Making the Connection

Provider Newsletter • 1st Quarter 2014

Letter from the President:

As I reflect on our first quarter of 2014 and we embark on second quarter, many exciting things are happening at Molina Healthcare of Wisconsin. While winter was a long and tedious one here in Wisconsin and across the country, we have been busy working to grow our business and making it easier for our providers to do business with us.

One of the most notable achievements of our first quarter was that the National Committee for Quality Assurance (NCQA) Review Oversight Committee has awarded Molina Healthcare of Wisconsin NCQA accreditation status for our Medicaid and Marketplace product lines. Another notable achievement was that our new Chief Operating Officer, Patricia (Pat) Kohn, joined the Molina Healthcare of Wisconsin family. Previously, Pat served as the Chief Operating Officer of Clinical Integration and Accountable Care for Presence Health in Illinois. She was also the COO, Managed Care and Health Plan Operations for Gundersen Lutheran Health System. Some of you may know Pat from when she previously worked for Molina as the Corporate Manager, National Provider and Vendor Contracting. Pat resides in the greater Milwaukee area.

As you will read in this quarter's newsletter we have added a few new enhancements to our Provider Web Portal such as the ability to sign up for payments through Alegis, and our new HEDIS® scorecard tools. The HEDIS® Scorecard was created to help make member management easier for our providers and to improve the quality of care to our members. This on-line tool allows you to view HEDIS® scores for your patients and compare your performance against national benchmarks.

We love hearing from you and speaking to you on the phones, but we want you to know that almost all of the same information we provide over the phone can be found at your fingertips through our provider web portal.

We appreciate your continued partnership and feedback and look forward to continuing to provide you and our members with outstanding quality service throughout 2nd quarter 2014 and beyond.

Sincere regards,

Scott R. Johnson

Scott Johnson

Check Out The Molina Provider Web Portal!

Do you not feel like talking today? While we love to hear from you, calling is not your only option to receive status on member information.

Molina's Provider Web Portal is an easy-to-use, online tool designed to meet your needs! Check out the many features we provide to you 24/7 at www.MolinaHealthcare.com:

- **Eligibility listing**
  - o Current eligibility listing by PCP is available (real time viewing and download)
  - o Quick and easy search for members
  - o View current eligibility status and member benefit details
  - o HEDIS missed service information

- **Search for contracted providers**
- **Submit and check status of Service Request Authorizations online**
  - o Create, submit, and print Service Requests/Authorizations with notification of status changes
  - o View Service Request approval status and save time with the ability to create templates for frequently used requests

- **Claims**
  - o Create and submit professional claims and receive notification of status changes
  - o Inquire on current claims status and print your claims

- **Export and download claim files**
- **View and update your provider profile**
- **Download frequently used forms**
- **Read FAQs**
- **Contact Molina Healthcare via secure email**

New HEDIS® Scorecard Web Portal Tool Now Available On The Provider Web Portal!

What is HEDIS®?
The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA) used by 90% of health plans to assess important aspects of care and service provided to members.

What is the purpose of the HEDIS® Scorecard Web Portal tool?

- The HEDIS® Scorecard was created to help make member management easier for our providers and to improve the quality of care to our members. This tool also allows providers to view HEDIS® scores and compare performance against national benchmarks

The HEDIS Scorecard allows providers to track their progress in meeting HEDIS® goals. The addition of this new tool also ensures that Molina meets regulatory requirements.

What are the main benefits of the HEDIS® Scorecard Web Portal tool?

- Allows providers to view HEDIS® scores and compare performance against national benchmarks
- Ability to access a list of members who need HEDIS® services completed
- Easily search/filter for patients with HEDIS® needed services
- Ease of use for providers in submitting HEDIS® documentation

How are the HEDIS® Scorecards and HEDIS® Needed Services lists generated?

- The HEDIS® Scorecards and HEDIS® Needed Services lists are based on claims/encounters data and the member's assigned Primary Care Provider (PCP). The data is refreshed on a monthly basis.

How should my office use this tool?

- Please contact the members listed on the HEDIS® Needed Services list to schedule the relevant services before the end of the calendar year. If the member has already had the service completed within the timeframe needed, you can submit chart documentation so that we can update our system.

Who can I contact?

If you have questions regarding HEDIS®, please contact your Provider Services representative.
For questions about the web portal, please send an email to WebPortal@MolinaHealthcare.com

Did You Know That Molina Healthcare Now Works With Alegeus?

This means faster payments and convenience for you!

Alegeus Technologies is a service provider for Molina Healthcare, working behind the scenes to process and distribute your payments and remittance advice. We want to make sure you are aware of the FREE paperless electronic payment and remittance advice service available to our providers. As an alternative to paper checks, you can simply log onto the Alegeus Provider Net portal and elect to receive your payments electronically, as well as view and print the Explanation of Payment (remittance advice) for all lines of business.

Benefits of enrolling for electronic payments include:

- Receive payments in a timely manner and improve cash flow
- Save time spent on manual processes such as depositing paper checks and phone calls to the health plan
- Eliminate lost EOPs and expedite filing to secondary payers
- Reduce the risk of lost or stolen checks
- Simplify payment reconciliation
- Reduce your carbon footprint and Go Green!

Enrolling is as easy as 1,2,3! Registration takes only a few minutes.

1. Visit https://providernet.alegeus.com
2. Enter your account information (Tax ID, NPI, and banking information)
3. Begin viewing and receiving payments from Molina Healthcare electronically!

Changes To BadgerCare Plus, Effective April 1, 2014

Due to changes in State law, effective April 1, 2014, the BadgerCare Plus eligibility levels for adults (parents, caretakers, and childless adults) will be reduced from 200% of the Federal Poverty Level (FPL) to 100% of the FPL. About 60,000 adults statewide will lose BadgerCare Plus coverage. Molina estimates losing around 4,700 members as a result. Current adult enrollees with income greater than 100% of the FPL have the opportunity to transition into the Marketplace as of April 1, 2014. Molina has an outreach effort to enroll these individuals into the Marketplace. However, members who are children, pregnant women, aged, blind, and disabled (Medicaid SSI) are not impacted by these changes.

Additionally, childless adults under 100% FPL will no longer be limited by an enrollment cap, allowing for a newly eligible population to enroll in BadgerCare+, around 82,000 childless adults statewide. These newly eligible childless adults will not be able to select an HMO upon enrollment and will be temporarily placed into Fee for Service (FFS) from April 2014 through June 2014. During this timeframe, Medicaid providers should bill the State FFS Medicaid program for services provided to these childless adult members. All other BadgerCare Plus members will continue to receive enrollment kits and will be able to select an HMO upon acceptance into the BadgerCare Plus program.

As of April 1, 2014, the BadgerCare Plus Core and Benchmark benefit plans no longer exist. Therefore, all current members enrolled in the Core and Benchmark Plans prior to April 1, 2014, have been all automatically transition into the Standard Plan, effective April 1, 2014. These members will remain with their current HMO even after moving to the Standard Plan. As a result of this change, members will have access to the same robust benefits under the Standard Plan.

Molina Medicare Plus HMO D-SNP Benefits Effective January 1, 2014

As you may have read in last quarter's newsletter, Molina Healthcare of Wisconsin saw the inception of our Medicare D-SNP product in Milwaukee County on January 1, 2014. We are very excited to be able to serve people on both Medicare and Medicaid in Milwaukee County through our Molina Medicare Options Plus HMO D-SNP plan.

Some of the benefits of working with our Medicare D-SNP product:

- ☐ We provide case management
- ☐ We ensure care continuity for these members
- ☐ We help ensure our members schedule and make their appointments
- ☐ We help members identify and navigate through their social services needs

We want to be an extension of your office staff and partner with you to get your patients the care they need; the right care at the right time.

Some additional features of this plan include:

- ☐ People can choose to enroll in this product year round if they have both Medicare and Medicaid
- ☐ We have additional dental benefits and a broader provider network for dental than traditional Medicaid
- ☐ We offer chiropractic benefits
- ☐ We offer additional transportation beyond Medicaid benefits

Remember: If a member presents our Molina Medicare Options Plus D SNP card at your organization, please be sure to ask them to provide both their Molina Medicare D-SNP card and their Medicaid card. Please note, you may not balance bill these members.

Important Updates For Marketplace That You Should Know About

It has been an exciting time for Molina Healthcare of Wisconsin as we entered into the Health Insurance Marketplace in 24 counties in Wisconsin as of January 1, 2014. We have been working diligently through the month of March to help ensure that people are enrolled by the end of Open Enrollment.

Here are some key dates to mark on your calendars:

- ☐ Marketplace Open Enrollment Ends March 31, 2014
- ☐ For people who are losing coverage through BadgerCare Plus; their coverage will end on March 31, 2014 at midnight. These individuals will have a Special Election Period (SEP) to enroll into a Marketplace plan from April 1, 2014 through May 31, 2014.

Grace Period Timing:

Non-APTC Members:

Non-ATPC Members are granted a one (1) month 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.

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.

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) 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.

Grace Period Claims Guidance:

First Month of Grace Period: Clean claims received for services rendered during the first month of a grace period will be processed using Molina Healthcare's standard processes and an accordance with state and federal regulations and within established turn-around-times.

Second/Third Month of Grace Period: Clean claims received for services rendered during the second and third months of an APTC Member's grace period will be pended until the premium is paid in full. In the event that the APTC Member is terminated for non-payment of the full premium prior to the end of the grace period, Molina Healthcare will deny claims for services rendered in the second and third months of the grace period. Pharmacy claims received will be process based on program drug utilization review and formulary edits; the APTC Member will be charged 100% of the discounted cost for prescriptions filled during the second and third months of the grace period.

Grace Period Prior Authorization Guidance:

Authorization requests received during the first month of a member's grace period will be processed according to medical necessity standards. Authorizations received during the second and third month of the APTC Member's grace period will be denied, due to the suspension of coverage. If the APTC Member pays the full premium payment prior to the expiration of the grace period, providers may then seek authorization for services. If the APTC Member did not receive services during the second or third month of the grace period because the prior authorization was denied, the provider must submit a new authorization request for those services. If the APTC Member received services during the second or third month of the grace period without a prior authorization, the provider will have 14 days from the date of Molina's receipt of the premium payment to request a retro-authorization for those services already rendered.

Grace Period Notification:

All members will be notified upon entering the first month of the grace period. Additionally, when an APTC Member enters the grace period, Molina Healthcare will provide notification to providers who submit claims for services rendered to the APTC Member during the grace period. This notification will advise providers that payment for services rendered during the second and third months of the grace period may be denied if the premium is not paid in full prior to the expiration of the third month of the grace period.

Case Management-Connecting Our Members With Providers

The Molina Case Management department continues to strive in providing quality service to our members in need. Our Case Management department goes over and beyond to make sure Molina members improve their health and their quality of life.

In 2013, a Molina member had difficulty getting access to a personal care worker due to a miscommunication between physician and member. A Molina community connector got involved with members permission to personally go to the physician's office to request the proper documentation. The case manager received the information and submitted the documents to the correct department for approval. As a result, the member received a personal care worker and expressed satisfaction with both the result and Molina Healthcare.

Another Community Connector reached out to a member who had custody of a 13 year old child in an unstable living situation that resulted in the family residing in six locations throughout 2013. The Community Connector helped the member reach out to a nonprofit organization that assisted the family in finding shelter and more importantly a stable home. Fortunately, in December 2013 the family relocated to a stable home which positively impacted their quality of life.

Member Advocacy Corner

The Advocacy Team at Molina Healthcare acts as an **advocate** on behalf of our members as well as a **liaison** between Molina and our Providers to ensure availability and access to quality care.

Let the Member Advocacy Team assist your office?

Our team can assist in navigating through Molina's Web Portal which provides a variety of educational information, including checking eligibility and claims status. Member Advocacy can assist you in locating a network specialist and access to additional resources.

The Advocacy team is a reliable resource that is current with internal and external changes affecting Medicaid, Medicare, and the Marketplace. In addition, the team is also educated on current updates that affect the healthcare system as well as those identified barriers and trends that are occurring in Wisconsin. Member Advocacy is also involved in various community meetings such as Health Watch, Enrollment Taskforce, Covering Kids and Families, and the Mental Health Taskforce.

To contact a Member Advocate, please call Molina's Member Services Department at (888) 999-2404 and asks to be connected to a Member Advocate.

Molina Healthcare of Wisconsin Marketplace
Prior Authorization/Pre-Service Review Guide - Effective: 01/01/2014

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Marketplace Members.

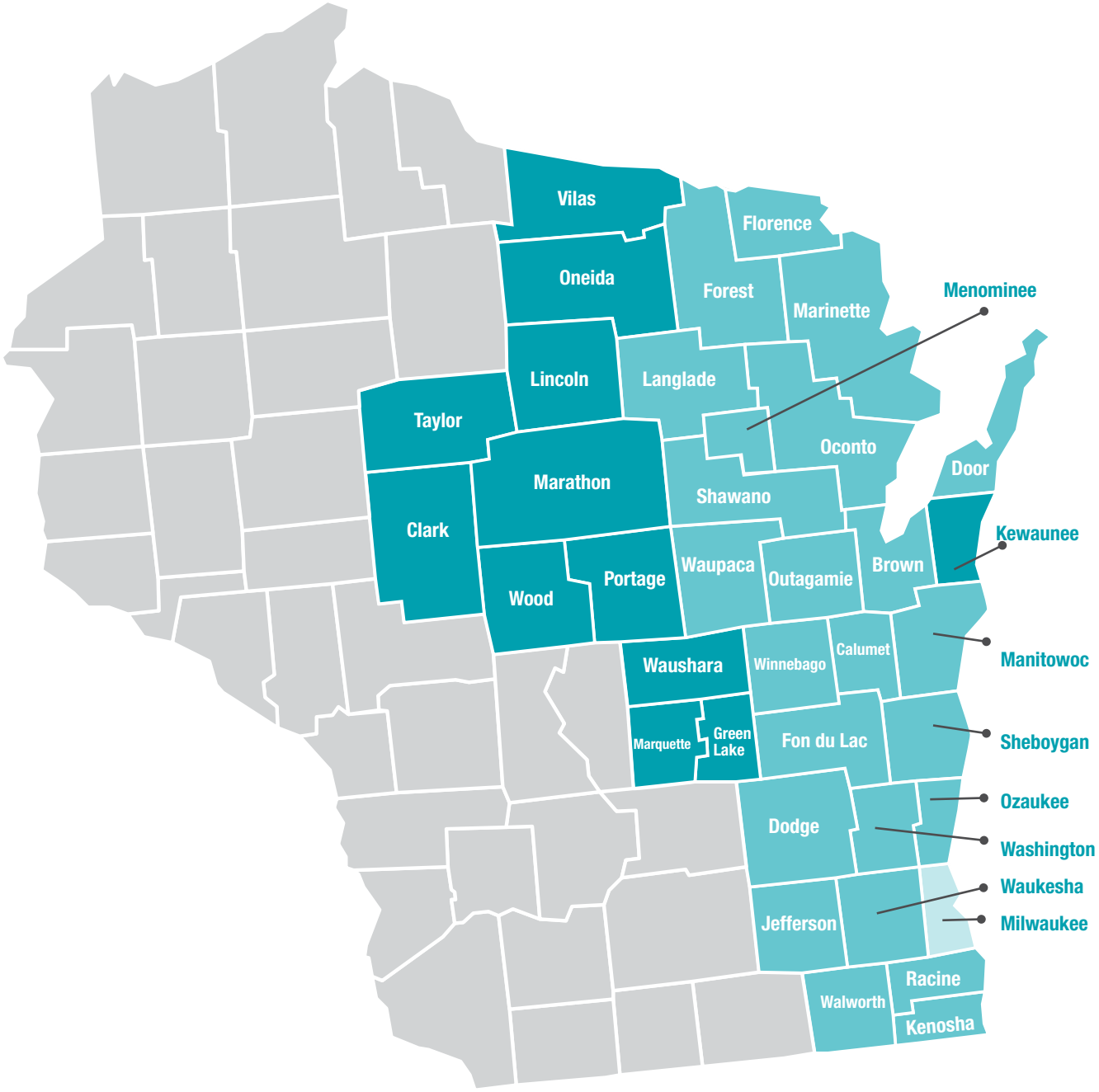
Referrals to Network Specialists do not require Prior Authorization
Office visits to contracted (par) providers do not require Prior Authorization

Authorization required for services listed below.
Pre-Service Review is required for elective services.
Only covered services are eligible for reimbursement

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:** Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT).
  - Non Physician/Advanced Practice Registered Nurse (APRN) BH Outpatient Visits & Community Based Outpatient programming: After initial evaluation for outpatient and home settings
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting):** which are not usually covered benefits include but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, etc
- **Dental General Anesthesia:** ≥ 7 years old
- **Dialysis:** notification only
- **Durable Medical Equipment:**
  Refer to Molina's website for specific codes that require authorization.
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing except** for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations
- **Home Healthcare:** After 3 skilled nursing visits
- **Home Infusion**
- **Hospice & Palliative Care**
- **Imaging:** CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging
- **Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice**
- **Neuropsychological and Psychological Testing and Therapy**
- **Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**
  - Emergency Department services
  - Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
  - Women's Health, Family Planning and Obstetrical Services
  - Child and Adolescent Health Center Services
  - Local Health Department (LHD) services
  - Other services based on state requirements
- **Nutritional Supplements & Enteral Formulas**
- **Occupational Therapy**: After initial evaluation for outpatient and home settings
- **Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures** (excluding routine foot care)
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's website for specific codes that are **EXCLUDED** from authorization requirements
- **Pain Management Procedures:** including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants. Acupuncture is not a covered benefit
- **Physical Therapy:** After initial evaluation for outpatient and home settings
- **Pregnancy and Delivery:** notification only
- **Prosthetics/Orthotics:**
  Refer to Molina's website for specific codes that require authorization. Includes but not limited to:
  - Orthopedic footwear/orthotics/foot inserts
  - Customized orthotics, prosthetics, braces
- **Rehabilitation Services:** Including Cardiac and Pulmonary
- **Sleep Studies**
- **Specialty Pharmacy drugs (oral and injectable) used to treat the following disease states, but not limited to: Anemia, Crohn's/Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiencies, Multiple Sclerosis, Oncology, Psoriasis, Pulmonary Hypertension, Rheumatoid Arthritis, and RSV prophylaxis** (Refer to Molina's website for specific codes that require authorization)
- **Speech Therapy:** After initial evaluation for outpatient and home settings
- **Transplant Evaluation and Services including Solid Organ and Bone Marrow:** Cornea transplant does not require authorization
- **Transportation:** non-emergent ambulance (ground and air)
- **Unlisted and Miscellaneous Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.
- **Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy –**Hyperbaric O2 Therapy is not a covered benefit

Molina Healthcare of Wisconsin Service Area Map

Lines of Business and Services Area Map



Medicaid Only

Medicaid and Marketplace products available

Medicaid, Medicare D-SNP, and Marketplace Products Available