Molina Healthcare of Nebraska
2024 Dental Services
Provider Training

Thank you for being the best part of Molina

12/11/2023

Overview

- Molina Healthcare Overview
- Molina Dental Services Overview
- SKYGEN USA, LLC Overview
- Quick Reference Guide (QRG)
- Contracting
- Credentialing
- Recredentialing
- Practice Changes & Updates
- Member Eligibility and ID Cards
- Transition of care
- Emergency Services
- Appointment Availability
- Appointment Wait Times
- Dental Home
- Dental Home Assignment
- Covered Dental Services
- Covered Dental Services for Special Needs and Disabled Members
- Value Added Services
- Orthodontic Services

- Non- Covered Services
- Prohibited Services
- Translation Services
- Transportation Services
- SKYGEN Dental Hub
- Dental Office Prior Authorizations
- Outpatient/Anesthesia Prior Authorizations
- Timely Filing
- Claim Submission Methods
- Claim Submissions
- Corrected Claim Submissions
- Balance Billing
- Electronic Funds Transfer
- Provider Complaints
- Member Grievance & Appeals
- Member Grievance & Appeals Timeline
- Fraud, Waste & Abuse
- Cultural Competency
- HIPAA & Confidentiality

Molina Healthcare Overview

- Molina Healthcare is committed to improving our members' health and making a difference in the communities we serve. For nearly 40 years, Molina has distinguished itself as the low-cost, most effective and reliable health plan delivering government-sponsored care.
- Molina's Medicaid, Medicare, Dual and Marketplace plans serve over 5.2 million dental members across 20 states.
- National Dental Director, Jacinto Beard, DDS, with 30+ years experience delivering care to Medicaid members and actively practices in two locations.
- Nebraska Dental Director, Morgan Horst, DDS has eight years of experience in the Dental Medicaid space.
- Molina offers dental services in partnership with our providers with the following goals:
  - Provide services that benefit members' oral health
  - Work with dental providers to get members the dental care they need
  - Address members' language and cultural needs
  - Reduce barriers to getting care
  - Provide members with oral health information and reminders about routine checkups

Molina Dental Services Overview

Molina Dental Services (MDS) is dedicated to the administration of the Molina Healthcare of Nebraska Medicaid Dental Program. In partnership with Molina Healthcare of Nebraska, Inc. and SKYGEN USA, LLC our mission is to deliver effective, reliable, and affordable dental care to those who need it most. We strive to meet the physical, social, and emotional needs of each member and to strengthen the communities we serve.

Bethany Stech, Sr. Provider Services Representative, is available Monday through Friday from 8 a.m. to 5 p.m. CST via email at MDVSProviderServices@Molinahealthcare.com. If Bethany is unavailable, the Molina Dental Provider Services team is available to assist with any questions.

SKYGEN USA, LLC Overview

The SKYGEN Provider Services department handles telephone and written inquiries from Providers regarding claims, authorizations, and training on how to use the SKYGEN platform. SKYGEN has Provider Services representatives who are trained to assist Nebraska Dental Providers. The SKYGEN Provider Services Team is available at (855) 806-5192 from 7 a.m. to 8 p.m. CST, Monday through Friday, excluding holidays. This line will be available on 01/01/2024.

Quick Reference Guide (QRG)

SKYGEN Services:

SKYGEN Provider Portal (Submit Claims, Authorizations, Verify Eligibility, View History, Check Status):
SKYGEN Dental Hub at
https://app.dentalhub.com/app/login
Phone: 855-609-5156
Hearing Impaired: 711

SKYGEN Contact Center (Verify eligibility, claims/PA status, General questions, file a grievance or appeal)
Provider Contact Center: 855-806-5192 (Available 01/01/2024)
Hearing Impaired: 711

Clearing Houses
Change Healthcare (Formerly Emdeon)
DentalXChange)
Payer ID: SKYGN

SKYGEN Credentialing
Phone: 855-812-9211
Hearing Impaired: 711
Fax: 866-396-5686
Email: credentialing@skygenUSA.com

All forms are available on the SKYGEN Dental Hub
https://www.skygenusa.com/dentalhub

Molina Dental Services:

Provider Relation Questions
MDVSProviderServices@MolinaHealthcare.com
Phone: 844-862-4564
Hearing Impaired: 711
Fax: 855-297-3304

Practice Changes/Updates/Credentialing
MDVSPIM@MolinaHealthcare.com
Fax: 844-891-2865

Contracting Questions
Denta.Visiondevelopment@MolinaHealthcare.com
Fax: 844-584-3686

Transportation & Translation Services
Molina Member Services: 844-782-2018
Hearing Impaired: 711

Molina Member Services:
844-782-2018

All forms are available on the Molina's Healthcare Website
https://www.MolinaHealthcare.com

MOLINA HEALTHCARE
Your Extended Family.

Contracting

- Molina Dental Services in partnership with SKYGEN USA LLC invites you to become a participating dental provider administering Medicaid dental benefits to Nebraska members.
- Visit the Provider Contracting Portal on SKYGEN USA LLC website at: www.skygenusaproviders.com and enter code NE. with Molina Dental Services and enrolled as a Nebraska Medicaid provider with an active Medicaid ID.
- A signed Dental Provider Service Agreement (DPSA) under the practicing TIN is required. Once your Tax ID has contracted, each provider will be required to complete credentialing which can be completed one of following ways:
    - Online via the SKYGEN credentialing portal: https://providercap.skygenusasystems.com/CAP
    - Email your Council for Affordable Quality Healthcare (CAQH) ProView ID to the credentialing team at credentialing@skygenusa.com
    - A CAQH ProView ID can be obtained at: https://proview.caqh.org/PR/Registration
    - Submitting a paper application

QUESTIONS ABOUT CONTRACTING	**Phone: 844.862.4564** Email: Denta.Visiondevelopment@molinahealthcare.com **Fax: 844.584.3686**
ASSISTANCE WITH CREDENTIALING	**Phone: 855.812.9211** Email: credentialing@skygenusa.com **Fax: 866.396.5686**

MOLINA HEALTHCARE
Your Extended Family.

Credentialing

- CAQH must be reattested within the last 4 months by visiting https://proview.caqh.org
- Indicate “global” authorization which allows access to your data profile to all healthcare organizations
- Provider may upload copies of their current DEA license and malpractice insurance copy directly to CAQH
- If provider does not have a CAQH application, an application can be completed on the SKYGEN Credentialing portal: https://providercap.skygenusasystems.com/CAP
- Provider will need to register (create username and password) and then will be able to upload their current DEA license and malpractice insurance copies
- All specialists except Orthodontists or Dental Hygienists are required to have a DEA license or a DEA release completed and on file that identifies who patients will be referred to for prescriptions

Recredentialing

- Re-credentialing occurs every 36 months
- Providers will receive notification 6 months in advance
- Molina Healthcare follows NCQA guidelines for re-credentialing
- All re-credentialing applications must be completely approved before the lapse date to avoid any claim or payment impact
- For additional information, please email credentialing@skygenUSA.com

Practice Changes/Updates

- Molina Dental Services requires providers to report changes to your Practice within 30 days to ensure accurate updates to our Provider Online Directory. Changes are required to be submitted in writing via email by completing a Provider Information Form (PIF).
  - Immediate notification to changes in license status, board actions, address or name changes, DBA or Tax ID
  - Add a new dentist to your practice (must be credentialed PRIOR to rendering treatment); Roster required for group practice(s)
  - 120 days notice to terminate participation in writing to allow time for continuity of care issues and to notify members
- Submit changes and updates to your practice by emailing the PIF and required documents to: mdvspim@molinahealthcare.com

Member Eligibility & ID Cards

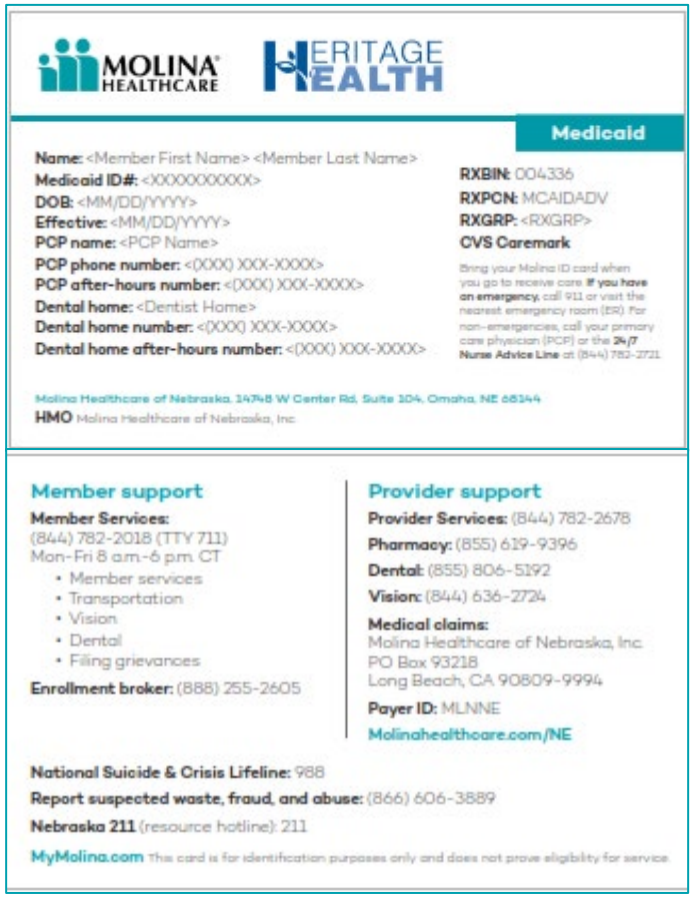
The Department of Health & Human Services determines Medicaid eligibility. Payment for services rendered is based on eligibility and benefit entitlement. The Contractual Agreement between Providers and Molina places the responsibility for eligibility verification on the Provider of services. The Molina Healthcare Member ID card is NOT proof of eligibility.

Providers must verify both member and benefit eligibility prior to rendering care.

Eligibility can be verified in the following ways:

- 24 hours a day/7 days a week/365 days via the Nebraska Medicaid Eligibility System(NMES) line is the best way to verify eligibility. To access NMES, call - Lincoln Area 402-471-9580 Outside Lincoln 800-642-6092
- 24 hours a day/7 days a week/365 days electronically on SKYGEN Dental Hub https://app.dentalhub.com/app/login
- 24 hours a day/7 days a week/365 days via Interactive Voice Recognition (IVR): 855-806-5192-Available 01/01/2024

Member Eligibility & ID Cards Continued



MOLINA HEALTHCARE HERITAGE HEALTH

Medicaid

Name: <Member First Name> <Member Last Name>
Medicaid ID#: <XXXXXXXXXX>
DOB: <MM/DD/YYYY>
Effective: <MM/DD/YYYY>
PCP name: <PCP Name>
PCP phone number: <(XXX) XXX-XXXX>
PCP after-hours number: <(XXX) XXX-XXXX>
Dental home: <Dentist Home>
Dental home number: <(XXX) XXX-XXXX>
Dental home after-hours number: <(XXX) XXX-XXXX>

RXBIN: 004336
RXPCN: MCAIDADV
RXGRP: <RXGRP>
CVS Caremark

Bring your Molina ID card when you go to receive care. **If you have an emergency,** call 911 or visit the nearest emergency room (ER). For non-emergencies, call your primary care physician (PCP) or the **24/7 Nurse Advice Line** at (844) 782-2721.

Molina Healthcare of Nebraska, 14748 W Center Rd, Suite 104, Omaha, NE 68144
HMO Molina Healthcare of Nebraska, Inc.

Member support

Member Services:
(844) 782-2018 (TTY 711)
Mon-Fri 8 a.m.-6 p.m. CT
- Member services
- Transportation
- Vision
- Dental
- Filing grievances

Enrollment broker: (888) 255-2605

Provider support

Provider Services: (844) 782-2678
Pharmacy: (855) 619-9396
Dental: (855) 806-5192
Vision: (844) 636-2724

Medical claims:
Molina Healthcare of Nebraska, Inc.
PO Box 93218
Long Beach, CA 90809-9994

Payer ID: MLNNE
Molinahealthcare.com/NE

National Suicide & Crisis Lifeline: 988
Report suspected waste, fraud, and abuse: (866) 606-3889
Nebraska 211 (resource hotline): 211
MyMolina.com This card is for identification purposes only and does not prove eligibility for service.

The member's Dental Home and telephone number will be included on the member's ID card.

Eligible members can seek treatment from any participating Molina dental provider, regardless of the Dental Home assignment.

Transition of Care

- Molina fully complies with MLTC payment requirements regarding out-of-network providers during the initial 180 calendar days of the contract.

- During the initial 180 calendar days of Molina's Contract with the State, Molina will pay out-of-network providers at 100% of the Medicaid FFS rate to support member continuity of care.

Emergency Services

Molina Healthcare of Nebraska defines an emergency dental condition as a dental condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairments of bodily functions, or
- Serious dysfunction of any bodily organ or part as per 42 CFR 438.114.(a)

Molina Healthcare of Nebraska does not limit what constitutes an emergency medical condition based on lists of diagnoses or symptoms.

Appointment Availability

Molina Dental services has established appointment time requirements to ensure members receive dental services within a time period appropriate to their dental health condition. Appointment availability surveys are conducted quarterly and provider outreach regarding standards is completed for any provider that is out of compliance. A follow up survey is conducted to ensure compliance.

Molina Healthcare of Nebraska providers are expected to meet the following minimum standards for appointment availability:

- Emergent care must be available immediately upon presentation, 24-hours a day, 7 days per week
- Urgent care must be provided within 24 hours of member contact
- Routine or Preventative dental care must be scheduled within 6 weeks of member contact

Appointment Wait Times

- Wait times for scheduled appointments should not exceed forty-five (45) minutes, including time spent in the waiting room and the examining room, unless the provider is unavailable or delayed because of an emergency.

- Please notify the Member immediately if this situation occurs.

Dental Home

Nebraska defines the Dental Home in accordance with the American Academy of Pediatric Dentistry (AAPD) as an ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. A Primary Care Dentist (PCD) is the provider of Dental Home services. Establishment of a member's Primary Care Dentist begins no later than six (6) months of age.

Dental Home Assignment

Members are encouraged to select their own primary care dentist (PCD) to serve as their Dental Home. Members may change their PCD any time by contacting Molina Healthcare Inc.'s toll-free Member Services Hotline. When a member does not select a Primary Care Dentist, Molina Healthcare Inc. will auto-assign to a Primary Care Dentist based on the following considerations:

- Molina Healthcare Inc. strives to keep families together. If a member of a family is assigned to a PCD, other members of the same family will be assigned to the same PCD. However, if the PCD has age restrictions that would prevent a family member from being assigned, we will assign that family member to another PCD in the same office that meets the age restrictions if possible.
- If there is historical claims data available that identifies a dentist that performed dental services on the member, we will assign the member to such dentist, if the dentist is a participating PCD that meets the age restrictions and travel distance requirement for the member.
- For each member that needs to be auto assigned to a PCD, we will generate a pool of participating PCDs that meet the age restrictions of the member who are located near the member's residence address. The search radius will be increased until a PCD is located for assignment within the time and distance requirements of the plan.

Covered Dental Services

- Oral Screening
- Diagnostic – Radiographs - per frequency limitation
  - Intraoral Complete Series
  - Intraoral periapical films
  - Bitewings
  - Panorex
- Preventive - Periodic Oral Evaluation/Prophylaxis - per frequency limitation
  - 20 and younger, once every 180 days
  - 21 and older, once every 180 days
- Restorative services
- Endodontic services
- Periodontal services
- Prosthodontics
- Oral and Maxillofacial Surgery
- Orthodontic services (braces) – based on necessity up to age 21
- Adjunctive general services

Covered Dental Services for Special Needs and Disabled Members

- Special Needs and Disabled members will receive covered services at the frequency determined appropriate by the treating dental provider.
- A member with special needs is a member who is unable to care for their mouth properly on their own because of a disabling condition.
- Please contact Bethany Stech with Molina Dental Services at MDVSProviderServices@MolinaHealthcare.com with any questions regarding covered services or to set up training.
- Molina will provide medically necessary dental services, in accordance with State of Nebraska Molina Healthcare of Nebraska Medicaid program, by a dentist or physician, sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished, to ensure the diagnosis, prevention, treatment of health conditions to achieve the member's age-appropriate growth/ development and ability to maintain, attain, or regain functional capacity.
- For a complete list of covered services, please refer to the Molina Healthcare of Nebraska Dental Provider Manual.

Value Added Services

- All Molina Healthcare of Nebraska members will receive these value-added dental services:
  - Two additional D0140 (for a total of four) in a calendar year
  - One additional D1110 for pregnant women (for a total of three) in a calendar year

Orthodontic Services

Orthodontic services are available for members up to age 21 when treatment is authorized, and have a handicapping malocclusion which includes one or more of the following five documented conditions:

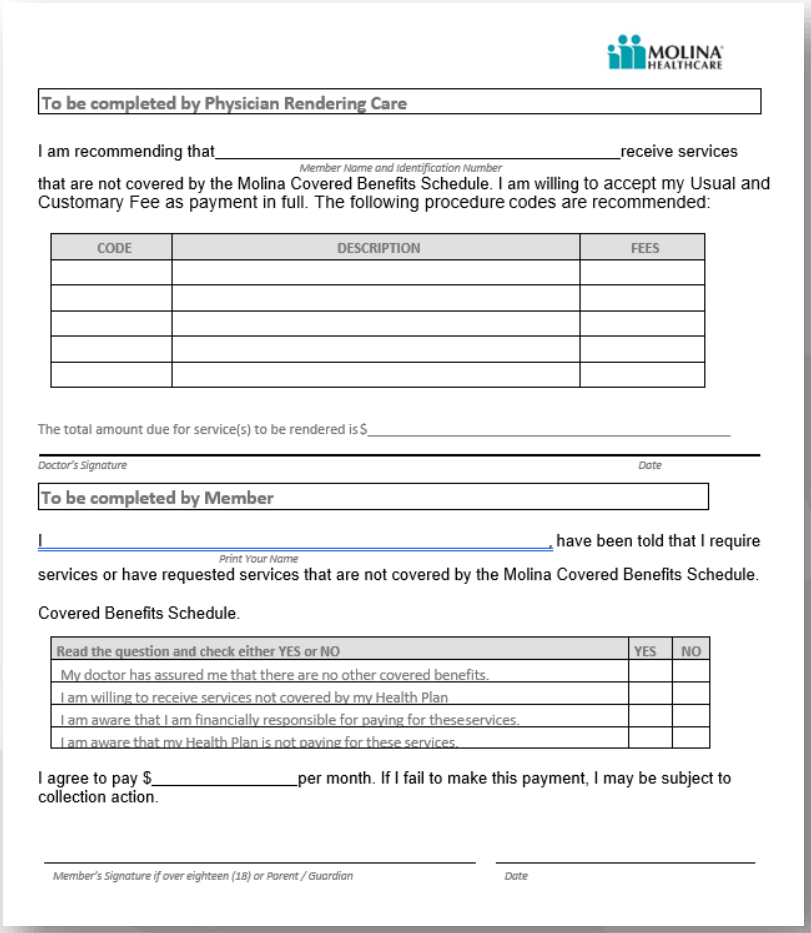
1. Accident causing a severe malocclusion
2. Injury causing a severe malocclusion
3. Condition that was present at birth causing a severe malocclusion
4. Medical condition causing a severe malocclusion
5. Facial skeletal condition causing a severe malocclusion

Pre-authorization requests must be submitted and approved prior to rendering orthodontia services. Please do not submit originals with your preauthorization as Molina will not return x-rays, study models, or other related documents. Please submit your orthodontia case and all records and documentation in their entirety (including the Handicapping Labio-Lingual Deviation (HLD) form).

Non-Covered Services

A provider may bill a member for non-covered services if the provider obtains a Non-Covered Services Agreement form from the member prior to rendering such services. The agreement must include:

- The services to be provided
- The provider has explained all other treatment options that are a covered benefit
- Molina Dental Services will not pay for or be liable for these services
- Member will be financially liable for such services



MOLINA HEALTHCARE

To be completed by Physician Rendering Care

I am recommending that_____receive services
Member Name and Identification Number
that are not covered by the Molina Covered Benefits Schedule. I am willing to accept my Usual and Customary Fee as payment in full. The following procedure codes are recommended:

CODE	DESCRIPTION	FEES

The total amount due for service(s) to be rendered is $_____

Doctor's Signature *Date*

To be completed by Member

I_____, have been told that I require
Print Your Name
services or have requested services that are not covered by the Molina Covered Benefits Schedule.

Covered Benefits Schedule.

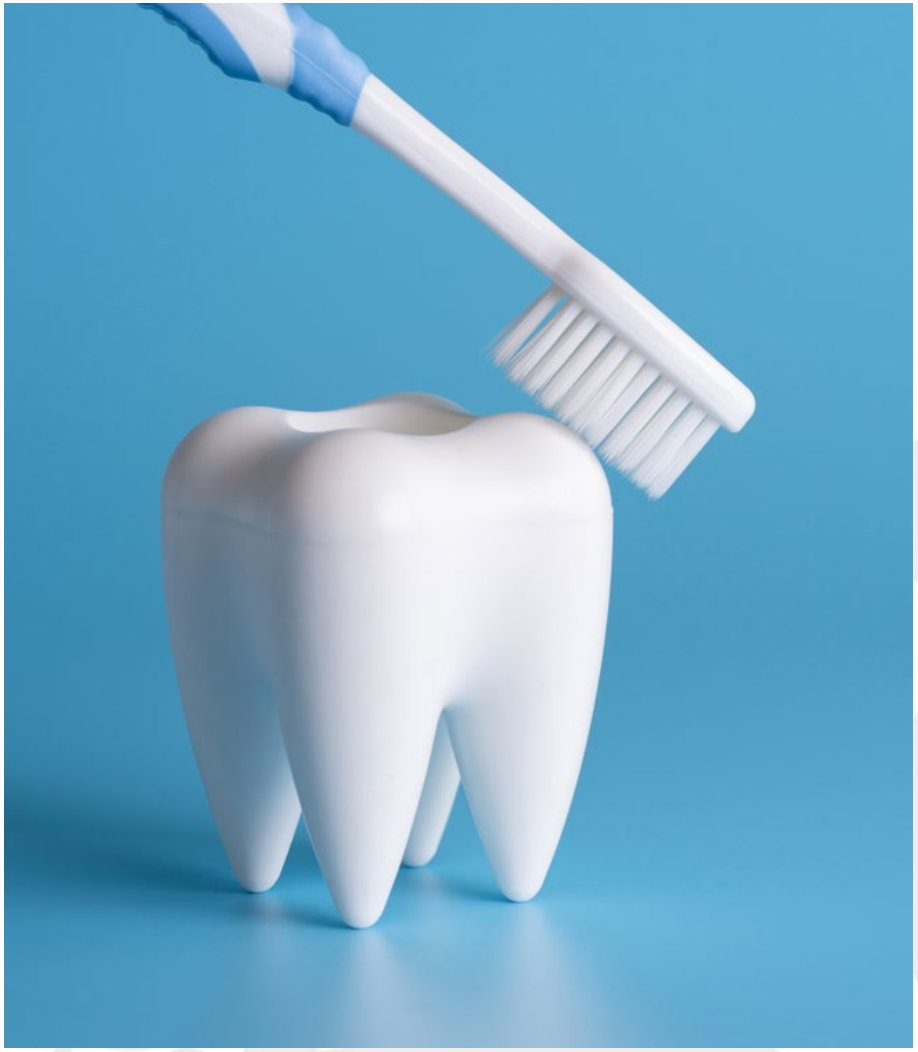
Read the question and check either YES or NO	YES	NO
My doctor has assured me that there are no other covered benefits.		
I am willing to receive services not covered by my Health Plan		
I am aware that I am financially responsible for paying for these services.		
I am aware that my Health Plan is not paying for these services.		

I agree to pay $_____per month. If I fail to make this payment, I may be subject to collection action.

Member's Signature if over eighteen (18) or Parent / Guardian *Date*

Prohibited Services

- Prohibited services are those required to treat complications or conditions resulting from non-covered services, services not reasonable and/or necessary, and services that are experimental and/or investigational unless approved in advance by the MLTC Director.
- Molina is prohibited from paying for an item or serviced described in Section 1903(i) of the Social Security Act.



Translation Services

Molina Healthcare of Nebraska complies with all Federal civil rights laws that relate to healthcare services and provides translation services at no cost to:

- Aid and service members with disabilities with:
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services are provided to members who speak another language or have limited English proficiency with:
  - Interpreters – intermediary and language to assist those with hearing disabilities and those whose primary language is not English or have limited English proficiency
  - Written material in other formats (large print, audio, accessible electronic formats, Braille, or written in the member's primary language)

For assistance with translation services please call Molina Member Services at (844) 782-2018 8 a.m. to 6 p.m. CST, Hearing Impaired: 711

Transportation Services

Molina Healthcare of Nebraska provides ground transportation at no cost for covered, medically necessary services each calendar year.

Rides must be set up at least 72 hours prior to your appointment. You can schedule transportation in any of the following ways:

- Contacting Member Services (844) 782-2018 8 a.m. to 6 p.m. CST, Hearing Impaired: 711
- Contacting MTM directly at (888) 889-0421 Monday-Friday, from 8 a.m. to 7 p.m. Hearing Impaired: 711
- Using the MTM member portal
- Downloading the MTM Link Member app on your smart device

When you call or use the transportation portal, MTM will ask you:

- The address where you will be picked up. This includes the city and zip code
- The address where you will be dropped off. This includes the city and zip code
- Your telephone number
- Your Nebraska Medicaid ID number
- The name of the adult traveling with children aged 18 and under
- Transportation can go to the provider you choose within 20 miles. If there is not a provider within 20 miles, they can take you to the closest provider. You can choose a provider farther away, but transportation services may not be available

SKYGEN Dental Hub

- The SKYGEN Dental Hub https://app.dentalhub.com/app/login is the exclusive dental provider portal tool for the Molina Health Plan of Nebraska Dental Network.
- SKYGEN Dental Hub combines powerful new enhancements with current features and functionality to provide the best experience for you and your practice.
- Once contracted, a Payer ID is assigned by TIN and required for full access to the portal.
- Use a single sign-on to manage your practice.
- Immediate access to member and benefit information, claim and authorization history, and payment records at any time, 24 hours a day, 7 days a week.
- Submit claims and authorizations using pre-populated electronic forms and data entry shortcuts.
- Attach and securely send supporting documents, such as digital X-rays, EOBs, and treatment plans, at no extra charge.
- Reduce costs, increase revenue and improve patient experiences.
- Check the real-time status of in-process claims and authorizations and review historical payment records and much more.
- For help getting started with the SKYGEN Dental Hub, weekly training webinar, or questions about the SKYGEN Dental Hub; Contact the SKYGEN Dental Hub Support at (855) 609-5156.

MOLINA HEALTHCARE
Your Extended Family.

SKYGEN DENTAL HUB

SKYGEN Dental Hub Training Link - https://www.dentalhub.com/knowledge/webinar/free-weekly-webinar

Dental Office Prior Authorizations

- Specific documentation must be submitted along with each prior authorization request. To request prior authorization for a proposed dental pre-treatment plan or covered service, the dentist must submit the request using one of the following options: (1) Electronically using the SKYGEN Dental Hub or Clearing House, or (2) Submission of a dental claim form and required documentation by mail. The provider must receive prior authorization before the following services:
  - Crowns
  - Periodontal scaling and root planning
  - Periodontal maintenance procedure
  - Complete, immediate, and interim dentures, maxillary and mandibular
  - Partial resin base, maxillary and mandibular
  - Flipper partial dentures, maxillary and mandibular
  - Orthodontic treatment
  - Anesthesia in an outpatient setting

Dental Office Prior Authorizations

- Molina Healthcare Nebraska requires prior authorization for specific services to determine medical necessity prior to rendering treatment.

  - **Standard requests** – eighty percent (80%) within two (2) business days and one hundred percent (100%) within fourteen (14) business days from the date the request is received
  - **Expedited requests** – as expeditiously as the member's health condition requires, but no later than seventy-two (72) hours after receipt of the request for service

- Emergent and urgent care services are covered by Molina without a prior authorization. This includes non-contracted Providers inside or outside of Molina's service area. The emergent or urgent care rendered must be identified on the claim submission and documentation of medical necessity provided to be considered for payment.

  Prior authorizations will be honored for 180 days from the date they are issued

- Dental Prior authorization requests may be submitted through one of the following channels:
  - SKYGEN Dental Hub
  - Electronic submission via clearinghouse
    - *Change Healthcare*
    - *DentalXChange*
    - Payer ID: SKYGN
  - HIPAA-compliant 837D file
  - 2012 or newer ADA claim form

Authorization does not guarantee payment.
The member and benefit must be eligible at the time services are rendered.

Outpatient and Anesthesia Prior Authorizations

Prior Authorization of Dental Treatment in an Outpatient Hospital or Ambulatory Surgical Center setting must be submitted as follows:

- Provider submits request using ADA code D9999 with the required Molina Healthcare of Nebraska ASC scorecard and all services requested to be performed included on the ADA claim form.
- SKYGEN will notify the provider and the health plan of the decision.
- If denied, the provider and/or member can appeal.

Timely filing

- Providers have 180 calendar days from the date of service (DOS) to submit a claim.
- Molina will process 90% of claims for service within 15 days and 99% of claims for service within 60 days after receipt of clean claims.

Claim Submission Methods

Electronic Claims
(preferred method)

SKYGEN Dental Hub

Providers may use the Clearinghouse of their choosing. (Note that fees may apply)

Change Healthcare (Formerly Emdeon)
DentalXChange

Payer ID: **SKYGN**
HIPAA-compliant 837D file

Paper Claims

2012 or newer ADA Dental Claim Form Mailing Address

Molina Dental Services Claims
PO Box 2136
Milwaukee, WI 53201

Molina Dental Services Corrected Claims
PO Box 641
Milwaukee, WI 53201

MOLINA HEALTHCARE
Your Extended Family.

Claim Submissions

- Submit claims in one of the following formats:
  - SKYGEN Dental Hub: SKYGEN Dental Hub
  - Electronic submission via clearinghouse
    - *Change Healthcare*
    - *DentalXChange*
    - Payer ID: SKYGN
  - HIPAA-compliant 837D file
  - Paper 2012 or newer ADA Dental
- Claims must be submitted within 180 days of date of service to be considered for payment.

MOLINA HEALTHCARE
Your Extended Family.

Corrected Claim Submissions

- A corrected claim is a claim that has already been processed, whether paid or denied, and is resubmitted with additional charges, different procedure or diagnosis codes or any information that would change the way the claim originally processed.

- Claims returned requesting additional information or documentation should not be submitted as corrected claims. Corrected claims are treated as new claims.

- Providers can submit corrected claims by the following:

Balance Billing

- The Provider is responsible for verifying member and benefit eligibility and obtaining approval for those services that require prior authorization.
- Providers agree that under no circumstance shall a Member be liable to the Provider for any sums that are the legal obligation of Molina to the Provider.
- Balance billing a Member for Covered Services is prohibited, except for the Member's applicable copayment, coinsurance and deductible amounts.

Electronic Funds Transfer

Molina Healthcare encourages providers to register to Electronic Funds Transfer (EFT) for even faster payment.

Enrollment can be completed in the following formats:

- SKYGEN Dental Hub: SKYGEN Dental Hub
- Complete the Molina EFT Form and submit to SKYGEN at providerservices@skygenusa.com
- For any questions or concerns regarding EFT, please contact SKYGEN at providerservices@skygenusa.com

Utilizing EFT ensures that your office is not impacted by returned, or missing paper check payments.

Provider Complaints

- A provider complaint is any verbal or written expression, originating from a provider, voicing dissatisfaction with a policy, procedure, payment or any other communication or action by the health plan.
- Molina Healthcare maintains a provider complaint system to track the receipt and resolution of provider complaints from both in and out of network providers.
- To file a complaint:
  - Call Provider Services toll free at 855-806-5192 from 7:00 a.m. to 8:00 p.m. CST Monday through Friday– Available 01/01/2024
  - Submit via the SKYGEN Dental HUB at https://app.dentalhub.com/app/login
- Providers have **30 calendar days** from the date of the incident to file complaint.
- Molina will strive to resolve provider complaints as a first-call resolution; however, some complaints may take longer to resolve. Molina will notify the provider of the decision within the resolution time frame, which will not exceed 30 calendar days.

Member Grievance and Appeals

Members may file a grievance or appeal by calling Molina Member Services at (844) 782-2018 from 8 a.m. to 6 p.m. CST, Monday through Friday.

Grievance: a Member's expression of dissatisfaction, whether verbal or in writing, with any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Member's rights regardless of whether remedial action is requested.

Grievance system: a grievance process, an appeal process and access to the state's fair hearing system. Any grievance system requirements apply to all three components of the grievance system, not just to the grievance process.

Grievance process: the procedure for addressing and tracking Members' grievances.

Appeal: A review by Molina of an Adverse Benefit Determination/denial.

Member Grievance and Appeals Timeline

Grievance Timelines

Molina will acknowledge receipt of each grievance and appeal, in writing, to the member within 10 calendar days of receipt. Molina will resolve each grievance, and provide notice, as expeditiously as the Member's health condition requires, and under all circumstances within 90 days from the date Molina received the grievance.

Expedited Appeals Process and Timeline

Appeals must be filed within 60 calendar days from the date on the adverse benefit determination. Molina reviews the appeal, and a final determination will be made within 72 hours (with a possible 5 calendar day extension) of receipt of request for appeals meeting the definition urgent/expedited. If the Plan denies a request for an expedited resolution of an Appeal, it will transfer the Appeal to the standard timeframe of no longer than 30 calendar days from the day the Plan receives the Appeal (with a possible 14 calendar day extension) for resolution of Appeal and give the Member prompt oral notice of the denial and follow up within 2 calendar days with a written notice. Members have the right to file a Grievance if the Member disagrees with the decision to extend the timeframe.

Standard Appeals Process and Timeline

Appeals must be filed within 60 calendar days from the date on the adverse benefit determination. Molina will resolve appeals and provide notice as expeditiously as the Member's health condition requires, and within 30 calendar days from the date Molina receives the appeal. Molina may extend the timeframes by up to 14 calendar days if the Member request the extension or Molina shows that there is a need for additional information and the reason(s) why the delay is in the Member's interest. Molina will provide written notice of the disposition of the appeal.

Fraud, Waste, & Abuse

Molina Healthcare of Nebraska conducts our business operations in compliance with ethical standards, contractual obligations, and all applicable federal and state statutes, regulations, and rules. If you suspect cases of fraud, waste, or abuse, you must report it to Molina. You may do so by contacting the Molina AlertLine or submit an electronic or paper complaint using any of the methods below.

Suspected Fraud by Medicaid Recipients may be reported here:
Nebraska Department of Health and Human Services
DHHS.InvestigationsSIU@nebraska.gov
By Phone: (402) 595-3789

Suspected Fraud by Medicaid providers may be reported here:
Nebraska Department of Health Services
Phone: 1-877-865-3432
dhhs.medicaidprogramintegrity@nebraska.gov

Molina Healthcare, Inc.
200 Oceangate, Suite 100
Long Beach, CA 90802
Phone: (866) 606-3889
Online: https://MolinaHealthcare.AlertLine.com

MOLINA HEALTHCARE
Your Extended Family.

Cultural Competency

The HHS Office of Minority Health (OMH) developed the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, also known as the National CLAS Standards, to advance health equity, improve quality of services, and help eliminate disparities.

Molina has adopted the CLAS recommendations and providers must address the care and service to members in a culturally competent manner to all Medicaid beneficiaries and members including, but not limited, to those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of race, color, religion, national origin, sex, sexual orientation, gender, or gender identity. Providers must ensure that all members have access to covered services that are delivered in a manner that meets their unique needs. Molina monitors the level of cultural competency through dental services provided by our network of dentists.

HIPAA & Confidentiality

HIPAA

As a health care provider, if you transmit any health information electronically, your office is required to comply with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA.

Confidentiality

- Using a release form, only release information at the request of a member in response to a legal request for information
- Store and restrict access to dental records in secured files
- Educate employees regarding confidentiality of dental records and patient information

Questions

THANK YOU FOR BEING THE BEST PART OF MOLINA

For training and education purposes, a brief survey will be emailed to all participants.
We appreciate your time & welcome your feedback.

MOLINA® HEALTHCARE

Your Extended Family.