# Welcome to MHS Health Wisconsin!

*Provider Orientation*

5/23/2019

# Welcome Packet

- Secure Provider Portal Handouts
- MHS Health Wisconsin At-A-Glance
- Allwell from MHS Health Wisconsin At-A-Glance
- Electronic Funds Transfer - PaySpan Handout
- Interpreter Services Handout
- Tips for Communicating with People with Disabilities

All materials including authorization request forms are located on our website under Provider Resources – Manuals, Forms and Resources.

https://www.mhswi.com/providers/resources/forms-resources.html

# Who is MHS Health Wisconsin?

- MHS Health Wisconsin is one of the State's oldest Medicaid plans, created in 1984, solely to manage the healthcare of the Medicaid population.
- Today, we serve our members through these programs:
  - BadgerCare Plus
  - Medicaid SSI
  - Medicare Advantage, Special Needs Plan (SNP)

*Our purpose:* To transform the health of the community, ***one person at a time.***

# Who is MHS Health Wisconsin?

BadgerCare+ and Medicaid SSI

Medicare Advantage
Special Needs Plan

# Who is MHS Health Wisconsin?

- MHS Health Wisconsin administers the benefits for Network Health's BadgerCare Plus and Medicaid SSI members under Network Health's contract with the State of Wisconsin Department of Health Services (DHS).
- All HMO covered services for these members are offered through MHS Health Wisconsin.
- Contact MHS Health Wisconsin for Network Health BadgerCare Plus and Medicaid SSI prior authorization and claim processing. Call our Provider Inquiry Line at 1-800-222-9831 or visit our secure provider portal at https://provider.mhswi.com.

# Who is MHS Health Wisconsin?

**Local Service Backed by National Resources**

- A comprehensive team of staff located in Wisconsin with offices in Milwaukee, Appleton and Eau Claire
- Wholly-owned subsidiary of Centene Corporation, St Louis, MO
- Ensures access to high-quality and culturally-sensitive healthcare services

**Care Coordination/Service Delivery**

- Our care coordination model is comprehensive and member-focused
- Promotes a medical home for each member
- Partner with trusted providers

**Continuous Quality Improvement**

- Focuses on member safety, health and satisfaction

# Service Area

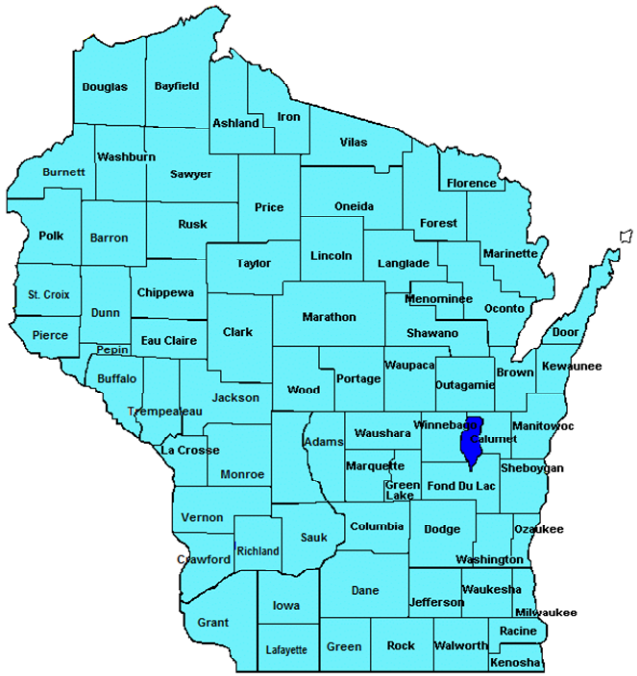
## A broad network and membership base

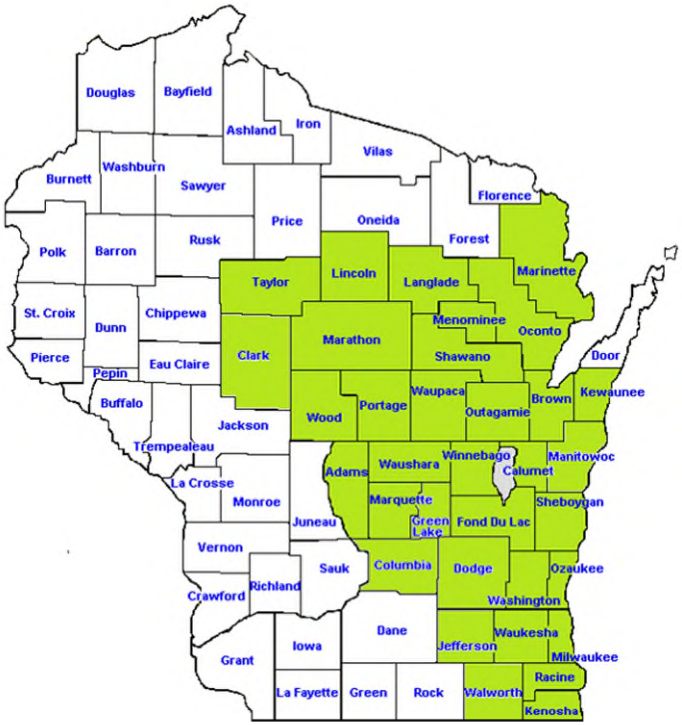
mhs health wisconsin™

**MHS / NHP Medicaid Service Area**

75,000+ Members
18,000+ Physicians
120+ Hospitals

**Allwell from MHS Health Wisconsin Service Area**

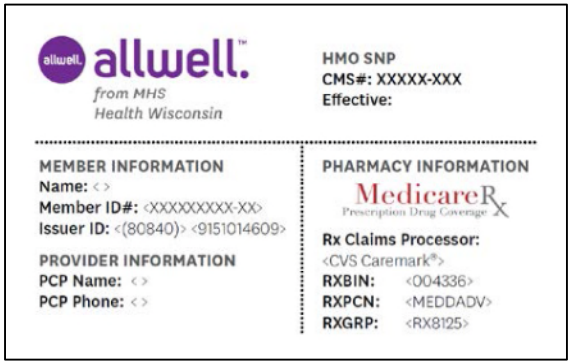


# Eligibility

## Allwell from MHS Health Wisconsin

- Medicare Advantage Provider Inquiry Line supports our Medicare providers at 1-877-935-8024.
- The simplest way to verify eligibility is through our secure provider portal at *https://provider.mhswi.com*.




## MHS Health Wisconsin/Network Health

## BadgerCare Plus and SSI Medicaid

- The simplest way to verify eligibility is through our secure provider portal at *https://provider.mhswi.com*.
- Call our Provider Inquiry Line: 1-800-222-9831
- BadgerCare Plus and SSI Medicaid can also be verified through the Forward*Health* portal at *www.forwardhealth.wi.gov*.

# Supplemental Benefits

- **Envolve – Centene Specialty Company**

  **Nurse Advice Line** 24/7/365 Multilingual nurse advice provided

  **Digital Health** Extensive suite of digital services and health management

  **Health & Life Coaching** Multidisciplinary coaching and remote monitoring, blending traditional clinical disease management with behavioral and life assistance

  **Vision**

  Medicaid/BadgerCare: Exam, lenses, and frames, plus an option to upgrade

  Allwell: $0 copay for routine eye exam with a $300 allowance for eyewear every calendar year

  **Dental** BadgerCare Plus and SSI Medicaid only in 6 southeastern counties

  **Pharmacy** (Allwell from MHS Health Wisconsin)

  - Mail-order Pharmacy provided by Homescripts™ and CVS Health
  - Specialty pharmacy and OTC provided by CVS Health

- **Delta Dental**

  Allwell: $0 copay per visit for preventive and comprehensive dental services, max allowance of $2,400 every calendar year

# Cultural Competency

Cultural Competency within the MHS Health Wisconsin network is defined as, “a set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance and respect for cultural diversity and similarities within, among and between groups and the sensitivity to know how these differences influence relationships with members.”

- MHS Health Wisconsin is committed to the development, strengthening, and sustaining of healthy provider and member relationships.
- Members are entitled to dignified, appropriate and quality care.
- Visit our website https://www.mhswi.com/providers/resources.html for Cultural Competency training resources.

# Cultural Considerations – Interpreter Services

- Interpreters are a covered benefit for our members
- Our policy is that providers use professional interpreters rather than a family member
- Interpreters submit claims directly to MHS Health Wisconsin. There is no additional paperwork or claims to be filed by the provider
- A member or provider may choose an available service and MHS Health Wisconsin will reimburse them.

***See Interpreter List***

# Transportation Services

Non-emergency medical transportation(NEMT) is available through the WI DHS NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no way to receive a ride. Non-emergency medical transportation can include rides using:

- Public Transportation, such as a city bus
- Non-emergency ambulances
- Specialized medical vehicles
- Other types of vehicles, depending on a member's medical and transportation needs

*Rides must be scheduled by the member at least two business days before scheduled appointments; urgent appointments arrangements can be provided in three hours or less.*

**Call NEMT MANAGER (866) 907-1493 OR (TTY (800) 855-2880)**

Monday through Friday 7AM until 6PM.

# Community Health Services

MHS Health Wisconsin's outreach program designed to provide education to our members on how to access healthcare and develop healthy lifestyles in a setting where they feel most comfortable.

Components of the Community Health Services Program:

- Community Connections

  (Connects Members to community resources)
- Home Connections

  (Connects Members who are home bound to other resources)
- Connections Plus®

  (Provides free pre-programmed cellphones to members who are in case management programs)

Providers can request that MHS Health Wisconsin conduct a home visit to help with non-compliance (missed appointments) or other serious concerns by calling (800) 547-1647.

# Medical Management

## Program Goals

- Improve the quality of life for individuals with chronic conditions and disabilities
- Ensure care in the most appropriate setting
- Increase PCP visits and reduce unnecessary ER visits
- Foster member compliance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and scheduling HealthCheck appointments
- Prenatal/postpartum care and other preventive health screenings

**Services Include**:

- Utilization Management (prior authorizations)
- Care Management (to improve the health outcomes of the members we serve)
  - OB/GYN Care Management - Long-term Care Management - Health Risk Screening - Home and Community-Based Services **(**HCBS) - Self-directed Care - Long-term Care (LTC) Level of Care
- Disease Management (asthma, COPD, diabetes, heart failure)
- Quality Review (clinical outcome review)

# Maternal & Infant Care Management


**Start Smart for Your Baby**

- Focuses on high-risk pregnant women and families
- Prenatal visit reminders
- Provides support for accessing community services such as WIC, cribs, housing and clothing

# Notification of Pregnancy (NOP)

- Allows early entry into prenatal “Start Smart For Your Baby” case management which improves outcomes for pregnant women and their babies
- A form can be printed from our website - completed forms are faxed to (866) 671-3668
- You can enter the information directly online via the secure provider portal

*Enhanced Incentives for completion of the NOP form*

***$75** incentive for submission of each NOP in the **1st trimester***

***$50** incentive for submission of each NOP in the **2nd trimester***

***$25** incentive for submission of each NOP in the **3rd trimester***

# Utilization Management

- MHS Health Wisconsin utilizes InterQual® Criteria and State of Wisconsin Division of Health Services (DHS) authorization guidelines
- MHS Health Wisconsin uses SAMSHA criteria for Alcohol and Substance Use Services
- Decisions for non-urgent services will be made within 14 calendar days of the receipt of the authorization request
- Urgent/expedited authorization requests will be turned around within 72 hours after all necessary clinical information is received
- Written or electronic notification of the authorization decision will be sent to the provider
- Be sure to request authorizations using the NPI number that will be billed on the claim

# Quality and Accreditation

## MHS Health received a 3.5 STAR Medicare Rating in 2018

- CMS provides quality-related information to members to help them choose the highest quality plans available in their area.
- Each contracted plan receives an overall rating that summarizes data into a single star rating (1-5 with 5 representing a superior score)

## MHS Health maintained our NCQA “commendable” rating in 2018

- MHS Health was awarded NCQA accreditation with a “Commendable” rating in September of 2013, becoming the first NCQA accredited Medicaid managed care organization in the State of Wisconsin.
- We have maintained our “Commendable” rating each year since.

# Quality Program

- Comprehensive - addressing the quality & safety of services
- Improvement of our members' health status
- HEDIS standardized performance measures.
- Designated Medicare Model of Care for special needs population
  - Reducing Hospital Admissions
  - Reducing Cardiovascular Risk

# Quality Initiatives

- Breast Cancer Screening
- Immunizations
- Smoking Cessation
- Diabetic Management
- Cholesterol Management
- Controlling High Blood Pressure
- Medication Management
- Hospital Readmission Rates
- Asthma/COPD
- Colorectal Screening
- Glaucoma Screening
- Care for Older Adults
- Behavioral Health:  FUH & IET


**We work hand-in-hand with our network providers to close member care gaps**

*See HEDIS Quick Reference Guide*

# Smoking Cessation

Medicaid covers counseling and medications, as well as, nicotine gum, patches, inhalers and sprays, bupropion SR (Zyban), and Chantix.

**Additionally, MHS Health Wisconsin will pay Medical and Behavioral Health Providers for the following CPT codes:**

- 99406 - Tobacco cessation counseling visit: intermediate, greater than 3 minutes, up to 10 minutes - **MHS Health will pay $32.69**.
- 99407 - Tobacco cessation counseling visit: intensive, greater than 10 minutes - **MHS Health will pay $44.44.**

One of the following ICD-10 diagnosis codes must be reported on the claim to qualify for MHS Health reimbursement: F17200, F17201, F17203, F17208, F17209, F17210, F17211, F17213, F17218, F17219, F17220, F17221, F17223, F17228, F17229, F17290, F17291, F17293, F17298, F17299, Z716, Z720.

We hope this initiative will encourage our providers to partner with us to focus on smoking cessation!

# HealthCheck Screenings

Wisconsin Department of Health Services (DHS) requires health plans to assure that 80% of their Medicaid members under the age of 21 have an age specific number of HealthCheck screenings each year. Early & Periodic Screening, Diagnosis & Treatment visits are required for all members under 21.

**Exam Includes:**

- Comprehensive health, nutritional, and developmental history, including health education and anticipatory guidance
- History & Physical
- Developmental Assessment
- Hearing and Vision
- Lab Tests
- Complete Immunization
- BMI percentile for members ages 2-17
- Oral assessment/evaluation

You will receive higher reimbursement for a HealthCheck than routine office visit.

# My Health Pays Rewards Program

mhs health wisconsin

We are dedicated to working with you to help your patients achieve better health outcomes when they take advantage of their preventive care benefits.

- Members earn rewards when they get certain eligible screenings or preventive care.
- Rewards are automatically credited to a prepaid card after each eligible service.
- Members can use their prepaid cards to pay for a variety of eligible products and services.

# Provider Responsibilities - Access Standards

- Access to culturally-sensitive healthcare services
- Insurance neutral appointment scheduling
- Appointment availability
- PCP and Behavioral Health Providers after-hours access
- Provider audits conducted to ensure compliance

See our provider manual on our website www.mhswi.com for detailed appointment access standards.

# Specialty Practitioner Responsibilities

Specialist must maintain contact with the patient's PCP. This could include telephone contact, written reports on consultations, or verbal reports if an emergency situation exists. Specialist may not refer to other specialists or admit to the hospital without the referral of a PCP, except in a true emergency situation.

Specialist must:

- Coordinate the patient's care with the PCP
- Provide the PCP with consult reports and other appropriate records within five (5) business days

# Provider Trainings & Education Resources

- Medicare Advantage Model of Care (MOC) training is required for all Medicare eligible providers within 90 days of contracting and annually thereafter**.** Visit our website at https://www.mhswi.com/providers/resources.html under Provider Resources to complete the training and submit the attestation form at the end of the presentation.

- Jimmo vs Sebelius class action lawsuit settlement addresses the delivery of skilled nursing services to Medicare beneficiaries. All Medicare providers are required to review this training. Visit our website at https://www.mhswi.com/providers/resources.html under Provider Resources to view the training.

- Behavioral Health Clinical Education - MHS Health offers online clinical education through Relias Learning at https://www.mhswi.com/providers/resources/behavioral-health-clinical-education.html

# Provider Resources

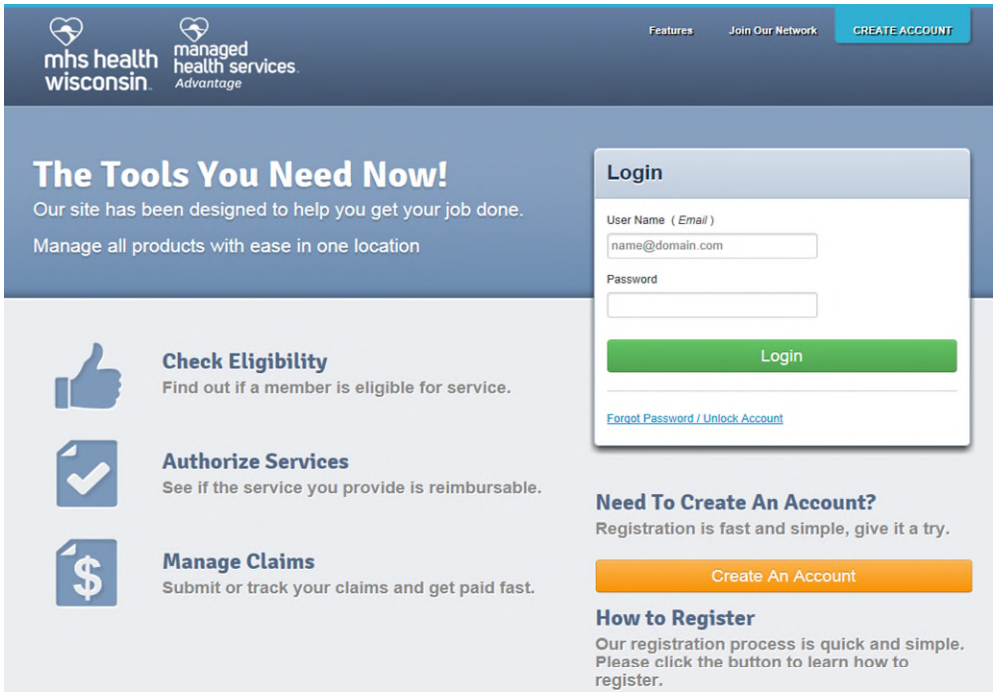
**Visit our website where you can:**

- Access Secure Provider Portal
- Access Pre-Auth Check Tool
- View the Provider Manual
- View Payment & Clinical Practice Guidelines
- Access our Quick Reference Guides and other resource materials
- Review quarterly MHS Health Wisconsin Provider Newsletters
- Get the latest news on MHS Health Wisconsin

| Product | Website |
|---|---|
| BadgerCare+/Medicaid SSI | www.mhswi.com |
| Medicare Advantage SNP | https://allwell.mhswi.com/ |

# Secure Provider Portal

- Easily check patient eligibility.
- View, manage and download patient lists.
- View and submit claims.
- View and submit service authorizations.
- Maintain multiple TINs on one account.
- Control website access for your office.
- View historical patient health records.
- Submit assessments to facilitate better patient care.




https://www.mhswi.com/providers.html

# Authorization Requirements

To quickly verify whether or not a service requires prior authorization use the Pre-Auth Check tool on our website https://www.mhswi.com/providers/preauth-check.html
Copies of paper authorization request forms are also available on the website.

Providers may submit authorization requests to MHS Health Wisconsin in a variety of ways:

**BadgerCare Plus and Medicaid SSI Authorization Requests**

- Fax: (866) 467-1316
- Secure provider portal on our website
- Phone (800) 222-9831
- 24-hour nurse advice line (800) 280-2348 (after-hours, weekend or holiday authorizations)

**Allwell from MHS Health Wisconsin Authorization Requests**


- Fax: (877) 687-1183
- Secure provider portal on our website
- Phone: (877) 935-8024
- 24-hour nurse advice line (800) 280-2348 (after-hours, weekend or holiday authorizations)

# Authorization Requirements

**DME/DMS – Medicaid & Medicare**


- Must use in-network MHS Health Wisconsin providers.
- Bill up to purchase price only
- No reimbursement beyond purchase price
- Same guidelines for criteria & quantity limit as Medicaid Fee-For-Service
- DMS items over the Medicaid quantity & Medicare cap limits would need authorization; documentation of medical necessity and an RX is required.

**All out-of-network provider services require authorization excluding emergency room services.**

# Authorization Requirements

## Behavioral Health Authorization Requests

- Secure provider portal on our website
- BadgerCare Plus/Medicaid SSI Outpatient Treatment Fax: (866) 694-3649
- Medicare Outpatient Treatment Fax: (877) 725-7751
- Inpatient psych and detox auth requests call (800) 589-3186 to complete live reviews
- Behavioral Health Authorization Appeals Fax: (866) 714-7991
- BadgerCare Plus/Medicaid SSI Phone: (800) 589-3186
- Medicare Phone: (877) 935-8024
- 24-hour nurse advice line (800) 280-2348 (after-hours, weekend or holiday authorizations)

## Behavioral Health Services Requiring Pre-Authorization

- Inpatient Hospitalization & Detoxification
- 23-Hour Observation
- ECT
- IOP/Day Treatment
- Psychological Testing
- All Services by Out-of-Network Providers

# Claim Submission

- Secure Provider Portal
- EDI Submission
  - **Medicaid Claim Payer IDs: Medical - 68069, Behavioral Health – 68068**
  - **Allwell Claim Payer ID: 68069**
  - If you have additional EDI questions contact the Centene EDI Department by phone: 800-225-2573 ext 25525 or by e-mail: EDIBA@centene.com
- Paper Claims
  - View the Provider Manual to find the appropriate mailing addresses and paper claim submission requirements.
- Timely Filing
  - Medicaid first time claims within 90 days of the date of service.
  - Allwell first time claims within 120 days of the date of service.

# Medicaid Claims

**Inquiry, Dispute & Appeal - Medicaid**

MHS Health Wisconsin offers 3 procedures to request evaluation and/or determination of claim payments:

1. Informal claims payment dispute resolution
2. Administrative claims appeals
3. Medical necessity appeals

**Most incorrect payments can be handled by calling provider services at (800) 222-9831, and behavioral health providers should call (877) 730-2117.**

****60 day filing limit for timely appeals****

***See Provider Manual on our website for more details***

# Medicare Claims

## Request for Reconsideration

Reconsiderations may be submitted in the following ways:

- Form - Providers may utilize the Request for Reconsideration Form found on our website (preferred method) located in the FORMS section under Medicare - Manuals, Forms and Resources
- Phone call to Provider Services - This method may be utilized for requests for reconsideration that do not require submission of supporting or additional information. An example of this would be when a provider may believe a particular service should be reimbursed at a particular rate but the payment amount did not reflect that particular rate.
- Written Letter - Providers may send a written letter that includes a detailed description of the reason for the request. In order to ensure timely processing, the letter must include sufficient identifying information along with the claim & Explanation of Payment (EOP).

***See Allwell Provider Manual on our website for more details***

# Medicare Claims

## Claim Dispute

- Should be used only when a provider has received an unsatisfactory response to a request for reconsideration.
- Must be submitted on a Claim Dispute Form found on our website located in the FORMS section under Medicare - Manuals, Forms and Resources. The claim dispute form must be completed in its entirety.
- If the corrected claim, the request for reconsideration or the claim dispute results in an adjusted claim, the provider will receive a revised EOP. If the original decision is upheld, the provider will receive a revised EOP or letter detailing the decision and steps for escalated reconsideration.
- Allwell from MHS Health Wisconsin will process, and finalize all corrected claims, requests for reconsideration and disputed claims to a paid or denied status in accordance with law and regulation.

***See Allwell Provider Manual on our website for more details***

# Billing Members

**Providers *may not bill* a plan member for:**

- A service which was denied payment as a result of the provider's failure to follow MHS Health Wisconsin processes, e.g., failure to obtain prior authorization, untimely (late) filing of claims, etc.
- The difference between the billed charges and the contracted reimbursement rate paid by MHS Health Wisconsin.
- No Show for appointment

**Providers *must not*:**

- Collect Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from members enrolled in the Qualified Medicare Beneficiaries (QMB) program, a Medicare-Medicaid dual eligible program which exempts individuals from Medicare cost-sharing liability.

*Balance billing prohibitions may likewise apply to other dual eligible beneficiaries in Medicare Advantage plans if the State Medicaid Program holds these individuals harmless for Part A and Part B cost sharing.*

***See Provider Manual on our website for more details***

# Electronic Funds Transfer

MHS Health Wisconsin partners with PaySpan Health, a FREE solution that helps providers transition into electronic payments and automatic reconciliation.

- Improves cash flow by getting payments faster
- Multiple practices and accounts are supported
- Settle claims electronically
- Match payments to remittance advices quickly

Visit **PaySpanHealth.com** and click register

***Visit*** *Electronic Transactions – Payspan EFT/ERA*

# Fraud, Waste, and Abuse

MHS Health Wisconsin follows the four parallel strategies of the Medicare and Medicaid programs to prevent, detect, report, and correct fraud, waste, and abuse:

- Preventing fraud through effective enrollment and education of physicians, providers, suppliers, and beneficiaries.
- Detection through data analytics and medical records review.
- Reporting any identified or investigated violations to the appropriate partners, including contractors, the NBI-MEDIC and federal and state law enforcement agencies, such as the Office of Inspector General (OIG), Federal Bureau of Investigation (FBI), Department of Justice (DOJ) and Medicaid Fraud Control Unit (MFCU).
- Correcting fraud, waste or abuse by applying fair and firm enforcement policies, such as pre-payment review, retrospective review, and corrective action plan.

# Fraud, Waste, and Abuse

MHS Health Wisconsin performs front and back end audits to ensure compliance with billing regulations.  Most common errors include:

- Use of Incorrect billing code
- Not following the service authorization
- Procedure code not being consistent with provided service
- Excessive use of units not authorized by the case manager
- Lending of insurance card

Benefits of stopping fraud, waste, and abuse:

- Improves patient care
- Helps save dollars and identify recoupments
- Decreases wasteful medical expenses

# Fraud, Waste, and Abuse

MHS Health Wisconsin expects all its providers, contractors, and subcontractors to comply with applicable laws and regulations, including, but not limited to the following:

- Federal and State False Claims Act
- Qui Tam Provision (Whistleblower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)
- Health Insurance Portability and Accountability Act (HIPAA)
- Social Security Act (SSI)
- US Criminal Codes

# Medicare/Medicaid Reporting

Potential fraud, waste, or abuse reporting may be called to our anonymous and confidential hotline at 1-866-685-8664, or by calling:

- MHS Health Wisconsin at 1-800-547-1647 ask for the Compliance Officer
- or the Wisconsin Department of Health Services at 1-877-865-3432 (online at reportfraud.Wisconsin.gov)

To report suspected fraud, waste, or abuse in the Medicare program, please use one of the following avenues:

- Office of Inspector General (HHS-OIG): 1-800-447-8477/ TTY: 1-800-377-4950
- Fax: 1-800-223-8164
- NBI MEDIC: 1-877-7SafeRx (1-877-772-3379)
- Email: **www.OIG.HHS.gov/fraud** or **HHSTips@oig.hhs.gov**

# Practice & Practitioner Updates

- ***Adding New Practitioners -*** Go to "Become a Provider" section on our website, choose Medical or Behavioral Health(BH) and complete all required document(s).
  - Make sure your CAQH application is current and you have allowed MHS Health Wisconsin access to your application
  - Re-credentialing is completed every 36 months
- ***Provider Changes***: Providers are responsible to notify MHS Health Wisconsin of all changes to address, license, name or practice. Medical provider should complete and submit the Medical Practice Information Change Form and Behavioral Health providers should complete and submit the BH Provider Demographic Updates Form.
- ***Delegated Provider Contracts***: Emailing roster updates at least monthly and full network rosters quarterly to MHS-WIPDM@mhswi.com will ensure accurate data for our directory and claims payment.
- ***Methadone Providers****:* Required to submit weekly rosters per WI DHS requirements by emailing roster to MHS-WIPDM@mhswi.com.

# Attestation

To verify Orientation was completed:

1) Click on the link below to access the form
2) Complete the form
3) Click submit after completion

https://www.mhswi.com/providers/resources/provider-training/provider-orientation.html

Thank you for your time!

**Provider Relations Team**