/ICD10/index.html>
- http://www.cms.gov/medicare/coding/ICD10/latest_news.html

ICD-10 related resources such as training and newsletters may be found on the Forward Health Portal <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>.

Marketplace Grace Period Timing

Effective January 1, 2014, healthcare reform legislation required non-grandfathered individual health insurance plans to provide a three-month grace period for individuals enrolled through the health insurance marketplace (also known as the “exchange”) who receive federal health insurance subsidies (Advance Premium Tax Credits). A member receiving federal health insurance subsidies will begin a three month grace period the day following a missed premium payment if the member has timely paid the initial premium payment. Molina Healthcare guidelines are as follows:



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.

DATE	TIME	WEBINAR TOPIC	LINK TO JOIN YOUR WEB_EX	Meeting number
October				
10/6/2015	9:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?J=804117068	804 117 068
10/15/2015	9:00 AM	Authorization & Billing	https://molina.webex.com/molina/j.php?J=806418831	806 418 831
10/20/2015	9:00 AM	Web Portal Enrollment	https://molina.webex.com/molina/j.php?J=806905775	806 905 775
10/21/2015	9:00 AM	Fraud, Waste & Abuse	https://molina.webex.com/molina/j.php?J=804994655	804 994 655
10/22/2015	9:00 AM	Appeals and Grievances	https://molina.webex.com/molina/j.php?J=809283911	809 283 911
November				
11/3/2015	9:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?J=809189021	809 189 021
11/5/2015	9:00 AM	Authorization & Billing	https://molina.webex.com/molina/j.php?J=801365855	801 365 855
11/11/2015	9:00 AM	Web Portal Enrollment	https://molina.webex.com/molina/j.php?J=802929495	802 929 495
11/12/2015	9:00 AM	Learn More About EFT/ERA	https://molina.webex.com/molina/j.php?J=803998182	803 998 182
11/18/2015	9:00 AM	Fraud, Waste & Abuse	https://molina.webex.com/molina/j.php?J=804781584	804 781 584
December				
12/3/2015	9:00 AM	Provider Orientation	https://molina.webex.com/molina/j.php?J=809896040	809 896 040
12/9/2015	9:00 AM	Web Portal Enrollment	https://molina.webex.com/molina/j.php?J=800183634	800 183 634
12/10/2015	9:00 AM	Authorization & Billing	https://molina.webex.com/molina/j.php?J=800552185	800 552 185
12/15/2015	9:00 AM	Cultural Competency	https://molina.webex.com/molina/j.php?J=802051638	802 051 638
12/16/2015	9:00 AM	Fraud, Waste & Abuse	https://molina.webex.com/molina/j.php?J=804496431	804 496 431

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

Please email WIProviderEngagement@Molinahealthcare.com to be added to our e-mail list and be the first to learn about new webinars.

Service Alerts:

Whenever a member is in the grace period, Molina Healthcare will have a service alert on the Web Portal, IVR, and in the call centers. This alert will provide more specific detail about where the member is in the grace period (first month vs. second and third, for APTC members) as well as information about how authorizations and claims will be processed during this time. Providers should verify both the eligibility status AND any service alerts when checking the eligibility of a member. For additional information about how authorizations and claims will be processed during this time, please refer to the Member Evidence of Coverage, or contact our Provider Services Department.

Provider Town Hall –Stay Tuned!

Molina Healthcare wants you to participate in our Provider Town Hall later this fall. This is an opportunity for you to hear firsthand the exciting changes and upgrades Molina has in store for 2016. It is also an opportunity for you to share your ideas and to meet your Molina team. Stay tuned for more information.

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Provider Services

2400 S. 102nd St., Ste 105
West Allis, WI 53227

Reminders:

Multiple Procedures

Modifier 51 is required to process all claims when multiple procedures are performed on the same date of service.

Updating W-9's

Molina Healthcare requires all providers to have a current W-9 Form on file certifying your Taxpayer Identification Number (TIN). This document is issued by the United States Internal Revenue Service (IRS). Molina Healthcare uses it to update information such as; TIN Owner Name, DBA Name and Tax ID's when received with a Provider Information Update Form.

The business name, address and tax identification number must match your claims and should contain the business name as it appears on your W-9. If the W-9 does not match your claims we may be unable to process your claims.

For your convenience, you can download a W-9 Form and Provider Information Update Form from:
<http://www.molinahealthcare.com/providers/wi/medicaid/forms/Pages/fuf.aspx>

Updated W-9 and Provider Information Update Forms can be faxed to 414-847-1778, attention Provider Services or emailed to WIProviderEngagement@molinahealthcare.com

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Your Extended Family.