

Making the Connection

Provider Newsletter • 1st Quarter 2016

Exciting News!

We are excited to inform you that effective January 25, 2016, Molina Healthcare of Wisconsin will have a new address.

The phone numbers will remain the same, however, some fax numbers will change.

Please review the information below to ensure you have the updated information:

New Fax Numbers

- Provider Appeals (844) 251-1446
- Member Appeals (844) 251-1445
- Provider Services (414) 214-2481
- Member Services (414) 214-2489 (effective January 25, 2016)

Fax Numbers that remain the same

- Provider Contracting (877) 556-5863
- Healthcare Services UM (877) 708-2117

Phone Numbers – all remain the same

The Claims address will remain the same:

Molina Healthcare of Wisconsin, Inc.
Attention: Claims
P.O. Box 22815
Long Beach, CA 90801

Complaints, Grievances and Appeals should be sent to:

Molina Healthcare of Wisconsin, Inc.
Attention: Provider Claim Disputes
P.O. Box 242480
Milwaukee, WI 53224

New Address

11200 W. Parkland Avenue
Milwaukee, WI 53224

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Wisconsin Provider Guide to Quality Improvement Initiatives and Incentives

Molina Healthcare of Wisconsin has a new ***Provider Guide to Quality Improvement Initiatives and Incentives***. The guide was developed as an informational tool for providers regarding Molina Healthcare and the population to which it serves. Some important information included is Healthcare Effective Data Information Set (HEDIS), Best Practices for Clinical Documentation, Overview of Medicare Stars, Overview of Pregnancy Rewards, Consumer Assessment of Healthcare Providers Systems Survey (CAHPS) and the Hypertension Provider Tool Kit. Additional information on quality improvement incentives and bonuses is also included in the guide.

The ***Provider Guide to Quality Improvement Initiatives and Incentives*** will soon be available for distribution to provider offices and will also be accessible on the provider web portal at MolinaHealthcare.com.

Molina Healthcare of Wisconsin is a recognized partner of the CDC's National Diabetes Prevention Program and the Wisconsin Institute for Healthy Aging's, Healthy Living with Diabetes Program. We are pleased to offer both of these programs to the Milwaukee community for Molina members and non-members. We are accepting referrals at this time for new sessions beginning in early 2016. Please contact us at (414) 755-6666 to refer your patients or for more information.

Reducing Prior Authorization Burdens

Molina Healthcare has recently reduced the number of services that require a Prior Authorization.

To find the list of services that requires Prior- Authorization, please refer to the Prior Authorization Codification list for the updated codes.

To find the updated Codification list please follow the steps below:

1. Please visit our website at molinahealthcare.com,
2. Select "I am a Health Care Professional,"
3. Select the line of business located at the top of the web page,
4. Then choose the "frequently used forms" under the "forms" tab and,
5. The list of services that require prior Authorization can be found in the Prior Authorization/Pre-Service Review guide.

A list of codes that require Authorization can also be found on the webpage, labeled "Prior Authorization Codification Guide 2015". Below is a link to the codification guide:

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<http://www.molinahealthcare.com/providers/wi/medicaid/forms/Pages/fuf.aspx>

This guide is updated regularly; we encourage you to visit our Provider website frequently.

For assistance with dental authorization, please contact our Member Service Department at (888) 999-2404.

Common Reasons for Returned Claims

Claims submitted with missing or invalid information will not be processed. A letter will be sent to the provider with instructions as to why Molina was unable to process claims. Returned claims are removed from the Molina claims processing system.

Common reasons for returned claims include:

- Claim does not match current provider information on file.
 - Pay to Name and address does not match the W9; Box 33 of the claim should match exactly what is on the W9
- NPI Issues
 - Rendering provider is not affiliated with the billing provider NPI
 - Billing NPI, rendering provider NPI, or service facility NPI does not match our provider file or is not listed in our file
 - Invalid NPI format
 - Incorrect federal tax identification number
- Member number issues
 - Invalid benefit plan number
- Procedure code is missing or invalid date of service, age or sex

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How to correct:

When returned claims are received you can contact Molina Healthcare Provider Services at WIPROVIDERENGAGEMENT@MOLINAHEALTHCARE.COM with a copy of your most recent W-9 and provider roster. At this time your information will be validated as a participating provider, until this is completed your claims will not be processed.

The appeals process must be utilized for voided claims, your appeal should include the paper claims with the letter you received. Corrected and/or voided claims are subject to timely claims submission (i.e., timely filing) guidelines.

How to avoid having claims returned:

- Verify patient's name, date of birth
- Verify NPI information, diagnosis codes, procedure codes, Member number, etc. to ensure that the claim is completed correctly.
- If a provider is non-participating, they should always contact Molina to be entered into our database.

Please contact your Provider Service Representative at WIPROVIDERENGAGEMENT@MOLINAHEALTHCARE.COM with additional questions.

Best Practices for Corrected Claim Filing

Great news! Best Practices may reduce duplicate service denials and other unexpected processing results.

1. Allow 30 days for claim processing to be completed before resubmitting a claim.
2. When filing multiple-page paper claims keep in mind the following:
 - Number pages (i.e., Page 1 of 3, Page 2 of 3, etc.)
 - Do not place the total charges for all services billed in the total charge field on each claim form.
 - Only indicate the claim total charge on the last page.
3. File all services for a particular date of service on the same claim form.
4. Do not mark claim "corrected" if additional information is requested, such as medical records or primary carrier EOB, UNLESS a change is made to the original claim submission.
5. Include ALL services to be considered for payment when submitting a corrected claim. This includes services that may have already paid on the original claim submission.
6. When changing a member ID number or date of service for a processed claim keep in mind the following:
 - Submit a corrected claim canceling charges for the original claim, AND
 - Submit a new claim with the correct member ID number or date of service

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Outpatient Facility Physical Therapy, Occupational Therapy, and Speech Language Pathology Claims

Forward Health requires outpatient physical therapy, occupational therapy, and speech language pathology (PT, OT, SLP) to be submitted on a CMS-1500. The only exception is PT, OT and SLP evaluations and re-evaluations which may be submitted on an institutional UB-04 claim form. If an evaluation or re-evaluation is performed the same day as therapy all services may be submitted on the CMS-1500 form.

Please refer to the ForwardHealth Update 11/2011 No. 2011-76 claims for Outpatient Hospital Therapy Services Must Be Submitted Using a Professional Claim.

We've also provided the web links below.

<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Updates/year/publist2011.htm.space>

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=43&s=4&c=13&nt=Therapy+Services>

Mobile Provider Online Directory is Now Live!

The mobile version of the Provider Online Directory (POD) is now live! Your patients can now access a new easy-to-use version of the POD on their mobile devices and tablets.

This new design helps improve our users experience while they browse through Molina's provider directory. This mobile POD includes most of the existing content and functionality available on a desktop, but the design is specifically designed for a mobile device.

The highlighted mobile features are:

- The ability to easily navigate and Find a Provider, Find a Hospital/Facility, and Find a Pharmacy
- The ability to search by their location
- The ability to click a phone number to call
- The ability to compare providers on an easy-to-use screen
- The ability to search for a provider or hospital/facility they are searching



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Molina Healthcare Interdisciplinary Care Team

What is an Interdisciplinary Care Team?

The Interdisciplinary Care Team (ICT) coordinates the delivery of services and benefits for Molina members. The role of the ICT is to integrate all participants who provide care to Molina members including primary care, specialty care, behavioral health, and referrals to community-based resources. An ICT is composed of our Molina member, his/her support network, and their appropriate provider(s). The team works in a coordinated manner toward agreed upon goals for our members. The ICT members work independently toward common and agreed upon goals with an established means of on-going communication among the team members to ensure all aspects of the member's health care needs are integrated and addressed.

How does an ICT work?

The Molina Case Manager is accountable for coordination of all benefits and services the member may need. In addition, the Case Manager also leads the ICT meeting, and is responsible for coordination of ICT participants. An ICT Meeting is often completed by phone conference with the participants. The member's Case Manager will coordinate the meeting date and time. An invitation will be sent to the providers involved with information on how to phone in to the conference call. Our Case Managers can also attend medical appointments with our members as a way to contact and meet with the ICT participants in person. The participants of the ICT maintain frequent contact with the member through various methods including face-to-face visits, email, and telephone options as appropriate to meet the member's needs.



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How ICT can assist our members?

Case Managers work toward assisting members with their health goals and to ensure our members are able to achieve healthy outcomes. For members who are currently working with a Case Manager, an ICT Meeting can provide an opportunity for the team to effectively communicate and create an agreed upon plan. Based on member preferences, the ICT assists with development of the interdisciplinary care plan using person-centered, culturally, linguistically, and physically appropriate approaches aimed at maintaining optimal health status in the least restrictive environment possible. Members have the right to self-direct their care. Collaboration with the ICT creates a better understanding among all participants on how to better serve our Members.

Claim Dispute Process

Claims are denied for many reasons however, Providers have the right to submit an appeal for claims they believe are denied an error, in an effort to reverse the claim.

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 242480

Milwaukee, WI 53224

Fax: (844) 251-1446

Email: MWIAppeals@Molinahealthcare.com

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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. 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.

Annual Notice of Member Rights and Responsibilities

What are our Members Rights and Responsibilities?

These rights and responsibilities are on the Molina Healthcare web site: molinahealthcare.com.

Their Rights

They have the right to:

- Be treated with respect and recognition of their dignity by everyone who works with Molina.
- Get information about Molina, our providers, our doctors, our services and members' rights and responsibilities.
- Choose their "main" doctor from Molina's list of Participating Providers (This doctor is called their Primary Care Doctor or Personal Doctor).
- Be informed about their health. If they have an illness, they have the right to be told about all treatment options regardless of cost or benefit coverage. They have the right to have all their questions about their health answered.
- Help make decisions about their health care. They have the right to refuse medical treatment.
- They have a right to Privacy. We keep their medical records private.
- See their medical record. They also have the right to get a copy of and correct their medical record where legally allowed.



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- Complain about Molina or their care. They can call, fax, e-mail or write to Molina's Customer Support Center.
- Appeal Molina's decisions. They have the right to have someone speak for them during their grievance.
- Disenroll from Molina (leave the Molina Healthcare product).
- Ask for a second opinion about their health condition.
- Ask for someone outside Molina to look into therapies that are Experimental or Investigational.
- Decide in advance how they want to be cared for in case they have a life-threatening illness or injury.
- Get interpreter services on a 24 hour basis at no cost to help them talk with their doctor or us if they prefer to speak a language other than English.
- Get information about Molina, their providers, or their health in the language they prefer.
- Ask for and get materials in other formats such as, larger size print, audio and Braille upon request and in a timely fashion appropriate for the format being requested and in accordance with state laws.
- Receive instructions on how they can view online, or request a copy of, Molina's non-proprietary clinical and administrative policies and procedures.
- Get a copy of Molina's list of approved drugs (Drug Formulary) on request.
- Submit a grievance if they do not get medically necessary medications after an emergency visit at one of Molina's contracted hospitals.
- Not to be treated poorly by Molina or their doctors for acting on any of these rights.
- Make recommendations regarding Molina's Member rights and responsibilities policies.
- Be free from controls or isolation used to pressure, punish or seek revenge.
- File a grievance or complaint if they believe their linguistic needs were not met by Molina.*Subject to State and Federal laws.

Their Responsibilities

They have the responsibility to:

- Learn and ask questions about their health benefits. If they have a question about their benefits, call toll-free at (888) 560-2043. If they are deaf or hard of hearing, they may contact us by dialing 7-1-1 for the National Relay Service.
- Give information to their doctor, provider, or Molina that is needed to care for them.
- Be active in decisions about their health care.
- Follow the care plans for them that they have agreed on with their doctor(s).

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- Build and keep a strong patient-doctor relationship. Cooperate with their doctor and staff. Keep appointments and be on time. If they are going to be late or cannot keep their appointment, they must call their doctor's office.
- Give their Molina Healthcare card when getting medical care. Do not give their card to others. Let Molina know about any fraud or wrong doing.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals as they are able.

Be Active In Their Healthcare Plan Ahead

- Schedule their appointments at a good time for them
- Ask for their appointment at a time when the office is least busy if they are worried about waiting too long
- Keep a list of questions they want to ask their doctor
- Refill their prescription before they run out of medicine

Make the Most of Doctor Visits

- Ask their doctor questions
- Ask about possible side effects of any medication prescribed
- Tell their doctor if they are drinking any teas or taking herbs. Also tell their doctor about any vitamins or Over-the-counter medications they are using

Visiting Their Doctor When They are Sick

- Member should try to give their doctor as much information as possible.
- Member should inform their doctor if they are getting worse or are their symptoms staying about the same.
- Member should inform their doctor if they have taken anything.

If they would like more information, please call Molina's Customer Support Center toll-free at (888) 560-2043, Monday through Friday, between 8:00 a.m. and 5:00 p.m. CT. If they are deaf or hard of hearing, they may contact us by dialing 7-1-1 for the National Relay Service.

Second Opinions

If a member does not agree with their Provider's plan of care, they have the right to request a second opinion from another provider. Members should call Member Services to find out how to get a second opinion. Second opinions may require Prior Authorization.



Updated Provider Manual- Now Online!

Molina Healthcare of Wisconsin recently updated the Provider manual. Visit molinahealthcare.com>I'm a Health care Professional> manual to view the latest version. If you have questions about this communication, please contact Provider Services at WIProviderEngagement@MolinaHealthCare.Com.

Great News!

Molina Healthcare is pleased to announce its BadgerCare Plus and SSI product has been expanded to Fond Du Lac County effective January 1, 2016. Molina Healthcare continues to cover its previous existing service areas.

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Provider Services

11200 W. Parkland Avenue
Milwaukee, WI 53224

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