

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Winter 2018/2019



In this Issue

2018-2019 Flu Season.....	1
When to use Urgent Care.....	2
Utilize the Provider Manual for Covered Services and Program Information.....	2
Provider Portal Corner.....	2
Molina Healthcare’s Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse.....	3
CHAMPS.....	4
Attention Billers: We’ve Gone Green.....	5
Prior Authorization Update.....	5
Reimbursement Guidance and Payment Guideline.....	6
Balance Billing.....	7

2018 2019 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.

Important Update:

- It is recommended that LAIV4 not be used. Vaccination providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, RIV4, or LAIV4). LAIV4 is an option, but should only be used for those for whom it is appropriate.
- The nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) is again a recommended option for influenza vaccination of persons for whom it is otherwise appropriate.
- All recombinant vaccine will be quadrivalent. (No trivalent recombinant vaccine will be available this season.)
- No intradermal flu vaccine will be available.

For a complete copy of the ACIP recommendations and information on the appropriate use of seasonal influenza vaccines options for the 2018-2019, please visit the Centers for Disease Control and Prevention at <https://www.cdc.gov/flu/professionals/vaccination/>

When to Use Urgent Care

Did You Know...?

There are other options for Molina members to go for treatment besides the Emergency Room (ER) when the medical need is not life threatening.

Urgent Care Centers and After Hours Clinics treat medical problems that may not wait until the next scheduled doctor visit, but are not life threatening.

For a listing of Urgent Care or After Hours Clinics

Please contact Molina Healthcare of MI (MHM) at 855.322.4077 or click on the link below

https://providersearch.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaStaticWeb&me_mstate=mi&State=mi&Coverage=NA

Molina Healthcare of Michigan 24-Hour Nurse Advice Line is also available for questions.

English: 888.275.8750

Spanish: 866.648.3537

TTY: 711

Utilize the Provider Manual for Covered Services and Program Information

The Molina Healthcare of Michigan (MHM) Provider Manual helps providers understand and utilize our comprehensive network of covered services.

The Provider Manual offers a thorough explanation of services that includes but is not limited to:

- Benefits and Covered Services
- Claims (Submission)
- Dental Care
- Pharmacy Services
- Quality Improvement Program
- Utilization Management (Authorizations)

If you have questions about the Molina Provider Manual, please contact your assigned Molina Provider Service Representative or contact MHM at 855.322.4077. To access the Molina Provider Manual, visit www.molinahealthcare.com and click “I’m a health care professional.” The navigation bar at the top of the page includes a drop down menu to select the appropriate plan.

Provider Portal Corner



Visit the Molina Provider Web Portal today and avoid unnecessary calls to the Molina Contact Center. You can obtain information related to claims, eligibility verification, benefits clarification, and much more. Please refer to the Web Portal Quick Reference Guide for more information:

<https://www.molinahealthcare.com/webportaldocs/Providers/UserManual/Quick%20Reference%20Guide.pdf>

Molina Healthcare's Special Investigation Unit Partnering with You to Prevent Fraud, Waste and Abuse

The National Healthcare Anti-Fraud Association estimates between three and ten percent of the nation's health care costs, amounting to tens to hundreds of billions of dollars, is lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, federal and state governments have recently passed a number of laws, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina's Special Investigation Unit (SIU) aims to safeguard Medicare, Medicaid, and Marketplace funds.



You and the SIU

The SIU analyzes providers by using software that identifies questionable coding and/or billing patterns, along with issues involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions provided. Should you have questions, please contact your Provider Services Representative.

“Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members,” explains Mary Alice Garcia, the Molina Associate Vice President who heads up the SIU. “Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity.”

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, you may contact the Molina AlertLine toll-free at 866.606.3889. In addition, you may use the service's website to make a report at any time at <https://MolinaHealthcare.AlertLine.com>.

CHAMPS Registration Required

In accordance to MDHHS Bulletin (MSA 17-48), any individual and entity that provides services, or order and prescribes services, for individuals with Michigan Medicaid coverage must enroll in the Community Health Automated Medicaid Processing System (CHAMPS).

Enrollment in CHAMPS is solely used for the purpose of screening providers participating in Medicaid and does not enroll providers in Fee-For-Service Medicaid.

Medicaid rules prohibit payment to providers not appropriately screened and enrolled.

Beginning January 1, 2019, MDHHS **prohibits** Molina from making payments to all providers **not** enrolled in CHAMPS.

Rendering, Ordering, Referring, Attending, Prescribing, and Billing NPI **must be enrolled** in CHAMPS effective 1/1/2019.

Providers requiring additional information or assistance enrolling in CHAMPS may call the MDHHS Provider Support Help line or visit MDHHS provider websites resources are listed below.

Resources

- Provider Support Help Line
- Typical Providers: 800.292.2550
- Atypical Providers: 800.979.4662
- Provider General Information: www.michigan.gov/medicaidproviders
- CHAMPS Provider Enrollment: <https://milogintp.michigan.gov>

If you have questions regarding your Molina enrollment due to CHAMPS participation, please call Provider Services at 248.729.0905 or email at MHMProviderServicesMailbox@Molinahealthcare.com.

If you receive a denied claim and you are enrolled/registered in CHAMPS with an **active or retroactive** status from the beginning date of service of January 1, 2019, please allow 14 business days before submitting a corrected claim.

NOTE: Rendering, Ordering, Referring, Attending, Prescribing, and Billing NPI must be enrolled in CHAMPS effective 1/1/2019.

Attention Billers: We've Gone Green

Have You Registered for Direct Deposit?

Register Here: <https://providernet.adminisource.com>
or contact Change Healthcare ProviderNet Services 877.389.1160
wco.provider.registration@changehealthcare.com

BENEFITS

- You can search/view/print/download/save the PDF electronic version of your Explanation of Payment - EOP (also known as Remittance Advice).
- You have the ability to have your 835 files routed to your FTP (file

THAT REGISTRATION IS FAST AND EASY?

- **Go** to <https://providernet.adminisource.com>, click Register and Accept the Terms and Conditions.
- **Provider Verification** Select Molina Healthcare from the Payers list, enter your primary NPI, your primary Tax ID and then enter a recent Claim Number and/or Check Number associated with this Tax ID and Molina Healthcare.
- **Create** your User Account Information: Use your email address as your user name; strong passwords are enforced (at least 8 characters consisting of letters and numbers).
- **Verify** your Contact Information, your Bank Account Information, and your Payment Address

Note: Any changes to your Payment Address may interrupt the Electronic Funds Transfer (EFT) process.

You can also visit the Healthcare Professional side of Molina Healthcare's website for a PDF version of the registration instructions at

<https://www.molinahealthcare.com/providers/mi/medicaid/Pages/home.aspx>

The information can be found under the tab "EDI ERA/EFT" and by selecting "Enrollment Information for ERA/EFT." There is a link on the page called "Change Healthcare ProviderNet Registration Instructions."

Note: If you are already registered and just need to add additional pay to NPI's they can be added through the "Provider Info" screen.

Prior Authorization Updates

Prior Authorization (PA) Updates! Effective January 1, 2019

The Prior Authorization Guide and Prior Authorization Code Matrix are updated for a **January 1, 2019 effective date**. All Provider Authorization tools are available online at <http://www.molinahealthcare.com> under "Forms" and services that require a prior authorization are easily searchable within the PA Code Matrix.

Reimbursement Guidance and Payment Guidelines

Providers are responsible for submission of accurate claims. Molina requires coding of both diagnoses and procedures for all claims. The required coding schemes are the International Classification of Diseases, 10th Revision, Clinical Modification ICD-10-CM for diagnoses. For procedures, the Healthcare Common Procedure Coding System Level 1 (CPT codes), Level 2 and 3 (HCPCS codes) are required for professional and outpatient claims. Inpatient hospital claims require ICD-10-PCS (International Classification of Diseases, 10th Revision, Procedure Coding System). Furthermore, Molina requires that all claims be coded in accordance with the HIPAA transaction code set guidelines and follow the guidelines within each code set.

Molina utilizes a claims adjudication system that encompasses edits and audits that follow Federal requirements and also administers payment rules based on generally accepted principles of correct coding. Payment rules based on generally accepted principles of correct coding include, but are not limited to, the following:

- Manuals and RVU files published by the Centers for Medicare and Medicaid Services (CMS), including:
 - a) - National Correct Coding Initiative (NCCI) edits, including procedure-to-procedure (PTP) bundling edits and Medically Unlikely Edits (MUEs). If a professional organization has a more stringent/restrictive standard than a Federal MUE, the professional organization standard may be used.
 - b) Medicare National Coverage Determinations (NCDs). -
 - c) Medicare Local Coverage Determinations (LCDs). -
 - d) CMS Physician Fee Schedule Relative Value File (RVU) indicators. -
- Current Procedural Technology (CPT) guidance published by the American Medical Association (AMA).
- ICD-10 guidance published by the National Center for Health Statistics.
- Other coding guidelines published by industry-recognized resources.
- Payment policies based on professional associations or other industry-recognized guidance for specific services. Such payment policies may be more stringent than Federal guidelines.
- Molina policies based on the appropriateness of health care and medical necessity.
- Payment policies published by Molina.

Reminder: To assure prompt and accurate payments and directory listings, please remember to notify Molina of all practices changes.

- **Change in office location(s), office hours, phone, fax, or email**
 - **Addition or termination of a Provider (within an existing clinic/practice)**
 - **Change in Tax ID and/or National Provider Identifier (NPI)**
 - **Any other information that may impact Member access to care**
-
-

Balance Billing

Providers contracted with Molina cannot bill Molina Medicaid, MI Health Link (*MMP) and Options Plus Members for any covered benefits. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization. Molina Marketplace Members may have a copayment, coinsurance or deductible which will be identified on the Explanation of Payment.

Providers agree that under no circumstance shall a Molina Member be liable to the Provider for any sums owed by Molina to the Provider. Balance billing a Molina Member for services covered by Molina is prohibited. This includes:

- Holding the Molina D-SNP Members liable for Medicare Part A and B cost sharing
- Requiring Molina Members to pay the difference between the discounted and negotiated fees, and the Provider's usual and customary fees
- Charging Molina Members fees for covered services beyond copayments, deductibles or coinsurance

***Exception: MI Health Link (MMP) Members may have cost sharing for custodial nursing facility services, Providers may bill these amounts accordingly.**

We're Glad You're Part of the Molina Family

