

Welcome!

The webinar will begin soon.



Supplemental Benefits

September 30, 2024



Agenda

Welcome and Provider Updates

Allie Govek, Director, Provider Relations

Dental

Janine Fitzpatrick, Manager, Dental Provider Relations

Vision

Pam Entringer, Provider Relations Manager

Other Wrap Around Benefits

Pam Entringer, Provider Relations Manager

Questions



Dental



Molina Dental Services

- Primary and Specialty Care Dental Network
- Dental Network Management
- Credentialing - Recredentialing
- Provider Services, Provider Relations and Education
- Provider and Member services call center
- Claims processing
- Utilization Management
- Quality Improvement
- Compliance Program (including Fraud, Waste, and Abuse)

MOLINA DENTAL PROVIDER RESOURCES

SKYGEN is the exclusive dental provider portal for Molina Healthcare Dental Services. The SKYGEN Provider Web Portal provides features and functionality to promote a positive experience for you and your practice such as:

- 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.

Please contact the SKYGEN Provider Web Portal Support Team at 844-621-4587 for any registration and training questions.

Access the SKYGEN Provider Portal at: <https://pwp.skygenusystems.com/PWP/Landing>

Quick Reference Guide (QRG)

SKYGEN Services:

SKYGEN Provider Portal (Submit Claims, Authorizations, Verify Eligibility, View History, Check Status)

Provider Web Portal at

<https://pwp.skygenusystems.com/PWP/Landing>
(844)621-4587

SKYGEN Contact Center (Verify Eligibility, Claims/Authorization Status, File a Complaint or Dispute/Appeal, Questions)

Provider Contact Center –(844)862-4564

Member Services - (888) 999-2404

24/7 Interactive Voice Response (IVR) system -
(855) 326-5059

Clearing Houses (Change Healthcare (Formerly Emdeon, DentalXChange)

Payer ID: SKYGN

<https://www.forwardhealth.wi.gov/WIPortal/>

Molina Dental Services:

Provider Relation Questions

MDVSPROVIDERSERVICES@MOLINAHEALTHCARE.COM

Phone: 844-862-4564

Fax: 855-297-3304

Contracting Questions

Molina Dental Services

(844) 862-4564 or via email at

Denta.Visiondevelopment@molinahealthcare.com.

Practice Changes/Updates/Credentialing

MDVSPIM@MOLINAHEALTHCARE.COM

Transportation & Translation Services

Molina Member Services at (866) 907-1493.

Hearing Impaired: MI Relay (800) 649-3777 or 711.

Practice Changes/Updates

Molina Dental Services encourages 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 **Contract Update Form (CUF)**.
 - 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).
 - 90 days notice to terminate participation in writing to allow time for continuity of care issues and to notify members.

Submit changes and updates by emailing the **Contract Update Form (CUF)** to:
mdvspim@molinahealthcare.com



CONTRACT UPDATE FORM

ACTION	Required Information
NPI Change (Group, Location, or Provider)	Complete Section A and Section B Provide Proof of NPI Change Group NPI changes only – REQUIRE an updated copy of the Sample Claim Form
Provider Name Change	Complete Section A and Section C Submit Proof of name change
Add or term Provider	Complete Section A and Section F <i>When updating multiple providers, or adding a provider to multiple locations, Attachment A can be used in place of Section F</i> NEW PROVIDER(S) - Submit Online Credentialing Application if the provider is not credentialed with Molina <ul style="list-style-type: none"> o Online Credentialing Application https://payercap.skygenusystems.com/CAP
Update Tax Entity, W9 Location	Complete Section A and Section D Include updated copy of W9
Update Remittance/Pay To address	Complete Section A and Section E <i>When updating multiple locations; Attachment B can be used in place of Section E</i> Submit updated copy of Sample Claim Form
Directory & Service Location Updates (Including facility name changes)	Complete Section A and Section G
Add or Close Service Location	Complete Section A and Section G ***If the change includes multiple providers, please include a roster or Attachment A

*****ALL UPDATES REQUIRE THE SIGNATURE PAGE*****

Wisconsin Medicare Program



Covered Services Preventive Services

Molina Dental Services and SKYGEN Contact Information

MDVSPProviderServices@MolinaHealthcare.com

SKYGEN Provider Contact Center: (855) 326-5059

SKYGEN Payee Portal Assistance: (844) 621-4587

Wisconsin Medicaid Member Services: (800) 362-3002

[Wisconsin Forward Health Registration](#)

Phone: 844-862-4564 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

ANNOUNCEMENT AND PLAN HIGHLIGHTS

On January 1, 2024, the administration of dental services for Molina Health Care of Wisconsin Medicare Choice Care (HMO) will transition from Delta Dental to Molina Dental Services and the SKYGEN Provider Web Portal. If you have questions regarding the transition, please reach out to Molina Dental provider services via email at: mdvsproviderservices@molinahealthcare.com or phone at 844-862-4564.

NPI and Medicare/Medicaid Enrollment

- The state of Wisconsin's Medicaid Department requires all providers have an active NPI, Medicaid ID and have not opted out of Medicare.
- The NPI and Medicaid ID must be affiliated to every location the provider renders service.

Credentialing/Re-credentialing

- Complete Section A and Section N of the Provider Information Form (PIF) [Provider Information Form](#) and include your Council for Affordable Quality Healthcare (CAQH) ProView ID # to credential the provider by returning the completed form via email to MDVSPIM@MolinaHealthCare.Com or fax to 844-891-2865.
- CAQH must be re-attested within the last 4 months by visiting <https://proview.caqh.org>
- Groups may attach a roster to their PIF with provider name, NPI and CAQH #.
- Indicate "global" authorization which allows access to your data profile to all healthcare organizations.
- Upload copies of your current DEA license and malpractice insurance copy directly to CAQH.

Updating or Changing Provider Records

- Notify Molina Dental Services at MDVSPIM@Molinahealthcare.com of any immediate changes with your practice or provider's ability to provide services
- New TIN's, Addresses, Phone Number, Fax Number, Contact and/or Contact Email Address
- Dental Provider Roster Changes

Access and Availability (Contact Molina Dental Services if your office is unable to comply with these established standards)

- Routine Dental Care within six (6) weeks of request
- Emergent/Urgent Dental Care 24 hours/7 days a week
- After Hour Coverage must be available 24 hour-a-day, 7 day-a-week
 - After Hours Answering Service
 - Phone Number to Contact On-Call Staff
 - Voicemail recording with Directions for a Dental Emergency

•Claims

- Timely Filing is 365 days
- Submit via Skygen Provider Web Portal , <https://pwp.skygenusasystems.com/PWP/>
- EDI Payer ID: **SKYGN**
- HIPPA-Compliant 837D File, or 2019 ADA Dental Claim Form



Your Extended Family.

Wisconsin Medicaid Program Covered Services

Dental Services, including:

- Preventive
- Diagnostic
- Restorative services
- Endodontic services (root canals)
- Periodontal services (treatment of gums)
- Prosthodontics (fixed services)
- Oral and Maxillofacial Surgery
- Orthodontia
- Adjunctive general services
- For a complete list of covered services, please refer to the Molina Healthcare of Wisconsin Dental Appendix located within the [Molina Healthcare of Wisconsin Provider Manual](#).

Translation Services

Molina Healthcare of Wisconsin complies with all Federal civil rights laws that relate to healthcare services. Molina provides services free of charge:

- Aids and services to people with disabilities
 - o Skilled sign language interpreters
 - o Written material in other formats (large print, audio, accessible electronic formats, and Braille)
- Language services to people who speak another language or have limited English skills
 - o Skilled interpreters
 - o Written material translated in your language
 - o Material that is simply written in plain language

For assistance with translation services please call:

- Molina Member Services at 888-999-2404.
- Hearing Impaired: 711

Transportation Services

Molina Healthcare of Wisconsin provides unlimited ground transportation for covered, medically necessary services each calendar year.

Members can use this benefit to visit any Molina dental network provider.

- Prior Authorization may be required for long distances
- Members should call 3 days before their appointment to schedule transportations

For assistance with transportation services, members may call:

- Molina Member Services at (866)907-1493.
- Hearing Impaired: WI Relay (800) 750-0750 or 711.

Electronic Funds Transfer

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

Enrollment can be completed either:


- Payee Web Portal at: <https://pwp.skygenusystems.com/PWP/>
- Complete and submit the Molina EFT Form at: Providerservices@skygenusa.com

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



Electronic Funds Transfer (EFT) Authorization Agreement

Get your reimbursement faster and easier with EFT! To receive your payments by EFT, please complete this form and return it with a scanned or faxed copy of a voided check. (This Authorization Agreement will not be valid without a voided check.)

Submission Options		
Send this completed form and voided check to Molina Healthcare via: Fax: 844-584-3686 or Email: PROVIDERSERVICES@SKYGENUSA.COM		
Submission Reason		
Select one checkbox: <input type="checkbox"/> New EFT Authorization <input type="checkbox"/> Account or bank change to existing EFT Authorization		
Provider Information		
Provider Name (include d/b/a, if any)	Taxpayer Identification Number	Select one checkbox: <input type="checkbox"/> SSN <input type="checkbox"/> EIN
Street Address		
City	State	Zip Code
Phone Number	Email Address	
Financial Institution Information		
Financial Institution Name	Financial Institution Routing Number (include 9 digits with any leading zeros.)	
Account Number (include up to 10 digits with any leading zeros.)	To indicate account type, select one checkbox: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Note: Please return this form with a voided check or the Authorization Agreement will not be valid.		
		
Authorization		
<small>I hereby authorize Scion Dental, on behalf of itself and its affiliates, hereinafter "Company" to initiate credit entries to the account at the financial institution listed above for all payments. I authorize and request the financial institution to accept credit entries by Company to such account and to credit the same to such account. If Company credits more money than the correct payment amount due to duplicate electronic funds transfers (where "duplicate" is defined as multiple electronic funds transfers received for the same services rendered, the same membership, and the same dates of service) or erroneous electronic funds transfers (where "erroneous" is defined as complete electronic funds transfers received in error) I authorize Company to withdraw the overpayment electronically. I accept responsibility for any resulting loss of payment and release Company from any liability for or arising from my failure to submit accurate or update information to Company. I understand that I must communicate any changes in my information to Company. This authorization is effective as of the signature date below and is to remain in full force and effect until Company has received written notification from me of its termination or Company notifies me that this service has been terminated. I agree to provide notification of change/termination 30 days in advance. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth herein. Furthermore, I certify that the information provided is true and accurate in all respects and that I have been duly authorized to enter into this agreement.</small>		
Printed Name	Title	
Authorized Signature	Date	

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Vision



Vision Vendors

- Molina partners with three different vendors to provide routine vision care to our members across all lines of business and areas served.

Medicaid	 <p>Phone number: (414) 760-7400 (800) 822-7228 Website: herslof.com</p>
Marketplace	 <p>Phone number: (800) 877-7195 Website: vsp.com</p>
Medicare	 <p>Phone number: (855) 516-2724 Website: marchvisioncare.com</p>

- For more information on what is considered routine vision and the specific benefits included in a member's coverage plan, check out our website's member eligibility and benefits information.

Vision Benefits

Medicaid

- Routine Vision exam (1 per year)
- Glasses / Contacts as medically necessary
- Medicaid vision benefits: Molinahealthcare.com/members

Marketplace

- Routine Vision exam (1 per year)
- \$150 allowance for frames, contacts, lenses per year
- Marketplace vision benefits: Molinamarketplace.com

Medicare

- Routine vision exam (1 per year)
- Allowance to put toward frames, contacts, or lenses
- Medicare vision benefits: Molinahealthcare.com/members

Information on this slide subject to change depending on benefit year and member enrollment program.

Wrap Around Benefits



Get more with Molina



My Molina® member portal and mobile app

MyMolina.com is your health care assistant, designed to make your life easier. It gives you 24/7 access to your health information at any time or place.

With My Molina, you can:

- See and use a digital version of your member ID card
- Look for doctors
- Change your primary care provider (PCP)
- Track your health goals
- Find out about extra benefits and rewards



Molina HelpFinder

Use this free online search tool to find local low- and no-cost resources to meet your needs for things like food, housing, childcare, legal, education, job training and more. Visit **molinahelpfinder.com**.



Free text and email alerts

Get on-the-go reminders and important information about your health – wherever life takes you! Text JOIN to **94870** or sign up on the My Molina® app.

Extra Benefits

for Medicaid SSI and BadgerCare Plus Members



Healthy Rewards

With Molina, you can earn gift cards for completing healthy activities! For example, you may be eligible* for:

- Up to \$100 in well-child rewards for checkups, immunizations and more.
- Up to \$50 in well-care rewards such as routine visits, screenings and more.
- Up to \$50 in women's health rewards for completing breast and cervical cancer screenings.

*Rewards are subject to change. You must be a Molina Medicaid member to be eligible for Healthy Rewards. Call (833) 982-1452 to see if you qualify.



Healthy Starts (pregnancy program)

Join Molina's Healthy Starts program to earn a FREE convertible car seat or Graco Pack 'n Play® On the Go™ Playard with Bassinet.



24-Hour Nurse Advice Line

When you need health advice fast in your language, you can talk to a qualified nurse 24 hours a day, 7 days a week, 365 days a year.

Extra Benefits

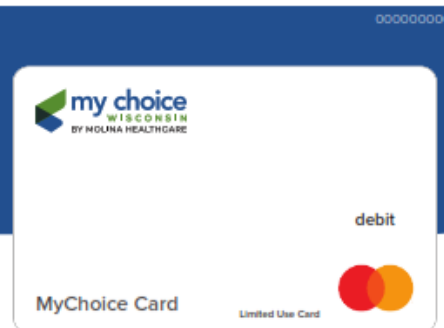
for My Choice WI by Molina Healthcare Medicare Dual-Advantage members

2025 Medicare Supplemental Benefits:

- \$100 every month for OTC and transportation
- \$200 every month for healthy food and produce
- \$200-\$300 every year for eyewear
- Up to 2 pre-selected hearing aids every 2 years
- \$2,500 annual dental benefit
- PERS+ (an in-home medical alarm system for emergency *and* non-emergency needs scheduling appts, transportation, or support when feeling lonely)
- And more!

Your Benefits Made Easy

As a valued **Molina MyChoice Wisconsin** member, you have access to many benefits through NationsBenefits® to support your overall health and wellbeing. Enclosed in this package is your MyChoice Benefits Mastercard® Prepaid card that can be used for your **Over-the-Counter (OTC) and Transportation benefit, Food and Produce* benefit, and to redeem your healthy rewards.**



Extra Benefits for Marketplace members



Molina Healthy Rewards:

- Recognizes and rewards members who are taking steps towards better health.
- Contains interactive programming to help manage your health and wellness.
- Offers a \$200 wellness incentive program. (Except WA \$100)
- Provides a suite of health tools and programs on topics like:

Molina is proud to offer our wellness program called Molina Healthy Rewards.



Smoking cessation



Diabetes management



Managing depression



High blood pressure



Asthma management



Healthy living video library -
exercise, diet and nutrition

RX Savings Solutions

Rx Savings Solutions (RxSS) is a service that helps members maximize their prescription benefits and lower out-of-pocket costs.

Members will receive an email with details on how to access the new tool that will include:

- Intro to the RxSS benefit
- Guidance on how to access this benefit through My Molina® and activation of their account
- Contact information for RxSS

Teladoc[®]
HEALTH



Molina Healthcare is pleased to offer Teladoc to our members. Just use your phone, video or mobile app for: Virtual doctor visits with no cost share. Convenient online or phone visits, without leaving home. No appointment is needed. Get the right care, right now. If needed, Teladoc doctors can send a prescription to your local pharmacy.



Resources



Resources

- Member Evidence of Coverage (EOC)
 - [Medicaid](#)
 - [Marketplace](#)
 - [Medicare](#)
- Member Handbooks
 - [Medicaid](#)
 - [Marketplace](#)
 - [Medicare](#)
- Printed materials, flyers, mailings and member engagement:
WICommunications@molinahealthcare.com
- [Integration Updates](#)
- [You Matter to Molina](#)

Questions?

