## **Making the Connection**

## Provider Newsletter • 2nd Quarter 2017

## Molina Healthcare is Going Green!

One of our main objectives at Molina Healthcare of Wisconsin (Molina) for 2017 is to reduce paper processing and the use of standard mail as a way to communicate with our providers.

Molina offers a number of Electronic Solutions Tools for our providers. These tools are intended to improve provider access to information related to Molina Members. In addition, these tools also increase the level of services and support with faster turn-around-times creating efficiencies.

Molina now encourages all contracted providers to utilize Molina's Electronic Solutions Tools. Providers are required to participate and comply with Molina's electronic processes and initiatives.

The Electronic Solutions Tools below should be implemented by all providers **no later than June 30, 2017.** 

- Electronic claims filing
- Electronic data interchange ("EDI")
- Electronic remittance advice
- Electronic fund transfers
- Registration
- Provider Web Portal

If you have any questions regarding this notification or would like assistance with registering please contact your Molina provider Services Representative at WIProviderEngagement@MolinaHealthcare.com.

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## **Provider Satisfaction Survey- Coming Now!**

The Provider satisfaction survey should have arrived to your office. 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 had the opportunity 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
- Increase Provider Relations Representatives visits to your facilities to answer questions and/or assist with resolving issues

We look forward to learning more about what you would like to see in the future! If you have any questions please reach out to <a href="https://www.wieners.com"><u>WIProviderEngagement@Molinahealthcare.com</u></a>.

## **Practitioner Credentialing**

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

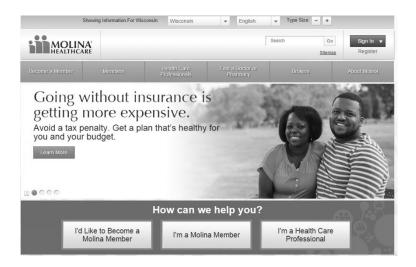
Incorrect data will prevent a delay in the primary source verification process causing the turnaround time for correction of an incomplete application to run closer to the 60 calendar days of receipt. As a result, it is possible that the application will be deemed incomplete and Molina will automatically 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 <u>WisconsinCredentialing@MolinaHealthcare.com</u> with any of your credentialing related questions.

The Credentialing Forms can be found on the Molina website. Please visit MolinaHealthcare.com and follow the steps below:

1. Go to MolinaHealthcare.com



2. Next, point your curser over the **Health Care Professional** button and a drop down will appear for Line of business



- 3. Select the line of business and click (only use Medicaid or Marketplace)
  - For this example Medicaid will be displayed
  - Note: Marketplace is also an option



4. Place the curser over the Forms button and a drop down will appear, Select Frequently Used Forms



- 5. Under the Credentialing section locate the form select and click
  - Note once you click on the form you can save onto your computer

#### Frequently Used Forms



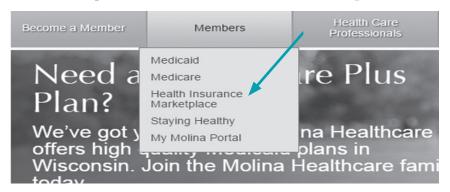
## Marketplace E-Z Pay Locations Available

Help your Patients avoid a grace period. Molina Healthcare of Wisconsin's (Molina) Marketplace members have nearly 400 new physical locations where members can pay their monthly Marketplace premiums across the state. To find a location near you:

- 1. First go to Molinahealthcare.com
- 2. Next, select **Member** button and drop down will appear



3. From the drop down Select **Health Insurance Marketplace** 



4. Next, Select the Make a Payment button



- 5. Next, under the Pay by Money Gram icon click on the **Click here** link
  - MoneyGram will link to a Geo- mapping feature to assist you with finding a convenient location near the bottom of the web page.



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

## The Importance of Lead Testing

According to the Centers for Disease Control and Prevention (CDC), about 500,000 U.S. children ages 1 to 5 have lead levels greater than 5 micrograms per deciliter (ig/dL) of blood. Problems that can be attributed to even a small amount of lead in the blood include learning disabilities, attention deficit disorder, decreased muscle and bone growth, as well as behavioral problems.

To help raise awareness of the importance of lead screenings, Molina Healthcare of Wisconsin (Molina) is educating the parents and guardians of children ages two and older for whom there is no record of a lead screening.

#### Lead screening recommendations

According to the United States Environmental Protection Agency (EPA), children's blood levels tend to increase from 16 to 12 months of age, and tend to peak at 18 to 24 months of age. The CDC has recently updated its recommendations on children's blood lead levels and recommends that health care providers try to prevent the occurrence of blood lead levels of 5 \(\text{ig}/dL\) and above instead of 10 \(\text{ig}/dL\) and above in children by:

- Screening children younger than age 6, preferably by ages 1 and 2, if they had not yet been tested
- Screening children and their family members who have been exposed to high levels of lead
- Screening children who should be tested under their state and local health screening plan

The new blood lead level value means that more children will likely be identified as having lead exposure — allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child's future exposure to lead. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead test greater than or equal to 45 \(\text{ig/dL}\).

#### What your practice can do?

Physicians can try to prevent lead poisoning in children by:

- Discussing recommendations for lead screening with the parents/guardians of their pediatric patients
- Screening children starting at age 12 months and again at 24 months;
- Discussing additional follow-up screening with parents and guardians; discussing lead safety and prevention with parents and guardians.

## An interdisciplinary Approach

#### What is an Interdisciplinary Care Team?

Interdisciplinary team work is a complex process in which various types of care providers collaborate to share expertise, knowledge, and skills to make an impact on patient care. Here at Molina, interdisciplinary care teams (ICT) are a valuable part of a member's treatment plan as all entities work together to educate, support, and advocate for member's health and well-being. Molina focuses on integrating members with their case managers, community connectors, medical/behavioral health providers, and support networks in order to best coordinate member's care. While all entities independently are able to provide beneficial assistance to the member, when the team comes together communication and efficiency improve.

#### Do Interdisciplinary care teams work?

At Molina, we truly believe so. Over the years, ICTs continue to result in an improvement in the coordination of Member's care. Whether these ICTs are held without the Member present with Molina's team of professionals or

at the Member's primary care physician's office with the Member present, the goal is the same; improved member outcomes. It is not uncommon to have Members who are confused about their diagnoses, medication regime, plan of treatment, or they are simply unsure how to improve their healthcare.

Unfortunately, Members may be hesitant about reaching out to their providers asking for clarification, therefore the case manager will often act as the member's 'voice' and advocate on their behalf. During these instances it would be in the member's best interest for his/her case manager to organize an ICT with the Member's treatment team.

If you are interested in learning more about this program or referring a patient to the ICT, please complete and fax the Case Management/Care Coordination Referral form to (877) 708-2117.

## Enroll your Patients in Molina's Diabetes Prevention Program

What is the National Diabetes Prevention Program? This program is designed to help adults that are at high risk for type 2 diabetes. The program provides educational information to help members learn to eat healthier and become more active. This is a Centers for Disease Control recognized lifestyle change program focused on delaying the onset of Type II Diabetes.

This program is a 16 week Diabetes program that meets once a week for 1 hour sessions. After the initial 16 weeks the participants continue to meet once a month for an additional 6 months.

#### Who should you send to this program?

Your patients who:

- o Are 18 years or older AND
- o Have a BMI  $\geq$  24 kg/m2 ( $\geq$ 22 if Asian) AND
- o A diagnosis of pre-diabetes, or GDM, based on one or more;
  - o Fasting blood glucose (range 100 125 mg/dl)
  - o 2-hour glucose (range 140 199 mg/dl)
  - o HbA1c (range 5.7 6.4)
  - o Previous GDM (may be self-reported)

#### How do I refer my Patients?

Please contact Amanda Silverthorn or Chelsea Hoffman at (414)755-5155.

## Visit our Educational Provider Webinars

Molina Healthcare of Wisconsin's (Molina) 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 to answer your questions.



April			May			June		
Tuesday,	10:00	Provider	Tuesday,	10:00	Provider	Thursday,	10:00	Provider
April 4, 2017	AM	Orientation	May 2, 2017	AM	Orientation	June 1, 2017	AM	Orientation
Thursday,	10:00	Provider	Thursday, May	10:00	Provider	Tuesday, June	10:00	Provider
April 13, 2017	AM	Orientation	11, 2017	AM	Orientation	6, 2017	AM	Orientation
Tuesday, April	10:00	Provider	Tuesday,	10:00	Provider	Thursday,	10:00	Provider
18, 2017	AM	Orientation	May 16, 2017	AM	Orientation	June 15, 2017	AM	Orientation
Thursday,	10:00	Provider	Thursday, May	10:00	Provider	Tuesday, June	10:00	Provider
April 27, 2017	AM	Orientation	25, 2017	AM	Orientation	20, 2017	AM	Orientation
			Tuesday,	10:00	Provider			
			May 30, 2017	AM	Orientation			

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

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

# Dental Reimbursement Rates Increased for Medicaid Providers in Racine County

In October, the Wisconsin Department of Health Services (DHS) implemented a pilot program that increases reimbursement rates for dental services performed by Medicaid providers in certain Wisconsin counties. The Wisconsin State Legislature approved this program as part of the 2015-2017 biennial budget. This effort is to increase Medicaid recipients' access to dental services, and Molina is participating in this pilot program. The rate increases apply to dental services covered by Medicaid HMOs, including Molina, in Racine County.

As a Medicaid HMO since 2010, Molina has worked advantageously to provide quality dental services to Medicaid recipients in Southeast Wisconsin. Molina is partnering with DHS and other organizations to attract additional dental providers to the Medicaid program in all counties where we provide dental services. This will, in turn, lead to more Medicaid members getting much needed dental services.

Molina is demonstrating a strong commitment to this Pilot Program, and is working with Racine County Medicaid providers to ensure that they receive prompt payment of the increased rates.

## How HEDIS and Obstetrical Care Interrelate

What is the HEDIS Measures related to obstetrical care?

- **Timeliness of Prenatal Care:** The percentage of patients who delivered and had prenatal care visits during the first trimester or within 42 days of enrollment.
- **Postpartum Care:** The percentage 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 (<a href="http://www.molinahealthcare.com/providers/wi/medicaid/forms/PDF/pregnancy-notification-form.pdf">http://www.molinahealthcare.com/providers/wi/medicaid/forms/PDF/pregnancy-notification-form.pdf</a>)
- 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

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

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

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

## **Updating Provider Information**

It is important for Molina Healthcare of Wisconsin (Molina) to stay current with provider information. This helps us to efficiently communicate with our providers and members. To help us stay current, Molina 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
- 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: 414-214-2481

E-MAIL: <u>WIProviderEngagement@MolinaHealthCare.com</u>

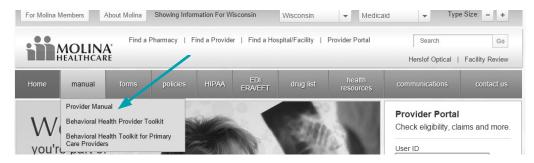
## Reminders: Updated Provider Manual

Molina Healthcare of Wisconsin recently updated the Provider manual. Please review the 2017 Provider Manual. The manual can be viewed by visiting molinahealthcare.com. Follow the steps below to locate the Provider Manual.

- 1. Go to molinahealthcare.com
- 2. Next, select I'm a Health Care Professional button and click



3. Then place the curser on the manual button and a drop down will appear, select Provider Manual



If you have questions about this communication, please contact Provider Services at <u>WIProviderEngagement@molinahealthcare.com</u>.

## Help Facilitate Timely Payment and Avoid Costly Recoupments

Please take some time to review the information below. Molina Healthcare of Wisconsin (Molina) wants to ensure you receive timely payments and avoid costly recoupments.

- DME Modifiers Forward Health topic #2047 <a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&sa=17&s=2&c=10&nt=Procedure+Codes">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&sa=17&s=2&c=10&nt=Procedure+Codes</a> contains the DME Index; please reference the index for all required modifiers and other billing requirements. Some codes require a modifier for reimbursement.
- Hospital Based Clinic Visits Forward Health update No. 2016-02 describes changes to Outpatient
  Hospital billing, adding modifier PO and place of service 19 that became effective 1/1/2016.
  <a href="https://www.forwardhealth.wi.gov/kw/pdf/2016-02.pdf">https://www.forwardhealth.wi.gov/kw/pdf/2016-02.pdf</a>
- Outpatient Submissions Forward Health Topic #1371 details the set of rules for Medicaid Outpatient facility claim submission to use when applying EAPG. Beginning 1/1/2015 providers must submit all services for the same date of service on the same claim. If there are services that are unrelated to the original visit the provider must indicate a condition code G0 (zero) Distinct medical visit on the second claim submitted. As an example the member has an MRI performed for headaches and ordered from Dr. Smith and then return later in the same day to the ER due to a fall. These services are unrelated and the second claim should be submitted with a G0 modifier. Please see the attached link from Forward Health; <a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=43&s=4&c=13&nt=Dates+of+Service+and+Multiple+Visits">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=43&s=4&c=13&nt=Dates+of+Service+and+Multiple+Visits</a>
- Office Visit Procedure G0463 Providers, please note that Medicare procedure G0463 is an office visit procedure that's used for Medicare and Marketplace billing when services are part of Hospital Clinic based billing. However, this procedure should not be utilized for Medicaid claim submissions if the member does not have a Medicare primary plan. Medicaid claims are required to bill the standard office visit procedure codes from the CPT book based on the documentation of the visit.

If you would like to receive this information in Monthly, please e-mail <u>WIproviderengagement@molinahealthcare.com</u>.



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

