

Quick Reference Guide (QRG)

Molina Healthcare of Wisconsin

<p>Provider Web Portal</p> <p>Online tool designed to meet all your needs! Submit claims, correct/void claims, claim status/payment, authorization submissions/determinations, EDI/EF/ERA, member details, eligibility, covered benefits, PCP rosters, claim reports, HEDIS® tips, manuals, forms, trainings, newsletters and much more!</p>	<p>Molina Provider Portal: https://provider.molinahealthcare.com/provider/login</p>
<p>Provider Network Management</p> <p>Molina Healthcare offers provider servicing through its Provider Network Management Department to assist plan guidelines, policies, procedures, provider training and education, schedule an onsite, and escalations.</p>	<p>Email: WIProviderNetworkManagement@MolinaHealthCare.Com</p>
<p>Contracting</p> <p>If you are not currently a Molina Healthcare provider and would like to join our network begin the process by completing a Non-Par Provider Contract Request Form located on the main page of our website with a current W9.</p>	<p>Email: WIProviderContracting@MolinaHealthCare.Com</p> <p>Molina Healthcare website: http://www.molinahealthcare.com/</p> <p>Fax: (877) 556-5863</p>
<p>Provider Information Management</p> <p>For updates to information such as: PCP updates, provider/practice name changes, address changes, change in practice ownership, or Federal Tax ID numbers via the Provider Information Update Form.</p> <p>(Click the Healthcare Professionals tab, select your line of business, click on the forms tab, frequently used forms)</p>	<p>Email: MHWPProvider.Services@MolinaHealthcare.com</p> <p>Forms: Molina Healthcare website: http://www.molinahealthcare.com/</p>
<p>Claims</p> <p>Claims can be submitted via the Molina Provider Portal or electronically filed with a clearinghouse.</p> <p>Molina Healthcare encourage providers to enroll in EFT/ERA/EDI. Save time, reduce cost, and receive payments faster!</p> <p>(Click the Healthcare Professionals tab, select your line of business, click on the EDI/ERA/EFT tab)</p>	<p>Molina Provider Portal: https://provider.molinahealthcare.com/provider/login</p> <p>Molina's Payer ID number: Abri1</p> <p>EFT/ERA/EDI Molina Healthcare website: http://www.molinahealthcare.com/</p>

<p>Corrected Claims</p> <p>Corrected claims can be submitted three ways:</p> <ul style="list-style-type: none"> • Molina Provider Portal • Electronic Data Interchange (EDI) • Paper claim submission <p>Billing requirements:</p> <p>CMS 1500 Form: indicate your submission is a corrected claim in Box 22 and Box 22A</p> <p>Box 22- Value 7 for Corrected or Value 8 for Void</p> <p>Box 22A Molina's Original Claim #</p> <p>UB04 Form: indicate your submission is a corrected claim by inputting the value of 7 or 8 in Box 4 for the third digit of the Type of Bill [XX7 or XX8].</p>	<p>Molina Provider Portal: https://provider.molinahealthcare.com/provider/login</p> <p>Molina's Payer ID number: Abri1</p> <p>EFT/ERA/EDI Molina Healthcare website: http://www.molinahealthcare.com/</p> <p>Mail paper claims to: Molina Healthcare of WI PO Box 22815 Long Beach, CA 90801</p>
<p>Provider Appeals</p> <p>Appeals must be submitted via fax, secure e-mail or the Provider Portal (preferred method).</p> <p>Paper appeals will be rejected and not processed.</p> <p>Appeal form must be included submitted an appeal.</p> <p>(Click the Healthcare Professionals tab, select your line of business, click on the forms tab, frequently used forms)</p> <p>Bulk appeals must be e-mailed and include an excel spreadsheet that includes data for A-G, a completed appeal form and supporting documentation.</p> <p><i>***Corrected claims are not considered an appeal and should not be sent as an appeal</i></p>	<p>Molina Provider Portal: https://provider.molinahealthcare.com/provider/login</p> <p>Email: MWI.Appeals@MolinaHealthcare.com</p> <p>Provider Appeals Fax: (844) 251-1446</p> <p>Forms: Molina Healthcare website: http://www.molinahealthcare.com/</p>
<p>Individual Credentialing</p> <p>If you have a CAQH: Complete the CAQH Checklist form</p> <p>If you need a CAQH number: Complete the Provider Data Form</p> <p>Do not want to register for a CAQH number: Complete the WI Practitioner Application</p> <p>(Click the Healthcare Professionals tab, select your line of business, click on the forms tab, frequently used forms)</p>	<p>Email: Wisconsincredentialing@MolinaHealthcare.com</p> <p>Forms: Molina Healthcare website: http://www.molinahealthcare.com/</p>

<p>Facility Credentialing</p> <p>Hospitals, Ambulatory Surgical Centers, Home Health Agencies, DME, SNF's, and Urgent Care Centers: Complete the Health Delivery Organization Form (HDO) and the Owner Disclosure Form.</p> <p>(Click the Healthcare Professionals tab, select your line of business, click on the forms tab, frequently used forms)</p>	<p>Email: Wisconsincredentialing@MolinaHealthcare.com</p> <p>Forms: Molina Healthcare website: http://www.molinahealthcare.com/</p>
<p>Risk Adjustment</p> <p>For information on risk adjustment programs.</p>	<p>Email: WIRiskAdjustment@Molinahealthcare.com</p> <p>Email: RiskAdjustment.Programs@Molinahealthcare.com</p>
<p>Healthcare Services</p> <p>Healthcare Services, formerly Utilization Management (UM) Department, conducts concurrent reviews on inpatient cases and processes Prior Authorization requests and provides Care Management Services.</p> <p>Authorizations can be submitted via the provider portal, prior authorization request form, fax or via telephone.</p> <p>Please refer to the Prior Authorization/Pre-Service Review Guide and Authorization Code Matrix for requirements on the Molina Healthcare website.</p> <p>(Click the Healthcare Professionals tab, select your line of business, click on the forms tab, frequently used forms)</p>	<p>Molina Provider Portal: https://provider.molinahealthcare.com/provider/login</p> <p>IVR: (855) 326-5059</p> <p>Fax: (877) 708-2117</p> <p>Forms: Molina Healthcare website: http://www.molinahealthcare.com/</p>
<p>Dental Services</p> <p>Molina Healthcare partners with Best-In-Class supplemental vendors to provide dental benefits.</p> <p>Additional information can be found in the provider manual.</p>	<p>Medicaid Dental Claims: Scion Dental Molina Healthcare of Wisconsin Claims P.O. Box 2136 Milwaukee, WI 53201</p> <p>Marketplace Dental Claims: Molina Healthcare Molina Healthcare of Wisconsin P.O. Box 242480 Milwaukee, WI 53224-9931</p> <p>Medicare Dental Claims: Delta Dental Delta Dental Insurance Company P.O. Box 1809 Alpharetta, GA 30023</p>

Vision Services

Molina Healthcare partners with Best-In-Class supplemental vendors to provide vision benefits.

Additional information can be found in the provider manual.

Medicaid: Herslof Optical Company
(414) 760-7400
(800) 822-7228

Marketplace: Vision Service Plan (VSP)
(800) 877-7195

Medicare: March Vision
(855) 516-2724

Member ID Cards

Molina Healthcare members are issued one membership card.


Possession of a Member identification card does not guarantee that the Member is eligible for benefits.

Providers are strongly encouraged to check Member eligibility frequently.

Easily search for member details, eligibility status, covered benefits, PCP assignments, and missed services via the Provider Portal!

Sample ID cards are in the Eligibility, Enrollment, Disenrollment & Grace Period of the Provider Manuals.

Medicaid Sample ID card:




Member: <Member_Name_1>
Identification #: <Member_ID_1>
Date of Birth #: <Date_of_Birth_1>
Effective Date: <Member_Effective_date_1>

PCP Name: <PCP_name_1>
PCP Phone: <PCP_Phone_Number_1>
PCP Location: <PCP_Location_1>

24-Hour Nurse Advice Line: 1 (888) 275-8750, (TTY/TDD: 711) (English);
1 (866) 648-3537, (TTY/TDD: 711) (Español)
Member Services: 1 (888) 999-2404, (TTY/TDD: 711)

MyMolina.com

Marketplace Sample ID card:



Marketplace

Subscriber Name: <RemitInfo1>
Subscriber ID: <PIC_1>
DOB: <DOB>

Medical Cost Share
Primary Care: <PCP_Visit_fee_1>
Specialist Visits: <Professional_services_1>
Urgent Care: <Urgent_Care_fee_1>
ER Visit: <Hospital_ER_fee_1>


ID #: <Member_ID_1>
Member: <Member_Name_1>
Plan: <Program_Name_1>
Effective Date: <Member_Effective_Date_1>

Prescription Drugs
Tier-1: <Financial_Class_1>
Tier-2: <Rx_Formulary_fee_1>
Tier-3: <Rx_Non_Formulary_fee_1>
Tier-4: <Long_Term_1>

Cost Shares are a summary only. Visit MyMolina.com for plan details.
Molina Healthcare of Wisconsin, Inc. RxBIN: <Bin_number_1> RxPCN: <RxPCN_1> RxGROUP: <RxGroup_1>

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Medicare Sample ID card:



Medicare

Molina Medicare Complete Care HMO SNP
Member: <MemFIRST><MemMI><MemLAST>
Member #: <MemID>
Issue ID: <ISSUID>

PCP: <PCPNAM>

RxBIN: <RxBIN>
RxPCN: <RXPCN>
RxGRP: <RXGroup>
RxID: <MemID>

MedicareRx
Prescription Drug Coverage
<ContNum>

MyMolina.com