Making the Connection Provider Newsletter *
4th Quarter 2018

We're back!!!

Molina Healthcare of Wisconsin will be participating in the Health Insurance Marketplace in 2019.

Molina is very excited to be participating in the following counties; Milwaukee, Ozaukee, Racine, Washington and Waukesha.

If you were previously a participating Marketplace provider you do not have to renew your contract to participate in 2019. Email WIProviderEngagement@Molinahealthcare.com with any questions.

If you would like to become a Marketplace Provider, email Molina.Wisconsin@Molinahealthcare.com

NEW Paperless Provider Appeals

Effective October 1, 2018 Molina Healthcare only accepts appeals submitted via fax, secure email or the Provider Portal (preferred method). Paper appeals will be rejected and not processed.

Fax: 844-251-1446
Secure Email: MWIAppeals@MolinaHealthcare.com
Provider Portal (preferred): Provider.MolinaHealthcare.com

Bulk appeals (10 claims or more for the same issue) must be e-mailed and include an excel spreadsheet that includes data for A-G, a completed appeal form and supporting documentation.

All BadgerCare Plus providers must appeal first to the HMO and then to the Department of Health Services if they disagree with the HMO's payment or nonpayment of a Claim.

In This Issue

All newsletters are also available at MolinaHealthcare.com.

Molina implementing ASAM

Molina Healthcare is implementing ASAM criteria for substance abuse cases. ASAM criteria was developed by the American Society of Addiction Medicine and is out-come oriented and result based care in the treatment of addiction. ASAM criteria provides objective guidelines to standardize treatment planning for patients with substance abuse or addiction issues. Molina will move from using InterQual to ASAM criteria.

Molina Healthcare's Special Investigation Unit (SIU) Partnering with You

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 and Medicaid, along with 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 Alert Line 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.

MolinaHealthcare.com

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 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 updates or for information on the flu vaccine options for the 2018-2019 flu season, please visit the Centers for Disease Control and Prevention at http://www.cdc.gov/flu/professionals/vaccination/.

New Prior-Authorization Code List

Molina Healthcare has updated the Prior-Authorization codification list. Please take some time to review the 2018 Q4 PA Code Matrix's at MolinaHealthcare.com/providers/WI under the forms tab.

Network Participation Status and Effective Date

A Provider is considered participating (PAR) in the Molina Healthcare network when:

- Contracts, Addendums and all attachments are signed and fully executed.
- If required for the provider's specialty, all stages of credentialing are completed and approved by Molina Healthcare's credentialing committee.

A provider's effective date is the date after the credentialing committee approves the provider, if credentialing is required. If credentialing is not necessary a provider's PAR effective date is the date required attachments were fully executed by Molina Healthcare.

If the provider does not complete and return signed contracting documents, the provider is not given PAR status, even if he/she has been fully credentialed.

Credentialing questions can be sent to WisconsinCredentialing@Molinahealthcare.com.

MolinaHealthcare.com

Model of Care

Centers for Medicare and Medicaid Services (CMS) - Mandatory Requirement requires that all Molina contracted providers complete the annual Model of Care (MOC) training, no later than December 15, 2018. This basic training reviews the Molina Healthcare Medicare program and describes how Molina Healthcare and its contracted providers work together to successfully deliver the duals MOC program.

The 2018 Model of Care Provider Training and attestation can be found at https://www.molinahealthcare.com/providers/wi/medicaid/comm/Pages/training.aspx or by emailing WIProviderEngagement@MolinaHealthcare.com.

The completed Attestation can be faxed to your Provider Representative at 877-556-5863 or emailed to WIProviderEngagement@MolinaHealthcare.com.

Provider Manual Updates

Please take some time to review the following areas of our updated Provider Manual;

- Cyber Security
- Appointment Standards
- Prior-Authorization Language
- Reimbursement Guidelines

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 WIProviderEngagement@MolinaHealthcare.com.

Updating Provider Information

Molina Healthcare requires Providers to notify us by fax or e-mail within 30 days 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)

MolinaHealthcare.com

Please submit changes via email or fax:
E-MAIL: MHWIProvider.Services@MolinaHealthCare.Com
FAX: 414-214-2481

New Address

We are excited to inform you that effective immediately, Molina Healthcare of Wisconsin has a new address.

New Address
Molina Healthcare of Wisconsin
P.O. Box 242480
Milwaukee, WI 53224

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

All phone numbers and fax numbers will remain the same.

Acceptable Marketing Policies for Providers in Molina's BadgerCare Plus and Medicaid SSI HMO Network

Reminders about what Molina's contracted providers can and cannot do when it comes to communicating with Medicaid enrollees about HMOs:

- Providers are allowed to educate/inform their patients about the BadgerCare Plus and Medicaid SSI HMOs with which they contract.
- Providers are allowed to inform their patients of the benefits, services, and specialty care services offered through the HMOs in which they participate.
- Providers are allowed to give a patient contact information for a particular HMO, but only at the patient's request.

- Providers are allowed to assist potentially eligible individuals with enrollment in the BadgerCare Plus and/or Medicaid SSI programs by helping them:
  - Apply online at the Access website: www.access.wisconsin.gov;
  - Complete the online form at: www.dhs.wisconsin.gov/forms/F1/F10182.pdf; or
  - Call or go to their county IM agency or tribal agency to complete an application; for a map of the different IM agencies per county, go to: www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm
- Providers are allowed to assist potentially eligible individuals with the BadgerCare Plus express enrollment process, as described on the ForwardHealth Portal at www.Forwardhealth.wi.gov, if they qualify.
- Providers are allowed to refer patients with questions about the BadgerCare Plus and/or Medicaid SSI programs to an HMO Enrollment Specialist at 1-800-291-2002.
- HMOs are allowed to conduct orientations, health fairs, or community baby showers for their members in a private setting at a provider's office.
- Providers are prohibited from recommending one HMO over another HMO, offering patients incentives to select one HMO over another HMO, or assisting the patient in deciding to select a specific HMO.

If there are any questions about these policies, please contact WIProviderEngagement@MolinaHealthcare.com.

Reminders:

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.

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.

Example of Claim submissions;

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	INCORRECT BILLING:					
0570	PCW SERVICE	T1019	121417	9	36.18	
0570	PCW SERVICE	T1019	121417	4	16.08	
	CORRECT BILLING:					
0570	PCW SERVICE	T1019	121417	13	52.26	

PCW travel time for DOS 12/14/2015 to be correctly submitted should appear on 1 line with 3 units.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	INCORRECT BILLING:					
0570	PCW SERVICE	T1019 U3	121417	1	4.02	
0570	PCW SERVICE	T1019 U3	121417	1	4.02	
0570	PCW SERVICE	T1019 U3	121417	1	4.02	
	CORRECT BILLING:					
0570	PCW SERVICE	T1019 U3	121417	3	12.06	

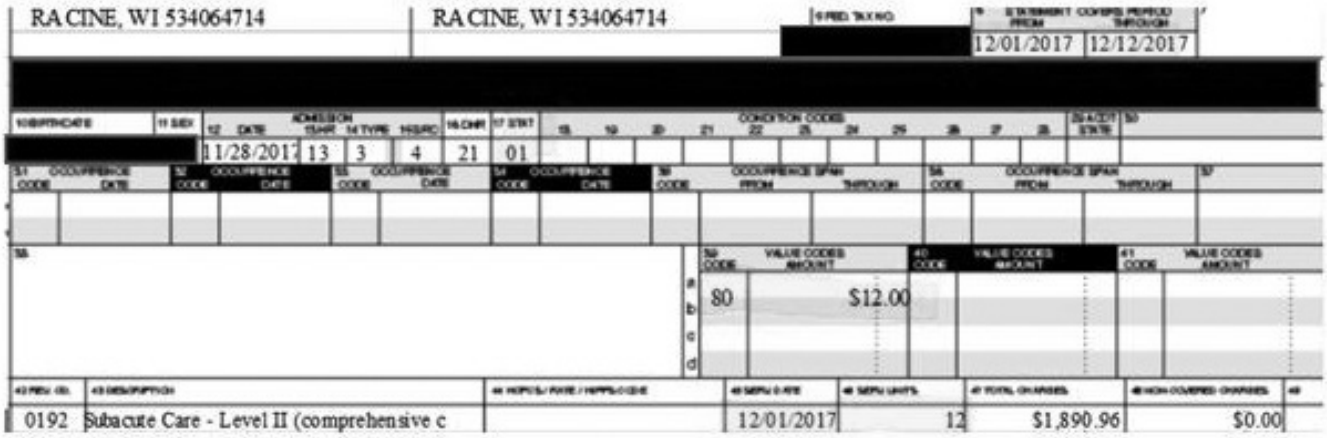
Skilled Nursing Facilities -

- 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.

THIS EXAMPLE IS SUBMITTED INCORRECTLY, reasons are shown below;



RACINE, WI 534064714	RACINE, WI 534064714	[redacted]	12/01/2017	12/12/2017

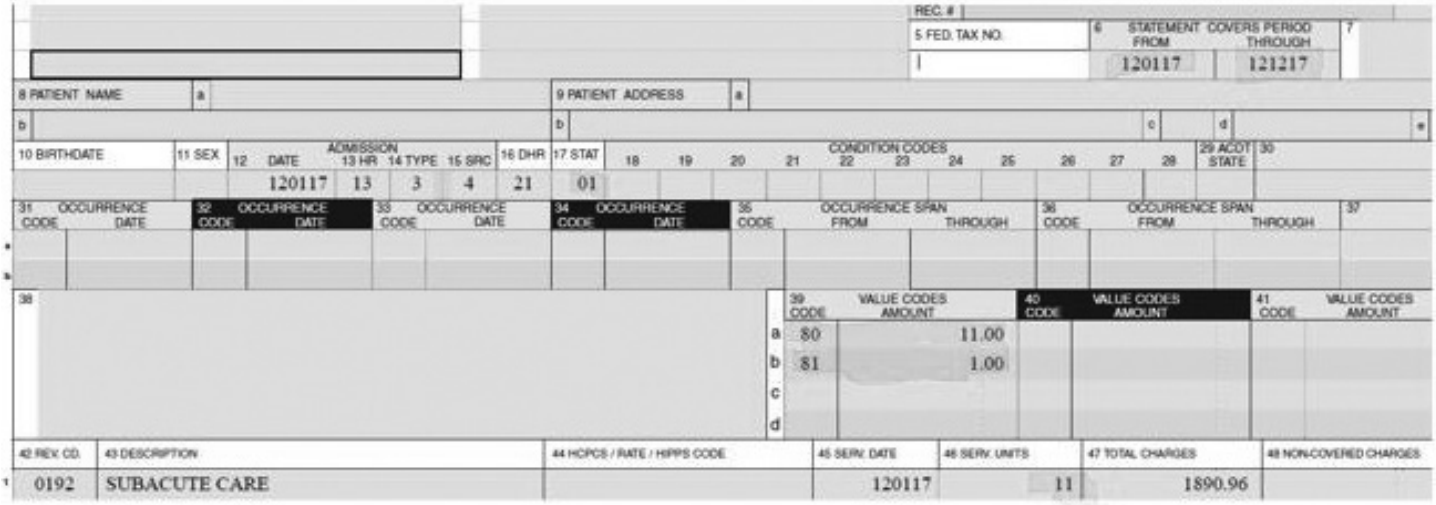
10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	29 ACDT STATE
		11/28/2017	13	3	4	21	01	

39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a 80	$12.00				
b					
c					
d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0192	Subacute Care - Level II (comprehensive c		12/01/2017	12	$1,890.96	$0.00

- Discharge status is 01 to indicate member discharged to home.
- Statement covered period from 12/1/17 – 12/12/2017 should equal 11 days (discharge date is not billable) instead of 12 days submitted.
- Value code "80" should be 11.00 (to indicate 11 days) and "81" with 1.00 (to indicate discharge date.) **DO NOT COUNT THE DAY OF DISCHARGE FOR COVERED DAYS.**

CORRECTLY SUBMITTED EXAMPLE;



REC. #	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
		120117	121217	

8 PATIENT NAME	9 PATIENT ADDRESS
a	a
b	b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	29 ACDT STATE	30
		120117	13	3	4	21	01		

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37

39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a 80	11.00				
b 81	1.00				
c					
d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0192	SUBACUTE CARE		120117	11	1890.96	

- Discharge status 01; discharge date 12/12/17 is not reimbursable.
- Value code "80" indicates 11 covered days and "81" to indicate non-covered discharge date. The sum of covered and non-covered days equal the number of "From-Through" period in box 6.

MolinaHealthcare.com

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 and other important updates via email monthly, please email WIProviderEngagement@MolinaHealthcare.com.

This page intentionally left blank

Provider Services
11002 W. Park Place
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

MolinaHealthcare.com

Your Extended Family.

13926608WI0319