

Making the Connection

Provider Newsletter • 2nd Quarter 2018

Updated Corrected Claim Requirements

Molina Healthcare considers corrected claims as new claims for processing purposes. Corrected claims must be submitted electronically with the appropriate fields on the 837I or 837P completed. Molina's Provider Portal includes functionality to submit corrected Institutional and Professional claims. Corrected claims must include the correct coding to denote if the claim is Replacement of Prior Claim or Corrected Claim for an 837I or the correct Resubmission Code for an 837P.

Molina Healthcare will be no longer accept the xx7 bill type for interim bills. Providers are required to use the XX4 bill type for final interim bills which is the appropriate as per the frequency code definitions.

Today, Molina accepts the xx7 as a final interim bill. The xx7 should only be used for corrected claim processing.

When submitting corrected claims to Molina Healthcare, follow these guidelines:

- Always submit through the Web Portal or electronically.
- The original claim number must be included or the claim will be denied.
- Do not submit corrected claims through the claims reconsideration process.
- Always include the original claim in its entirety with the corrections made.

Molina Healthcare will also begin rejecting incoming xx7 or xx8 bill types when the ICN is missing or invalid. **Claims submitted without the correct coding will be denied.**

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Your Extended Family.

Provider Satisfaction Survey

Molina Healthcare is conducting our annual provider satisfaction survey, the provider satisfaction survey will be arriving at your office soon. Participating providers are randomly selected to participate. The survey will provide an opportunity for providers to share their opinions about the programs and administration of the plan.

Please take the time to respond to this short questionnaire and let your voice be heard. Your valuable feedback helps us understand what is important to you and how we can help. This survey is confidential!

As a result of your responses last year, we were able to;

- Increased claims processing to 98% within 30 days.
- Increased claims accuracy to 98.5%.
- Increased the network of quality specialists.
- Provider Credentialing is now completed within 45 days.
- Prior-Authorization requests are completed within an average of 5 days of receipt.
- Increased Provider Education; provider bulletins and webinars.
- Increased access to dedicated Provider Relations Representative.
- Provider Relations now makes more visits to your facilities to answer questions and/or assist with resolving issues.

If you have questions about this communication, please contact your Provider Services representative or the Provider Services department at WIProviderEngagement@MolinaHealthcare.com.

We look forward to learning more about what you would like to see in the future!

Practitioner Credentialing Reminder

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 through (CAQH) Pro View prior to submitting a Molina Healthcare of WI 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.

Credentialing Forms can now be found at MolinaHealthcare.com:

- Go to **MolinaHealthcare.com**.
- Select **Health Care Professional**.

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- Select the **Line of Business (Medicaid or Marketplace)**.
- Select **Forms**.
 - Select **Frequently Used Forms**.

Feel free to contact WisconsinCredentialing@MolinaHealthcare.com with any of your credentialing related questions.

New Prior-Authorization Code List

Molina Healthcare has updated the Prior-Authorization codification list. Please take some time to review the 2018 Q3 PA Code Matrix's below.

The updated documents will also be at MolinaHealthcare.com/providers/WI under the forms tab.

An Interdisciplinary Approach

What is an Interdisciplinary Care Team?

Interdisciplinary team work is a complex process in which various types of care providers' work together to share expertise, knowledge, and skills to 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 have 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 health care.

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.

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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 to answer your questions.

July		
July 5, 2018	10:00 AM	PCW Provider Orientation
July 12, 2018	10:00 AM	Provider Orientation
July 19, 2018	10:00 AM	PCW Provider Orientation
July 26, 2018	10:00 AM	Web Portal - Claims Features

August		
August 2, 2018	10:00 AM	PCW Provider Orientation
August 9, 2018	10:00 AM	Provider Orientation
August 16, 2018	10:00 AM	PCW Provider Orientation
August 23, 2018	10:00 AM	Provider Portal - Claims Features
August 30, 2018	10:00 AM	Provider Orientation

September		
September 6, 2018	10:00 AM	Provider Orientation
September 13, 2018	10:00 AM	Provider Portal - Claims Features
September 20, 2018	10:00 AM	PCW Provider Orientation
September 27, 2018	10:00 AM	Provider Portal - Claims Features

Please encourage appropriate staff to register for these informative, educational opportunities. Please e-mail WIProviderEngagement@MolinaHealthcare.com to be added to our e-mail list and be the first to learn about new webinars.

Opiate Educational Resources

Molina Healthcare is committed to doing its part to help improve the safety of members who suffer from Opioid use disorders, and to helping prevent problems related to Opioid use. As part of a comprehensive Pain Safety Initiative, Molina Healthcare offers resources to enhance the knowledge available to its providers, and to support safe pain management practices. Opioid education materials can be found at MolinaHealthcare.com/providers/WI under the health resources tab.

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Updating Provider Information

Molina Healthcare 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
- If or 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 fax or e-mail:

Molina Health Care of Wisconsin

FAX: (414) 214-2481

E-MAIL: MHWIPProvider.Services@MolinaHealthcare.com

Reminders

Updated Provider Manual

Molina Healthcare of Wisconsin recently updated the Provider manual. Please review the 2018 Provider Manual.

The manual can be viewed by visiting MolinaHealthcare.com: I'm a Health care Professional, manual. If you have questions about this communication, please contact Provider Services at WIPProviderEngagement@MolinaHealthcare.com.

Molina Healthcare would like to remind our Medicaid providers and billers about the following topics to help facilitate timely payments or to avoid costly recoupments.

Behavioral Health Professional Level Modifiers - Per ForwardHealth topics 6218 and 6123, Psychotherapist, Psychologist, Psychiatrist and APNP with Psychiatric Specialty are required to submit a professional level modifier based on their degree. As an example, if a provider holds a Master's Degree/psychotherapist (modifier HO) and a PhD/psychologist (modifier HP), the provider should only submit a modifier of HP.

- Example, code 90834 for a PhD provider, should be submitted as 90834-HP not 90834-HO-HP. The higher level the degree the provider holds the higher the reimbursement.

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Day Treatment Claims - To receive Medicaid claim reimbursement, day treatment must be submitted on a CMS-1500 per the requirements set by Forward Health. Remember to include the appropriate required modifier.

DME Rental Items - Forward Health Topic # 1729: Rental items billed (indicated with RR modifier) must have “from” and “to” DOS to cover date span of rental. If the item was provided on consecutive days, those dates may be indicated as a range of dates by entering the first date as the “from” DOS and the last date as the “to” DOS. The number of days indicated must equal the number of days within the range. Rental items must be ranged within the same calendar month per detail line. This means if rental claim is from 1/15/2017 to 2/15/2017 the item must be entered onto 2 separate claim lines to indicate DOS for 1/15/2017 to 1/31/2017 and 2/1/2017 to 2/15/2017 with the appropriate units per day.

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.

Laboratory Services - As a reminder, provider contracts require use of participating providers. This includes laboratory services. Providers are required to submit specimens to participating laboratories. A complete list of participating laboratories can be found in our online Provider Directory located at MolinaHealthcare.com. 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.

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.

Outpatient Therapy Services - Forward Health update (2011-76), states that providers submitting services for Medicaid outpatient hospital physical therapy (PT), occupational therapy (OT), and speech and language pathology (SLP) services are reminded to submit claims using a professional claim (CMS-1500) to receive reimbursement. The exceptions to this requirement are:

- Claims for PT, OT, and SLP evaluations and reevaluations provided on the same DOS as an outpatient hospital specialty clinic visit.
- Claims for PT and OT services provided during an outpatient hospital (as defined above) cardiac rehabilitation visit, with cardiac rehabilitation team monitoring or physician electrocardiographic monitoring also provided.
- Provider-submitted Medicare crossover claims for outpatient hospital PT, OT, and SLP services previously submitted to Medicare on an institutional claim.

Personal Care Services - Forward Health topic #2479 - For personal care and travel time, one unit of service is equal to 15 minutes. When calculating the number of units that should be submitted, total or combine the number of personal care hours or travel time hours for the DOS. Each DOS should have 1 line entered for PCW and 1 line for travel time, if applicable.

Skilled Nursing Facilities -

- Please review Forward Health Topic #3484.
- Please review Forward Health Topic #3448.

According to Forward Health instructions, the date of discharge or death is not included in the covered days or units for SNF's and all inpatient facilities. The entire length of stay is required to be shown in the "Statement Covers Period" and Medicaid does not reimburse the date of discharge, transfer or death.

Additionally, value code "80" is to indicate covered days, "81" for non-covered days; these are required for all inpatient submissions, including SNF stays.

Form Locator 46 - Service Units

Enter the number of covered accommodation days or ancillary units of service for each line item. Do not count or include the day of discharge/death for accommodation codes. Do not include Medicare coinsurance days. The sum of the accommodation days must equal the billing period in Form Locator 43 and must equal the total days indicated in the amount field with value code "80" in Form Locators 39-41 a-d. For transportation services, enter the number of miles.

Form Locators 39-41 a - d- Value Code Amount

Enter the applicable value code and associated amount. Enter covered days using value code "80" and enter the number of covered days in the corresponding amount field using two decimal places. (For example, to indicate one day, providers would enter "1.00" to indicate 12 days, providers would enter "12.00") Enter non-covered days using value code "81" and enter the number of non-covered days in the amount field using two decimal places. Do not count the day of discharge for covered days. For non-covered days, enter the total non-covered days by the primary payer. The sum of covered days and non-covered days must equal the number of days in the "From-Through" period in Form Locator 6.

If you would like to receive this information in Monthly, please e-mail
WIProviderEngagement@MolinaHealthcare.com.



Provider Services

11200 W. Parkland Ave.
Milwaukee, WI 53224



Looking Ahead:

Molina's Provider Web Portal is an easy-to-use, online tool designed to meet your needs! All Molina Providers have access to our portal.

Register for our Provider Web Portal Today.

It is easy. Visit our website at www.MolinaHealthcare.com

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