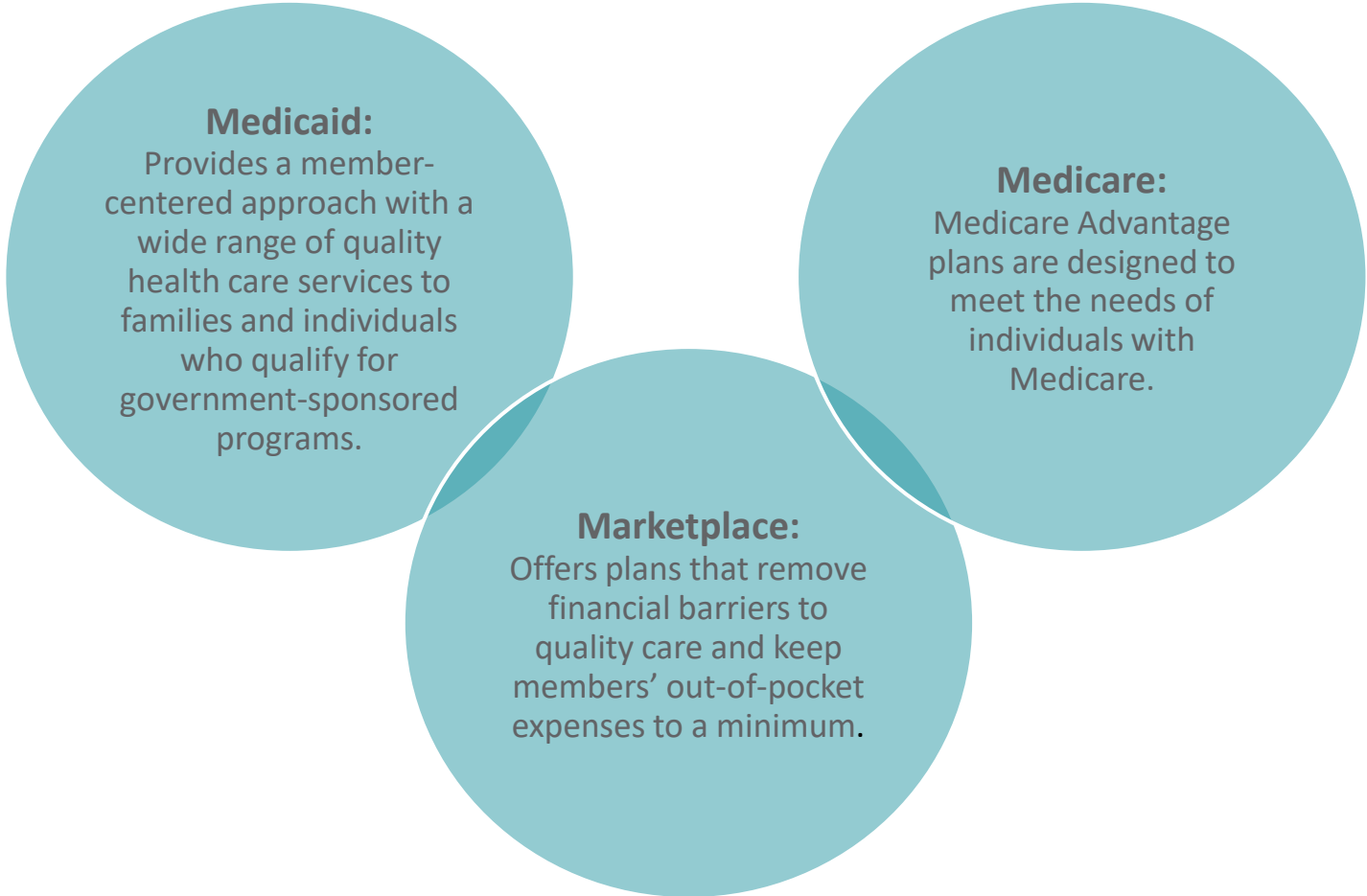


Molina Healthcare of Wisconsin

Provider Orientation

Molina Healthcare, Inc.

Molina Healthcare provides managed health care services under the Medicaid and Medicare programs and through the Affordable Care Act (ACA).



Molina serves approximately 5.1 million members throughout the United States throughout locally operated health plans.

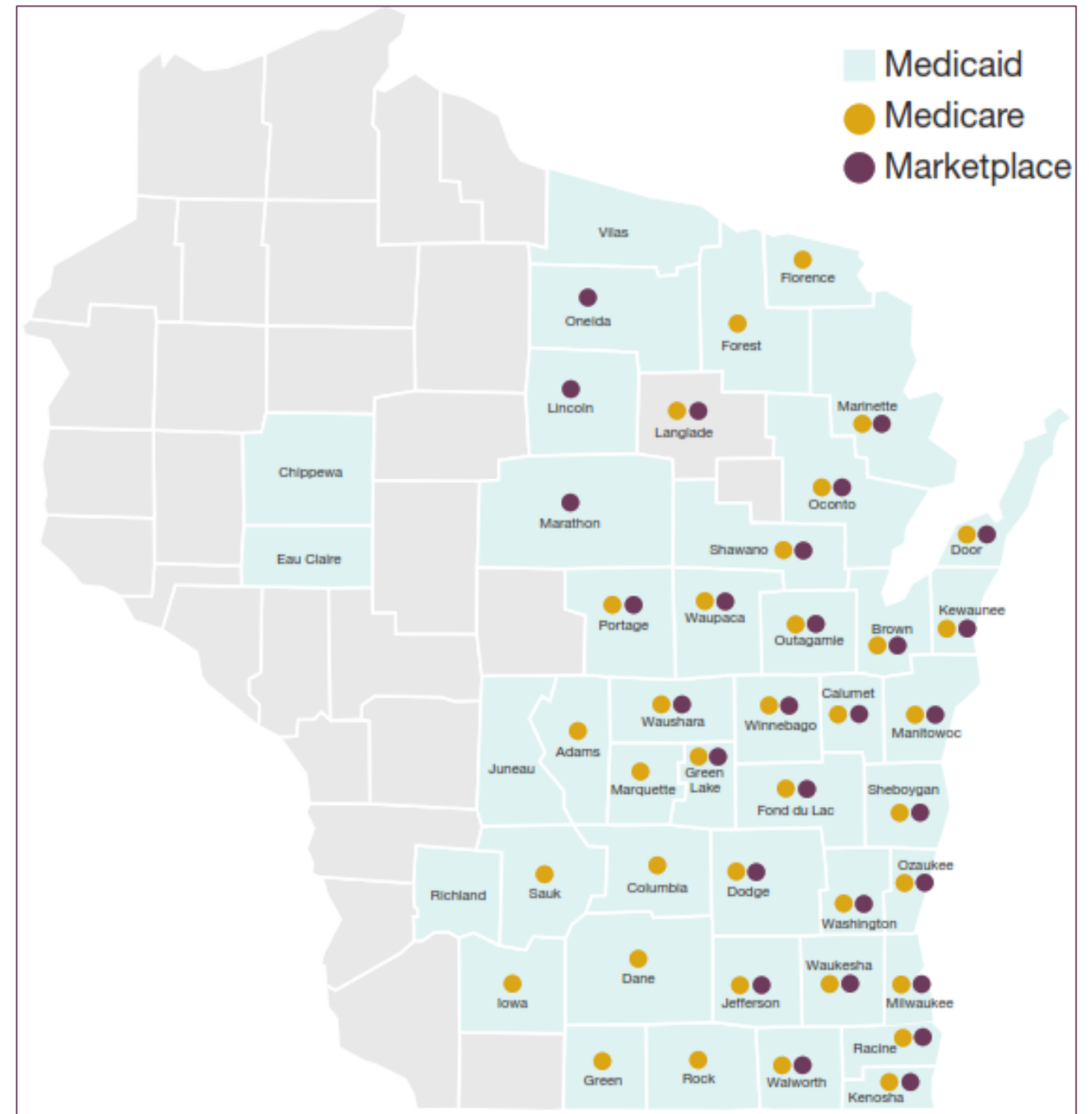
Provider Resources

Provider Resources

RESOURCES	COMMUNICATION	SATISFACTION
<ul style="list-style-type: none">• Our Provider Relations team is here to serve as your primary point of contact for all things Molina.• We offer technology solutions such as our secure provider portal – Availity Essentials –, easy-to-use websites, and EMR integration.• There are also internal teams to support your goals, such as quality, population health, growth, and community engagement.	<ul style="list-style-type: none">• We offer several communication solutions to help you and your organization stay up-to-date with the latest updates, news, and information.• Email, newsletters, manuals, Availity Essential news and announcements, and our website are just a few ways we communicate with you	<ul style="list-style-type: none">• Supporting our providers is of the utmost importance to us.• To help measure satisfaction, we’ve implemented pulse surveys, an annual provider satisfaction assessment, and the You Matter to Molina program.

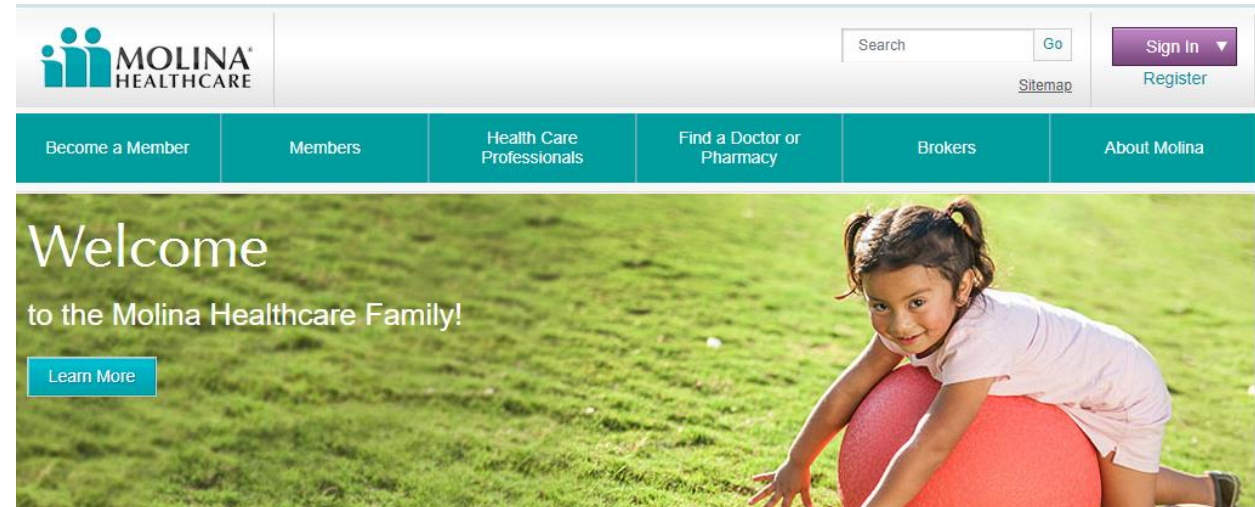
Provider Service Area

- Molina aims to provide all our providers with the best experience possible.
- In addition to our main tools and resources, our skilled team is available to help with anything you need.
- You can email us at: MHWIProviderNetworkManagement@MolinaHealthcare.com with your claim questions and concerns, provider demographic updates, credentialing, and general questions.
- You can also call the Provider Contact Center at (855) 326-5059.
- Or visit the Availity Essentials Provider Portal: Provider.MolinaHealthcare.com



Website

- Our website is your best resource for all things Molina. Some of the online resources include:
 - Provider manuals unique to each of our lines of business (Marketplace, Medicaid, and Medicare)
 - Forms to help with notifications, prior authorizations (PAs), demographic changes, and more
 - Clinical and payment policies
 - EDI/ERA/EFT enrollment and support information
 - Health resources:
 - HEDIS® & CAHPS information
 - Cultural competency
 - Tool kits
 - And more!
 - Communications:
 - Resources and training
 - Provider bulletins
 - Quarterly newsletters
 - You Matter to Molina



Communications

- **Resources and training**

- A collection of resources, including one-pagers, links, and videos to help you provide the best care possible.
- Examples include Availity Essentials one-pagers, Medicaid redetermination materials, and Advance Imaging Auto-Authorization guides.

- **Provider bulletins**

- Email campaigns sent directly to your inbox to help you stay updated on all things Molina.
- Subscribe here: MolinaHealthcare.com/Providers/WI/Medicaid/Subscription

- **Quarterly newsletters**

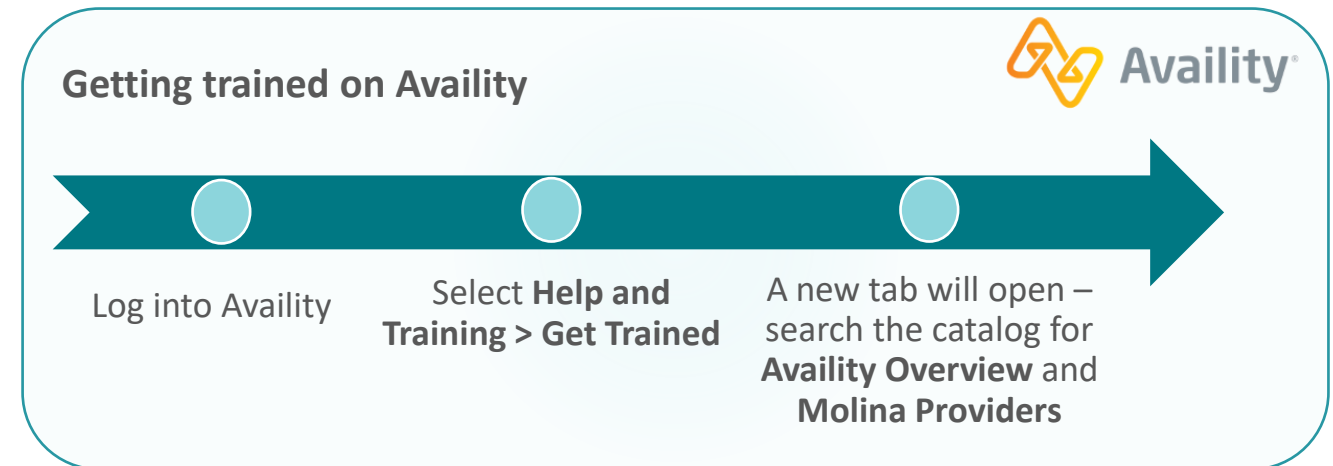
- A quarterly round-up of essential topics, including things like clinical changes, new training, and new resources.

- **You Matter to Molina**

- Molina's platform to provide the best provider service possible, based on feedback from people like you!
- Take advantage of feedback opportunities, town hall, and training sessions.

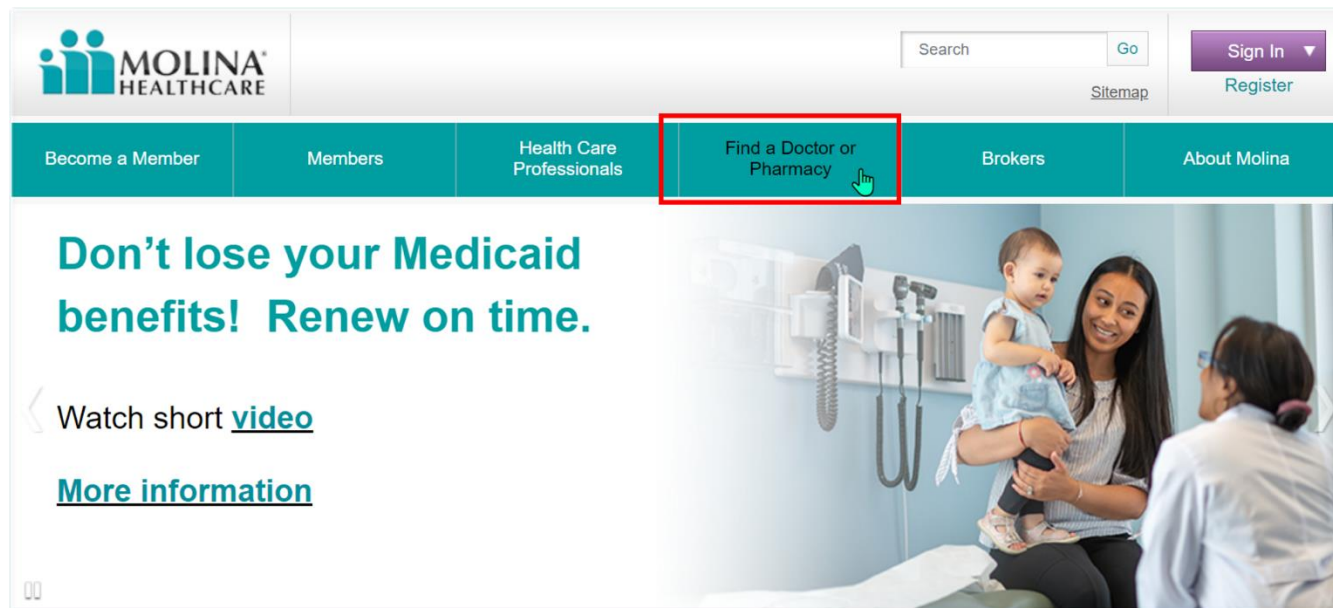
Availity Essentials

- Availity Essentials is Molina's exclusive provider portal. To access Availity and/or register your organization, go to availity.com/molinahealthcare.
- Features of Availity Essentials:
 - Accessible 24/7 for secure, timely transactions
 - Multiplayer platform to streamline your organization's workflows
 - Core features:
 - Eligibility and benefits, including Medicaid redetermination information
 - Claims submission/status/correction/remit information
 - Secure messaging sent directly to Molina
 - Appeal a claim
 - Submit a PA and check status
 - Overpayment and recoupment information
 - Primary care provider (PCP) rosters and provider demographic information
 - And more!



Provider Online Directory

- The Provider Online Directory (POD) is where our members and providers find in-network providers, specialists, and facilities.
 - POD highlights include:
 - User-friendly navigation
 - Provider profile quick cards for quick access to information
 - Expanded search options and filtering to drill down on results
 - Browsing by category and/or common searches
 - Ability to quickly and easily export results
- Providers are encouraged to use the POD to verify their information and to find other in-network providers.
- To find a Molina provider, click ***Find a Doctor or Pharmacy***:



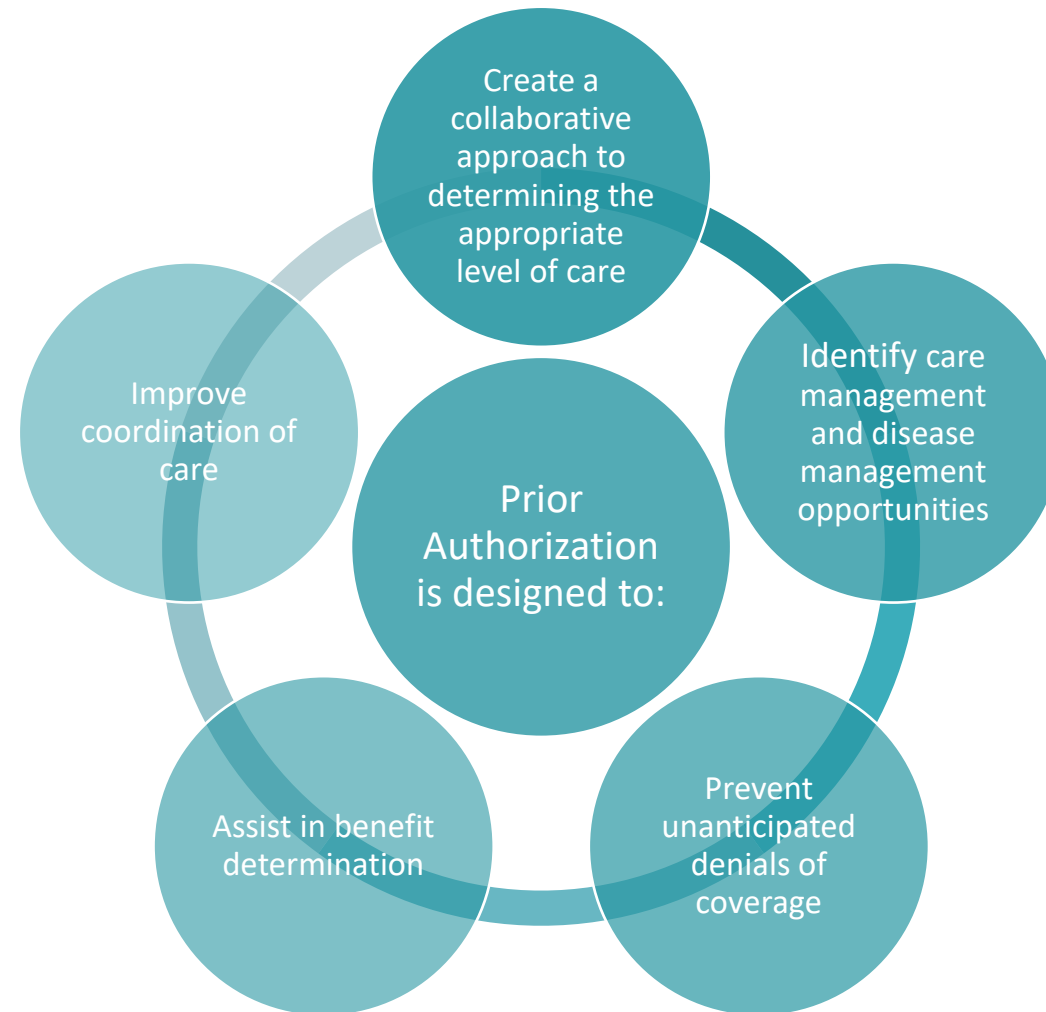
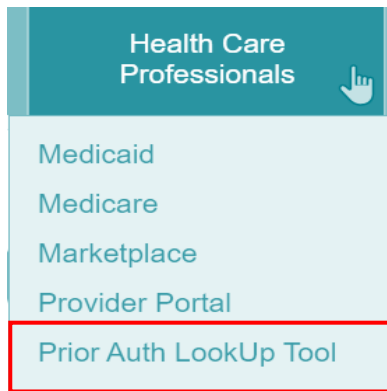
Provider Data Accuracy



- Maintaining an accurate and current provider directory is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) required element.
- Important reminders:
 - Providers must validate their information at least quarterly for correctness and completeness
 - Notice of changes must be made at least 30 days in advance of any of the following:
 - Change in office location, office hours, phone, fax or email
 - Addition or closure of an office location
 - Addition or termination of a provider
 - Change in practice name, Tax ID, and/or National Provider Identifier (NPI)
 - Opening or closure of your practice to new patients (PCP only)
- Providers can update their information with Molina by filling out the [Council for Affordable Quality Healthcare \(CAQH\) DirectAssure](#) application or by submitting a current provider roster or [Provider Information Update form](#) to MHWIProviderNetworkManagement@MolinaHealthcare.com.

Prior Authorization

- A prior authorization requests the Molina utilization management (UM) department to review additional and/or subsequent services. Requests for PA are reviewed by Molina’s clinical staff and/or Chief Medical Officer.
- PAs can be submitted through Availity Essentials or by faxing us a request.
- Utilize the PA lookup tool on our provider website to determine if a PA is required.



Growth and Community Engagement

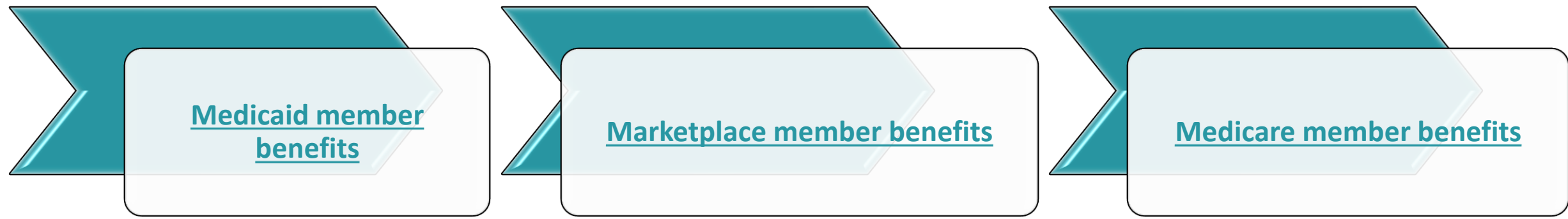
- In addition to providing insurance coverage to members, Molina is here to serve as part of the local community. We have an incredible growth and community engagement team to help with these efforts.
- Some of our recent events include:
 - “Molina Days” events with providers to close care gaps
 - Holiday food drives and winter coat giveaways
 - Redetermination outreach, co-branding, and partnerships
 - Volunteer support at food pantries and community events
 - Member education resource sharing at health fairs, provider offices, and community events.
- If you’re interested in engaging with our growth and community engagement team, email us at: WICommunityEngagement@MolinaHealthcare.com for more information.



Member Benefits

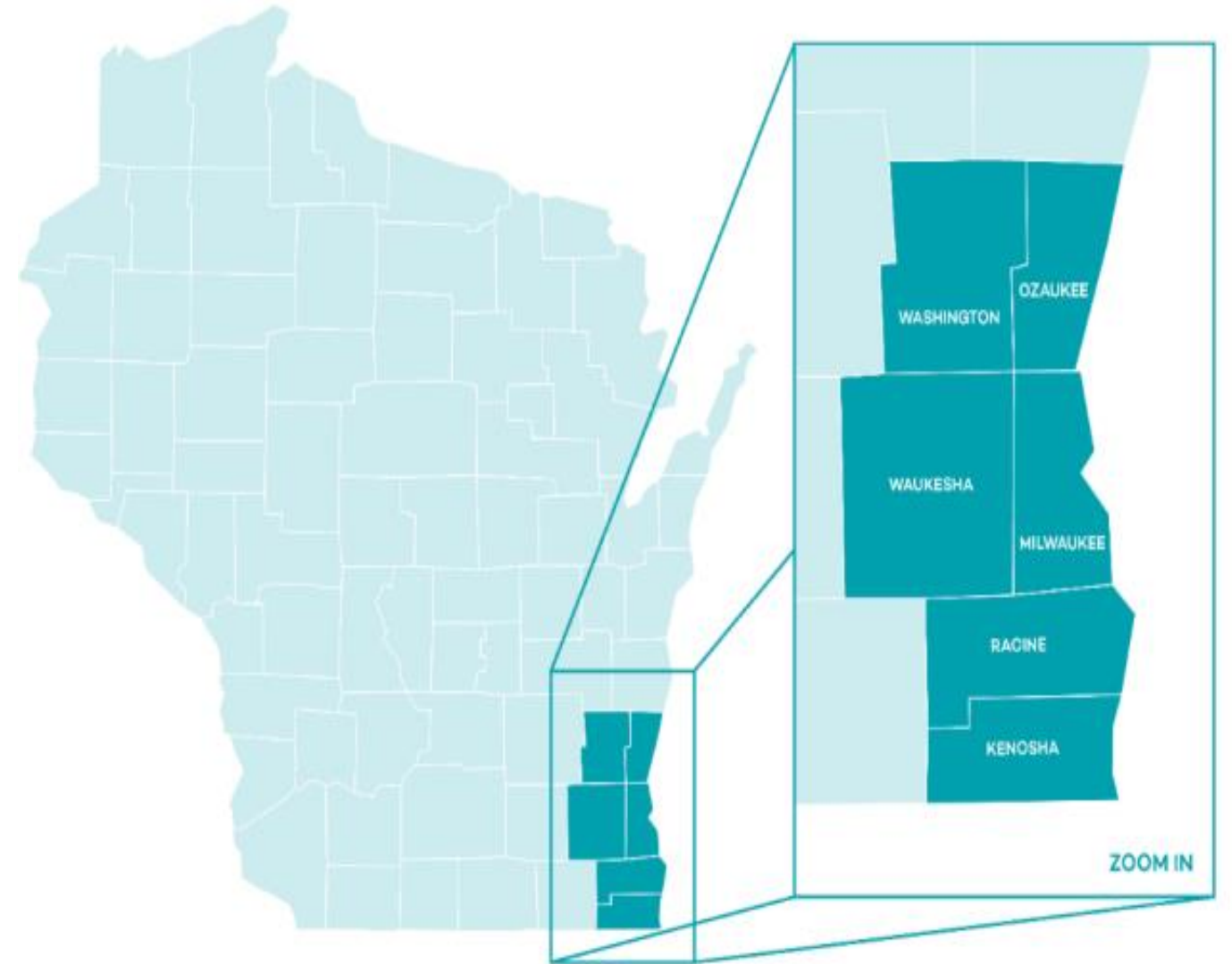
Benefit Overview

- As a payer of government-sponsored programs, we, as a managed care organization (MCO), do our best to ensure our members have access to quality health care and benefits. Member benefits vary by line of business. For Marketplace, they may vary by plan.
- Check out the member Evidence of Coverage (EOC) on our website to find specific members and plan information



Dental Benefits - Medicaid

- Molina covers dental services for members who reside in the following **six** counties:
 - Washington
 - Ozaukee
 - Waukesha
 - Milwaukee
 - Racine
 - Kenosha
- If a Medicaid member outside of the **six** counties needs dental care, please reference DHS ForwardHealth for details and coverage.
- For more information on Molina's dental program and for training information, visit the dental provider page on our [website](#).
- Dental contact information:
 - Email: MDVSPProviderServices@MolinaHealthcare.com
 - Phone: (855) 326-5059



Vision Benefits

- Molina partners with **three** different vendors to provide routine vision care to our members in all of our lines of business.

<p>Medicaid</p> <p><i>herslof</i> opticians </p> <p>Phone number: (414) 760-7400 (800) 822-7228</p> <p>Website: herslof.com</p>	<p>Marketplace</p> <p></p> <p>Phone number: (800) 877-7195</p> <p>Website: vsp.com</p>	<p>Medicare</p> <p></p> <p>Phone number: (855) 516-2724</p> <p>Website: marchvisioncare.com</p>
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- For more information on what we consider routine vision and what benefits are included in a member's coverage plan, check out our website's member eligibility and benefits information.

Quality and Care Standards

Quality Improvement



- Our Quality Improvement department leverages quality improvement research and best practices to ensure measurable improvements in the care and service provided to our members.
- Our Quality Improvement Program complies with regulatory requirements and accreditation standards.
- The Quality Improvement Program provides structure and outlines specific activities designed to improve the health, care, benefits, and services of our members.

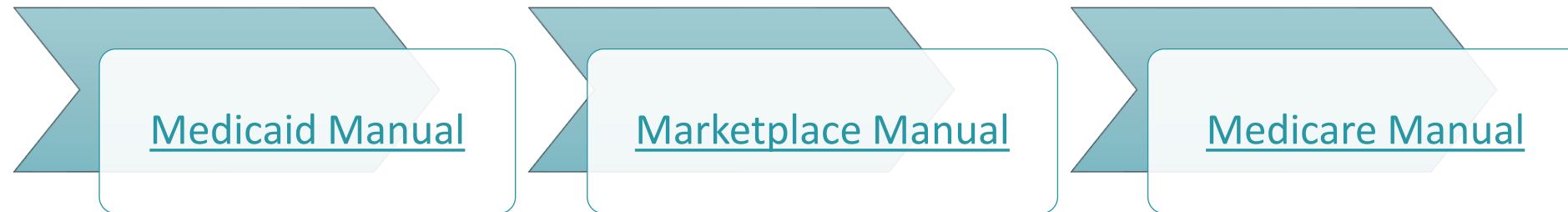
For more information on our provider quality initiatives, please call (888) 999-2402.

For more information on our health management program, please call (866) 891-2320.

View our clinical practice guidelines and quality resources [here](#).

Access to Care Standards

- Molina provides access to care standards and processes for the ongoing monitoring of health care provided by contracted PCPs and participating specialists (including OB/GYN, behavioral health providers, and high-volume, high-impact specialists).
- Appointment access standard timeframes are available in the **Quality** chapter of the Provider manual.



Access to Care Standards

Medical appointments and scheduling benchmarks	
Appointment types	Standard
Routine, asymptomatic	Within 30 calendar days
Routine, symptomatic	Within 14 calendar days
Urgent care	Within 24 hours
After-hours care	24 hours/day; 7 days/week availability
Specialty care (high volume)	Within 21 calendar days
Specialty care (high Impact)	Within 21 calendar days
Urgent specialty care	Within 24 hours

Behavioral health appointments and scheduling benchmarks	
Appointment types	Standard
Life-threatening emergency	Immediately
Non-Life-threatening emergency	Within 6 hours
Urgent care	Within 48 hours
Initial routine care visit	Within 10 business days
Follow-up routine care visit	Within 30 calendar days

- **Wait times:** For scheduled appointments, office wait times **should not exceed 30 minutes**. **All PCPs** are required to monitor wait times and adhere to this standard.
- **After-hours:** All providers must have backup (on-call) coverage after regular hours or during the provider's absence or unavailability. Molina requires providers to maintain a 24-hour telephone service, seven days a week. This access may be through an answering service or a recorded message after office hours. The service or recorded message should instruct members with an emergency to hang up and call 911 or go immediately to the nearest emergency room. An after-hours voicemail alone is **not acceptable**.

Health Care Services Utilization and Care Management

Health Care Services

Resource management

- Prior authorization referral and management
- Pre-admission, admission, and inpatient review
- Referrals for discharge and planning & care transitions
- Staff education on consistent application of UM functions

Eligibility and oversight

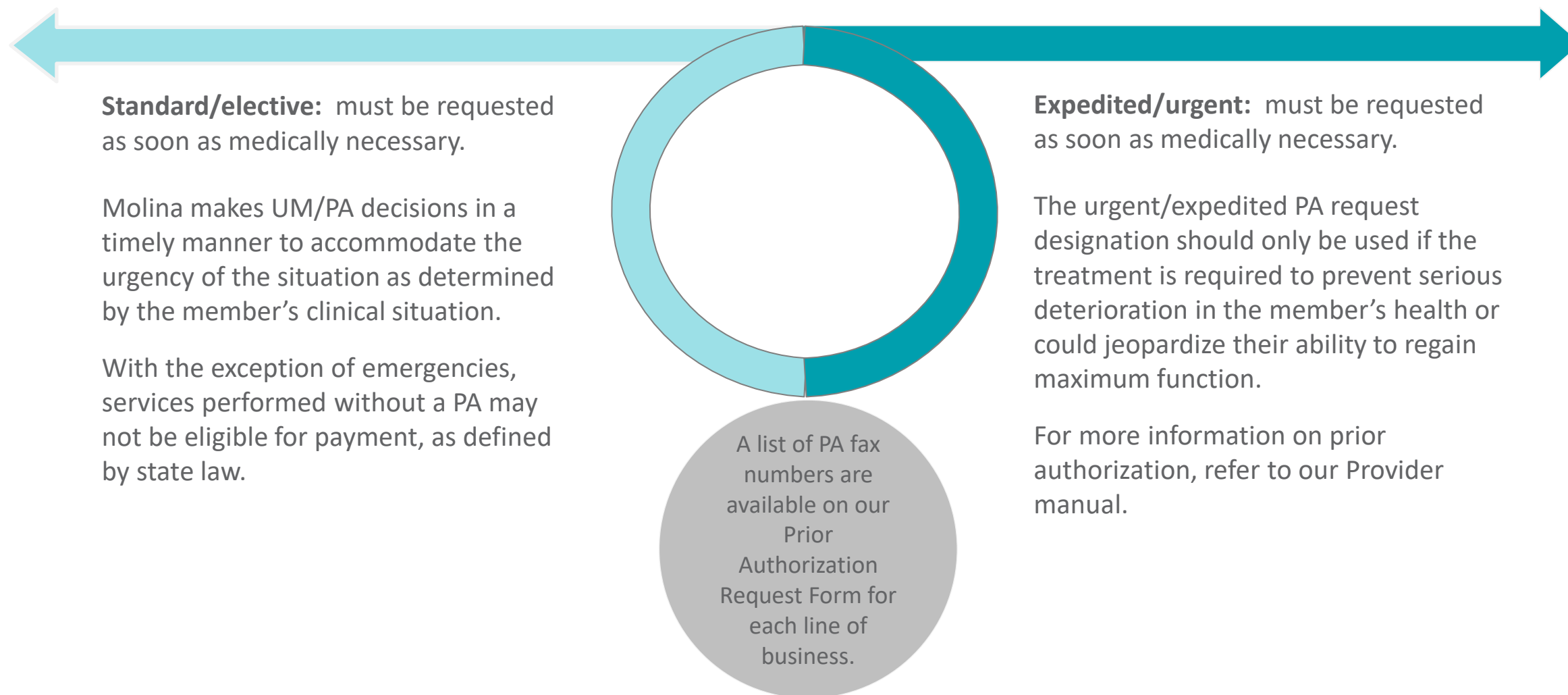
- Eligibility verification and benefit administration and interpretation
- Verify current physician/hospital contract status
- Ensure authorized care correlates to member's medical necessity need(s) and coverage

Quality management

- Evaluation of the UM program using member and provider input/satisfaction
- Quality-based care and oversight
- Monitor for possible over-or under-utilization of clinical resources
- Monitor for adherence to CMS, NCQA, state and health plan UM standards


Prior Authorizations Request Process

- A request for an expedited determination can be submitted. It will be honored if applying the standard determination time frames could seriously jeopardize the life or health of the member, or the member's ability to regain maximum function.



Care Management

- Molina provides care management services to members to address a broad spectrum of needs – including chronic conditions that require the coordination and provision of health care services.
- Care management focuses on members who have been identified for our Integrated Care Management (ICM) program. Referrals to care management can be made by the member/representative, PCPs, home health providers, hospital or Molina staff.



The ICM Program:

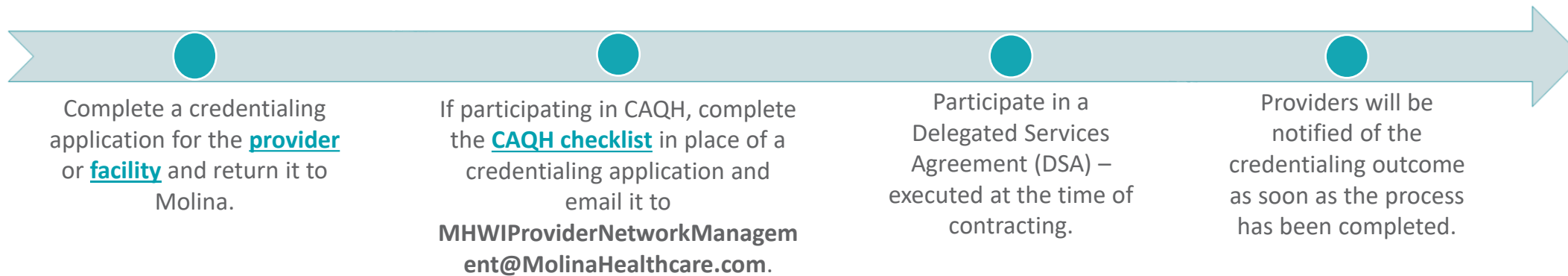
- Provides care coordination and health education for disease management.
- Maintains the goal of promoting high-quality care that aligns with a member's individual health care goals.
- Identifies and addresses psychosocial barriers to accessing care.
- Screens the member for appropriateness using specific criteria before program enrollment.

Credentialing

Credentialing Overview



- The purpose of the credentialing program is to ensure Molina’s subsidiary network consists of quality providers who meet clearly defined criteria and standards. It’s our objective to provide superior health care to the community.
- Please note the following:
 - Providers and facilities **must** be credentialed with Molina before rendering services to members.
 - Providers **must** be Medicaid certified and credentialed to provide services to Medicaid members.
- **How to get credentialed:**



Billings and Claims

Billing and Claims

- Molina follows DHS ForwardHealth billing and coding guidelines for Medicaid and CMS for Medicare and Marketplace. Providers are expected to submit properly coded, clean claims within their contractual and state obligations.
- For more information on specific policies, check out the [policies](#) section of our website.
- Molina accepts claims submitted through multiple channels, though electronic is preferred. Claims can be submitted via EDI/Clearinghouse, Essentials, or via postal mail.

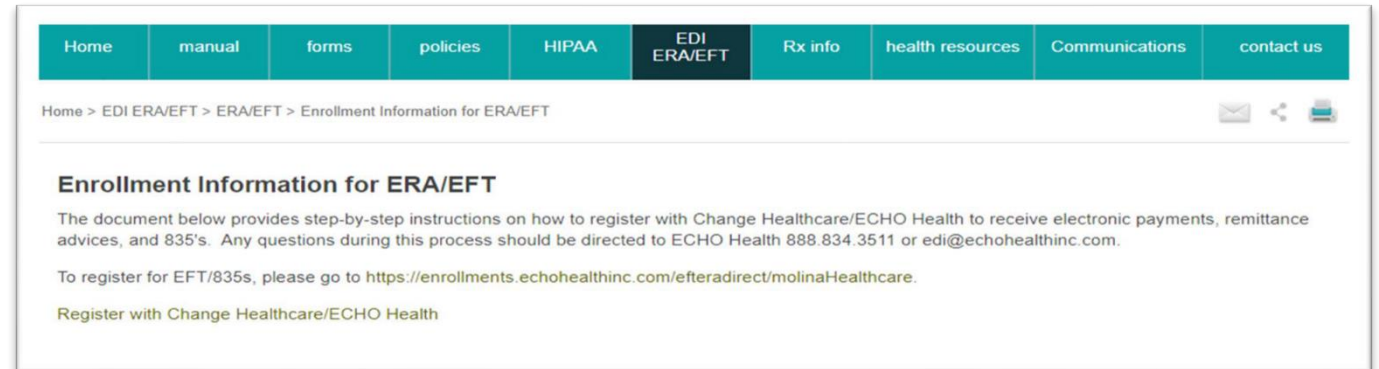


Clearinghouse: Change Healthcare is the external vendor used by Molina for Medicaid, Medicare, and Marketplace EDI/EFT transmissions.
– Providers may use Change Healthcare or any clearinghouse of their choosing.

Essentials: Online submission is available via our provider portal for Medicaid, Medicare, and Marketplace transactions.

Change Healthcare and ECHO

- Molina contracts with payment vendor **Change Healthcare**, which partners with ECHO Health, Inc., for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).
- Access to ECHO by Change Healthcare is **free** to Molina providers. We encourage you to register with [ECHO Health](https://www.echohealthinc.com) after receiving your first payment from us.
- If you have any questions about the registration process, contact Change Healthcare at (888) 834-3511 or edi@echohealthinc.com.
- Visit the EDI ERA/EFT pages at [MolinaHealthcare.com](https://www.MolinaHealthcare.com) for additional information.



The screenshot shows a web browser interface with a teal navigation bar containing links for Home, manual, forms, policies, HIPAA, EDI ERA/EFT, Rx info, health resources, Communications, and contact us. The breadcrumb trail reads: Home > EDI ERA/EFT > ERA/EFT > Enrollment Information for ERA/EFT. The main heading is "Enrollment Information for ERA/EFT". The text below states: "The document below provides step-by-step instructions on how to register with Change Healthcare/ECHO Health to receive electronic payments, remittance advices, and 835's. Any questions during this process should be directed to ECHO Health 888.834.3511 or edi@echohealthinc.com. To register for EFT/835s, please go to <https://enrollments.echohealthinc.com/efteradirect/molinaHealthcare>. Register with Change Healthcare/ECHO Health



The screenshot shows a banner for ECHO Health with the tagline "Payments Simplified". Below the banner, it says "Molina Healthcare" and features a laptop icon. The main heading is "Provider EFT/ERA Enrollment". The text below reads: "Welcome to our provider enrollment process for EFT/ERA enrollments, supported by ECHO Health. ECHO Health serves as our healthcare payment consolidator and provides support for our EFT/ERA process."

Appeals and Grievances

Appeals and Grievances

- Molina encourages members and providers to submit their concerns when they are dissatisfied with any of our services.

APPEAL	An appeal is a request for a review of an adverse benefit determination.
GRIEVANCE	A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination.
COMPLAINT	A complaint is any dissatisfaction that a member has with Molina or any participating provider that is not related to the denial of health care services.

Provider Appeals

- Providers have the right to dispute a previously adjudicated claim if they disagree with the outcome or payment. Appeals must be submitted to Molina within 90 calendar days of the original remittance advice date.
- Claim disputes can be submitted electronically via fax, email, or the Essentials portal. Providers must complete the [appeal form](#) in its entirety to request a review.
- Molina accepts bulk appeals when ten or more claims are impacted.
- Bulk appeals must include the completed appeal form, supporting documentation, and an Excel spreadsheet that includes all of the following:
 - Molina claim ID
 - Billed amount
 - Member full name
 - Member date-of-birth
 - Date of service
 - Pay-to-provider name
- Bulk appeals must be emailed to MWI.Appeals@MolinaHealthcare.com.

In accordance with Medicaid policies and contracts, providers must appeal Medicaid claims with Molina before escalating to the State/DHS.

Quality of Care Concerns

- A quality of care (QOC) grievance is a type of grievance that is related to whether the quality of covered services provided by a plan or provider meets professionally recognized standards of health care.
 - Potential quality of care (PQOC) issues can be identified/reported by any employee, member, caregiver, and/or provider.
 - PQOCs include Serious Reportable Adverse Events (SRAE), Hospital Acquired Conditions (HAC) and Never Events.
 - The direction a PQOC/QOC investigation takes is dependent on the issue being reviewed.
 - The PQOC/QOC investigation could involve inappropriateness of care, poor continuity of care, refusal of care or the provider's plan of treatment, which may have a negative impact on the member's health.
 - Provider expectations for PQOC/QOC are based on their contractual obligation to participate in the quality process and can include responding to requests for medical records or additional information.

Compliance

Cultural and Linguistic Competency

- We encourage our providers to undergo annual cultural competency training and review to ensure we're meeting all members' unique and diverse needs.
- Molina offers cultural competency training for providers, their staff, and community-based organizations. Providers may:
 - Utilize Molina's training, located under [Health Resources](#) on our website, and provide us with an attestation of completion.
 - Utilize their own cultural competency training and provide us with an attestation of completion.
- The provider attestation form is also on the **Health Resources** page of our website, linked [here](#) for your convenience

The screenshot shows the Molina Healthcare website navigation and content. The top navigation bar includes: Home, Manual, Forms, Policies, HIPAA, EDI ERA/EFT, Drug Formulary, Health Resources (highlighted with a hand cursor), Communications, and Contact Us. Below the navigation bar, the breadcrumb trail reads: Home > Health Resources > Culturally and Linguistically Appropriate Resources /Disability Resources. The main content area is titled "Culturally and Linguistically Appropriate Resources / Disability Resources" and includes sections for "Interpreter Services" and "Provider Trainings". A sidebar menu is open, listing: Quality Improvement (with sub-items HEDIS, CAHPS, and Medical Record Documentation Standards), Clinical Practice Guidelines, Preventive Health Guidelines, and "Culturally And Linguistically Appropriate Resources /Disability Resources" (highlighted with a red box). The right sidebar contains icons for email, share, and print, and partially visible text: "titled to receive" and "Member Services".

Fraud, Waste and Abuse

- Molina is dedicated to the detection, prevention, investigation, and reporting of potential health care fraud, waste, and abuse. Molina maintains a comprehensive plan that addresses how we'll uphold and follow state and federal statutes and regulations.
- If you suspect cases of fraud, waste, or abuse, you must report it to Molina. You can do this by contacting the Molina AlertLine or submitting an electronic complaint. Complaints can be submitted:
 - **By phone:** (866) 606-3889
 - Online: MolinaHealthcare.AlertLine.com
- For more information, read the *Fraud, Waste and Abuse* section of the Provider Manual online at MolinaHealthcare.com.

Other Important Compliance Programs

- In addition to the programs previously mentioned, we have many others that we encourage you to spend time reviewing. For more information or a complete list of programs, please read the Compliance section of our Provider Manual or reach out to your provider relations representative for more information about:
 - Anti-discrimination regulations
 - Required claims regulations:
 - Anti-kickback statute
 - Federal False Claims Act
 - Deficit Reduction Act
 - Starke Statute
 - Pre- and post-payment audits
 - Medicare Model of Care
 - Member Advance Health Care Directives
 - Critical Incident Reporting
 - And more!

Quick Reference Information

Contact Information for Molina Healthcare of Wisconsin

Department	Contact information
Provider network General inbox for provider questions, concerns, contracting, credentialing and demographics	MHWIProviderNetwork@MolinaHealthcare.com
Provider appeals: Medicaid and Marketplace	MWI.Appeals@MolinaHealthcare.com
Provider appeals: Medicare	MCRContProvRecon@MolinaHealthcare.com
Molina dental team: Medicaid	MDVSproviderservices@MolinaHealthcare.com
Risk adjustment	WIRiskAdjustment@MolinaHealthcare.com
Quality	(888) 999-2402
Member Services	(888) 999-2404
Availity Essentials Availity Customer Support	Provider.MolinaHealthcare.com (800) 282-4548
Change Healthcare: ECHO (EFT/ERA) Email	(888) 834-3511 EDI@echohealthinc.com

A complete list of contacts can be located in our [quick reference guide](#).

Frequently Used Provider Forms

- [Provider Appeal form](#)
- [Provider Information Update form](#)
- [Provider Roster template](#)
- [Wisconsin W9](#)
- Credentialing applications: [Practitioner](#) | [Facility](#) | [CAQH checklist](#)
- [Claim Overpayment form](#)
- [Peer-to-Peer Reconsideration guide/form](#)
- [Care Management Referral form](#)

A complete list of frequently used forms can be found [here](#).

Thank you

