

Office of the Governor | Mississippi Division of Medicaid

Mississippi Division of Medicaid

# Managed Care Provider Webinar

2021

Dental | Vision | Durable Medical Equipment



# Purpose of the 2021 Provider Webinar

The purpose of today's provider workshop is to provide clarity and understanding for Mississippi Division of Medicaid Managed Care programs MississippiCAN and CHIP processes; to resolve provider and office managers' issues and concerns.

The Division of Medicaid in collaboration with the coordinated care organizations (CCOs) are ready to assist and help resolve issues and concerns.

***Mission: The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.***

# Agenda

**Tuesday, November 16, 2021**  
**1:00 p.m. – 3:00p.m.**

1:00 p.m.	1:20 p.m.	Welcome & Introductions
1:20 p.m.	1:35 p.m.	UnitedHealthcare
1:35 p.m.	1:50 p.m.	Magnolia
1:50 p.m.	2:05 p.m.	Molina
2:05 p.m.	2:40 p.m.	Question and Answer Session
2:40 p.m.	3:00 p.m.	Closing Remarks How to Access Presentation & Material Provider Evaluation

# Welcome & Introductions

# Division of Medicaid Managed Care



*Sharon Jones*



*Lucretia Causey*



*Patricia Collier*



*April Burns*

# Magnolia Health



*Brittany Cole*



*Heather Samuel*



*Jasmine Shaw*



*Katherine St Paul*



*Kiri Patterson*



*Leslie Cain*



*Melinda Clesca*



*Matt Harris*



*Precious Griffith*



*Tracy Miller*

# UnitedHealthcare Community Plan



*Adrian Hagan*



*Dawn Teeter*



*Jamille Bernard*



*Kimberly Bollman*



*Kristi Plotner*



*Teresa Morris*



*Rhona Waldrep*



*Ty Klingelhofer*

# Molina Healthcare



***Bert Emrick***



***Earl Robinson***



***Chinwe Nichols***



***Chris Cauthen***



***Daniel Bradshaw***



***Pam Canavan***



***Lakeida Ward***



***Ellie Coley***



***Laterrria Lacy***



***Tamala Harris***



***Trina Stewart***



***Tuwanda Williams***





# 2021 Managed Care Provider Webinars

November 16, 2021

**United  
Healthcare**



# Dental



## Credentialing & Recredentialing

- Credentialing Email: [dbpcredapps@uhc.com](mailto:dbpcredapps@uhc.com)
- Recredentialing Email: [dbpcredsupport@uhc.com](mailto:dbpcredsupport@uhc.com)
- Phone: 1-800-508-4862

## Claims Payment

- Online: [www.uhcproviders.com/](http://www.uhcproviders.com/)
- Phone: 1-800-508-4862
- Mailing Address:

UnitedHealthcare  
P.O. Box 781  
Milwaukee, WI 53201

Electronic Submission: Payor ID: GP133

## Prior Authorization & Continuation of Care

- Online: [www.uhcproviders.com/](http://www.uhcproviders.com/)
- Phone: 1-800-508-4862
- Mailing Address:

UnitedHealthcare  
P.O. Box 781  
Milwaukee, WI 53201

Electronic Submission: Payor ID: GP133

## Orthodontic Services

- Children up to **21** with lifetime max per child of **\$4200**
- Requires Authorization for comprehensive treatment and continuation of care treatment





## Dental Services in a Hospital Setting

- Benefits are provided for anesthesia and for associated facility charges when the mental or physical condition of the Member requires dental treatment to be rendered under physician-supervised general anesthesia in a hospital setting or surgical center. General Hospitalization is not a covered benefit under dental.
- **Appeals & Grievances**
  - **Phone:** [1-800-508-4862](tel:1-800-508-4862)
  - **Mailing Address:**  
[UnitedHealthcare](#)  
[P.O. Box 1391](#)

## Prior Authorization & Continuation of Care

- Orthodontic services are restricted to EPSDT eligible beneficiaries who meet criteria as described in the Mississippi Medicaid Administrative Code. Benefits provided and coverage guidelines for MississippiCAN (MSCAN) covered orthodontic services are set forth in accordance with the Administrative Code Part 204

## Contact Information

### Point of Contact

- **Name:** [www.uhcproviders.com](http://www.uhcproviders.com)
- **Contact Number:** 1-800-508-4862

### Provider Relations Advocate

- **Name:** Teresa Morris
- **Contact Number:** 952-202-2076
- **Email:** [teresa.morris@uhc.com](mailto:teresa.morris@uhc.com)

### Call Center Contact Information

- **Phone:** [1-800-508-4862](tel:1-800-508-4862)
- **Mailing Address:**  
[UnitedHealthcare Dental Government Programs](#)  
[Provider Relations](#)  
[6220 Old Dobbin Lane](#)  
[Columbia, MD 21045](#)





# **Vision**



### Credentialing & Re-Credentialing

- Online: [www.marchvisioncare.com](http://www.marchvisioncare.com)
- Phone: (844) 606-2724

### Claims Submission

- Online: <https://providers.eyesynergy.com/Home/Landing?ReturnUrl=%2f>

### Grievances

- Online: <https://forms.marchvisioncare.com/Forms/PDR>.
- Phone: (844) 606-2724
- Mailing Address:  
**MARCH® Vision Care**  
Attention: PDR Unit  
6601 Center Drive West, Suite 200  
Los Angeles, CA 90045

### Appeals

- Online: <https://forms.marchvisioncare.com/Forms/PDR>.
- Mailing:  
**MARCH® Vision Care**  
Attention: PDR Unit  
6601 Center Drive West, Suite 200  
Los Angeles, CA 90045

### Prior Authorizations

- Mailing:  
**MARCH® Vision Care**  
Attention: PDR Unit  
6601 Center Drive West, Suite 200  
Los Angeles, CA 90045

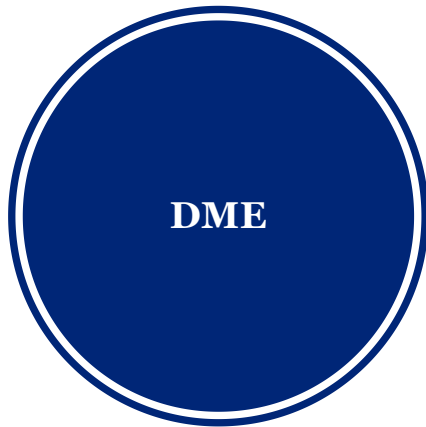
### Contact Information

- Online: [www.marchvisioncare.com](http://www.marchvisioncare.com)
- Vision Advocate
  - Name: Elizabeth Faceson
  - Email: [efaceson@uhc.com](mailto:efaceson@uhc.com)
  - Contact Number: 317-405-2955
- Call Center Contact Information
  - Provider Services: 844-606-2724





# **Durable Medical Equipment**



**DME**

## **Application for Participation**

- Must complete the **DMEPOS Ancillary Provider Inquiry Questionnaire**
- Must be **CMS certified**
- Must be enrolled with the Division of Medicaid
- Email questionnaire to [naspi@uhc.com](mailto:naspi@uhc.com)

## **Prior Authorization & Referrals**

- Phone: **866-604-3267**
- Fax: **888-310-6858**

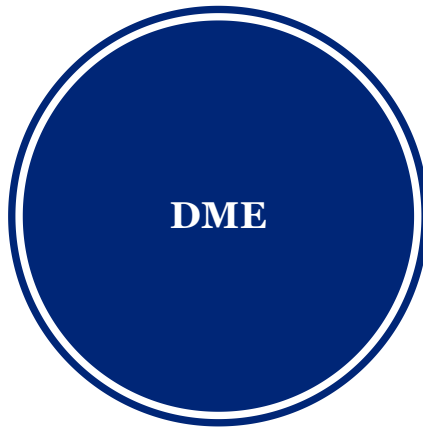
Online: [www.UHCprovider.com/Prior Auth & Notification](http://www.UHCprovider.com/Prior Auth & Notification)

## **Billing/Authorizations for Wheelchairs and Custom Wheelchairs**

- Coding for the authorization must match the coding billed on the claim.
- UHC **does accept** non covered codes when authorizing wheelchairs; these codes must be billed on the claim and match to the invoice
- Billing & Authorization for custom wheelchairs is an ongoing challenge
- We are in the process of collaborating with the division to improve the process.

**All reimbursement follows the Division of Medicaid and UHC reimbursement policies, these can be found here: [Reimbursement Policies for Community Plan of Mississippi | UHCprovider.com](#)**





**DME**

### **Exceeds Service Limits/Max Units**

- Services that will exceed allowed limits must be prior approved and be medically necessary.

### **Purchase & Rental Reimbursement**

- Follow Medicaid reimbursement
- Rentals are reimbursed up to **10 months** or up to the purchase price, whichever comes first.

### **Manual Pricing**

- Invoice must be included with the claim and be identified as either the **MSRP** or the **actual purchase invoice**

### **Contact Information**

- **Provider Advocate**
  - **Name:** Tanya Stevens
  - **Email:** [tanya\\_m\\_stevens@uhc.com](mailto:tanya_m_stevens@uhc.com)
- **Call Center Contact Information**
  - **Provider Services: Community & State:** [877-743-8734](tel:877-743-8734)



**Claim Issues** – The Mississippi Provider Relations Team would like to remind you of a process that's available to you for faster claims resolution.

**Step One: Claim Reconsideration** – Whether you prefer online, telephone or mail, UnitedHealthcare has resources available to you to submit a claim reconsideration request.



**Online** – Submit a claim reconsideration request online via the **Claims Tool** on the **UnitedHealthcare Provider Portal**. To access the portal, please sign in to [UHCprovider.com](https://uhcprovider.com).  
*\*Please note that you will receive a reference number with your online submission.*



**Telephone** – For **Community & State** claims related issues, please call Provider Services at **877-743-8734**.  
*\*Please be sure to ask for a call reference number!*



**For all claim reconsideration options, please allow up to 30 days for processing!**

**Step Two: Claim Escalation** – If you do not agree with the outcome of your claim reconsideration request, then you may submit your claim concern to the **Mississippi Claims Escalation Team** for further review.

Mississippi has a dedicated team of experienced claims analysts who will review the claim reconsideration request, before you submit a claim appeal. **Please note that a reference number must be provided from the initial attempt(s) to resolve.**

- Provide details about your disagreement with how the claim is processed and include any relevant documents.
- Please include the required claim information on the claim escalation template.
- Please note that if the required information is not provided, your request will be returned for the additional details and may delay your resolution.
- Submit your claim escalation request to [southeastprteam@uhc.com](mailto:southeastprteam@uhc.com).
- You will receive an automated message acknowledging receipt and will be contacted via email once the review is completed.





## Engolve Benefit Options Dental

***Presenter: Melinda Clesca***  
*Provider Relations Specialist I*

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11/3/2021

# Who Is Envolve Dental



- Dental benefits administrator, specializing in government insurance programs
- Administrating benefits since January 1, 2015
- Works directly with health plans and Coordinated Care Organizations (CCOs)
- Part of fully integrated, customizable healthcare benefit company, Envolve Benefit Options
- Sister company of Magnolia Health Plan and subsidiary of Centene Corporation, a national leader in healthcare services, operating in 31 states with 14 million members

## Member Dental Benefits

- MEDICAID
  - All ages: \$2,500 annual benefit limit
  - Orthodontia: Age under 21: \$4,200 maximum per lifetime

# Credentialing



- Credentialing may take up to 90 days
- Required credentialing documentation:
  - CAQH application
  - Malpractice insurance
  - Attestation
  - Dental License
  - DOO
  - DEA License or waiver
  - Roster
  - W-9
- Please make sure DOO and attestation are current and within 90 days of signature/attestation date
- All service locations and PAR providers must be registered with Medicaid and have a Medicaid ID (Type I & II NPIs must be registered)
- After credentialing is confirmed, you may register for the Provider Web Portal by contacting Provider Services at 844-464-5636

## Claims

- Claims timely filing –180 days
- Payments for clean claims made within 25 days of the claim receipt
- Members with dual insurance should submit claims to member's primary insurance first and then submit claim to Envolve with copy of the primary EOB
- For clearinghouse submissions with Envolve Dental, use payor ID – 46278
- Web Portal Address: <https://pwp.envolvedental.com>
- Option to enroll in Electronic Funds Transfer for quick payments

*\*See Provider Manual*

## Authorizations



- Requests should be submitted to Envolve Dental at least 3 calendar days prior to scheduled services
- Envolve Dental will make determinations within 3 calendar days or 2 business days after receiving all information
- Expedited requests are determined within 24 hours
- Determination (approved or denied) is sent to providers via fax
- Notice of Adverse Benefit Determination is mailed to the member, with a copy sent to the provider
- Prior authorization expiration – 180 days
- Dental prior authorization is required for:
  - Orthodontic Services, BLEs, out-of-network providers, and selected codes (see manual)

### Orthodontia Authorizations

- Orthodontic procedures are covered when medically necessary for Medicaid Children Ages 0-20
- Envolve Dental prefers electronic study models as documentation for authorization submissions. If an actual study model is received, Envolve Dental will use it for the assessment, retain for up to three months, and then discard it

#### **Required documentation for Ortho prior authorization request:**

- Cephalometric film with interpretation
- Panoramic or full series of intra-oral radiographs
- Intra-oral and facial photographs
- Narrative describing member's medical condition and anticipated compliance
- A completed Envolve Dental *Orthodontic Clinical Criteria Evaluation Form* (See manual)
- Treatment plan, including projected length and cost of treatment; and
- Study models (electronic, when possible)

# Dental Services in a Hospital Setting



As of March 2019 DOM requires for all Outpatient Hospital services to be billed to Magnolia directly on a UB-04 claim form

\*\* Please be sure to follow the hospital Prior Authorization process with Magnolia

## Appeals

- Providers who are not satisfied with the Envolve Dental authorization or claim determination have the option of Appealing the decision
  - Authorization and claim appeals must be filed within 30 days of the adverse determination date
  - To file an appeal request your may email [dentalappeals@envolvehealth.com](mailto:dentalappeals@envolvehealth.com) or write to:  
Envolve Dental  
Mississippi Appeals & Grievances  
PO Box 25255  
Tampa, FL 33622-5255



\*See Provider Manual for details

# Key Contacts



- Provider Services staff are available to answer your calls and questions at 844-464-5636, Monday through Friday, 8:00 AM to 5:00 PM local time
- If you need assistance, send an email to Envolve Dental at any time: [providerrelations@envolvehealth.com](mailto:providerrelations@envolvehealth.com).  
-Be sure to encrypt emails if personal health information is included
- You may also contact me directly via phone or email:  
- 727-437-1814  
- [Melinda.Clesca@EnvolveHealth.com](mailto:Melinda.Clesca@EnvolveHealth.com)

Provider Services	
Web Portal	<a href="https://pwp.envolvedental.com">https://pwp.envolvedental.com</a>
Email	<a href="mailto:providerrelations@envolvehealth.com">providerrelations@envolvehealth.com</a>
Provider Services	844-464-5636 (Phone)      844-815-4448 (Fax)
Contracting and Credentialing	844-847-9807 (Fax)
EDI Payor ID	46278
Mailing Address (Claims, Authorizations, Appeals)	Envolve Dental - MS PO Box 25255 Tampa, FL 33622-5255
Change Healthcare Clearinghouse	Payor ID : 46278 @ <a href="http://www.changehealthcare.com">www.changehealthcare.com</a>
DentalXChange Clearinghouse	Payor ID : 46278 @ <a href="http://www.dentalxchange.com">www.dentalxchange.com</a>
Trizetto Clearinghouse	Payer ID : 46278 @ <a href="http://www.trizetto.com">www.trizetto.com</a>
National Electronic Attachment	<a href="http://www.nea-fast.com">www.nea-fast.com</a> Master ID 463011: Medicaid (MSCAN)

Thank you



# Durable Medical Equipment

*Magnolia Health*

11/3/2021

# MSCAN PA Request & Contact Info



Authorization is required for some DME. Providers should utilize the [Pre-Auth Check Tool](#) to determine if the HCPCS code requires authorization.

Prior Authorization Form(s) can be located on our website at:

<http://www.magnoliahealthplan.com/for-providers/provider-resources/>

<b><u>Secure Web</u></b> Magnoliahealthplan.com/login/	<b><u>Email</u></b> Magnoliaauths@centene.com
<b><u>Phone</u></b> 1.866.912.6285  <b><u>Fax</u></b> 1.877.650.6943	<b><u>Mail</u></b> Magnolia Health Attn: Utilization Management 111 E. Capital Street, Suite 500 Jackson, MS 39201



Authorization initiation should occur at least five (5) calendar days in advance for non-emergent services.

# MSCAN PA Denials and Recourse



## ✓ Peer to Peer

- If the treating practitioner does not agree with an adverse determination, the practitioner may discuss the decision with the Medical Director who rendered the decision.
- Conducted by the Medical Director
- To begin the process, call 1-866-912-6285 and ask to speak the UM Department

## ✓ Appeal

- All appeal documents will be fully investigated
- Prior authorization appeals should only be mailed to the address below if services have not been rendered.

Magnolia Health  
Attn: Appeals Coordinator  
111 East Capitol Street, Suite 500  
Jackson, MS 39201  
FAX 1-877-264-6519

## ✓ DOM State Fair Hearing

- A member or authorized representative may request a hearing if he or she is dissatisfied with the Adverse Benefit Determination

# Billing/Auth Wheelchairs



- ✓ **Magnolia adheres to [MS DOM Title 23 Part 209 Rule 1.47: Wheelchairs](#)**
- ✓ **Wheelchairs are a covered benefit for all members when medically necessary and prior authorized by Magnolia**
  - ✓ A standard wheelchair is covered when the member's condition would otherwise be bed or chair confined
  - ✓ All wheelchairs must be ordered by a physician.
  - ✓ Added accessories do not qualify as a custom wheelchair
  - ✓ Custom wheelchairs are uniquely designed or substantially modified for the specific member. Custom wheelchairs must be ordered by a physician experienced in evaluating specialized needs after a face to face examination of the member.
  - ✓ Standard and custom motorized/power wheelchairs are limited to one (1) per member every five (5) years based on medical necessity.
  - ✓ Standard and customized motorized wheelchairs are not covered for use of leisure or recreational activities
  - ✓ Heavy and Extra Heavy Duty standard wheelchairs are covered for members over 250 and 300lbs. Authorization is required. Please include documentation on specific weight and measurements causing the member to be unable to function with a standard manual or heavy duty wheelchair

# Benefits and Limitations

## DME

- Durable Medical Equipment is covered in accordance to the Medicaid guidelines.  
<http://medicaid.ms.gov/DMEandMedSupply.aspx> <https://medicaid.ms.gov/providers/administrative-code/>
- Magnolia reimburses 100% of Medicaid benefits for participating providers. Non-participating providers will be reimbursed 50% of Medicaid's fee schedule with a prior authorization.
- DME is covered based on medical necessity.

## Orthotics and Prosthetics (O&P)

- O&P are covered for members under the age of 21.
- Items categorized as orthotics are sleeves or braces.
- Items categorized as prosthetics are items physically attached to the body (legs, hands, arms, etc.).
- Orthotics and Prosthetics will be authorized by HCPCS codes. Providers will need to utilize the Pre-Auth Check Tool to determine if a Prior Authorization is required.



# Reimbursement



## Durable Medical Equipment (DME) Payment/Reimbursement Policies

The payment for purchase of new durable medical equipment is made from a statewide uniform fee schedule which is updated by July 1 of each year and is effective for services provided on or after that date based on one of the following instances:

- The lesser of the provider's usual and customary charge or:
- 80% of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DEMPOS) fee schedule in effect by January 1.
- If no DEMPOS fee is available and a fee cannot be calculated the item will be manually priced at the Manufacturer's Suggested Retail Price (MSRP) minus 20% to provide the 80% price range that is offered by Medicare. (Items that do not have a fee or MSRP may be priced at the provider's cost plus 20 %.)



# Reimbursement

## Durable Medical Equipment (DME) Payment/Reimbursement Policies

- The payment for the rental of DME is made from a statewide uniform fee schedule which is based on 10% of the purchase allowance for new DME not to exceed 10 months. After the rental benefits are paid for 10 months, the equipment becomes property of the beneficiary/member unless, otherwise authorized by the Division of Medicaid through specific coverage criteria.
- The payment for purchase of used DME also follows the uniform fee schedule and cannot exceed more than 50% of the new DME purchase allowance.
- The payment of repair of DME equipment also cannot exceed 50% of the new DME purchase allowance.
- The payment for other individual consideration items must receive prior authorization from the Utilization Management Department.



# Reimbursement



**Most manually priced items are priced at the MSRP minus 20%.**

- Must submit clear, written, and dated documentation from a manufacturer or distributor that specifically states the MSRP for the item. The documentation must be provided with an official manufacturer's or distributor's letterhead, price list, catalog, or other forms that clearly show MSRP.
- We will accept a quote from the manufacturer or distributor if the manufacturer does not make an MSRP available. The quote must be in writing and must be dated.
- The payment of repair of DME equipment also cannot exceed 50% of the new DME purchase allowance.

**If the item does not have an MSRP or fee they may be priced at the provider's cost plus 20%.**

- You must attach a copy of the current invoice indicating the cost to you for the item and a statement showing that there was no MSRP available for the item.
- If purchased from a manufacturer, a manufacturer's invoice is required.
- If purchased from a distributor, a distributors' invoice is required.
- Quotes, catalog pages, printouts, price lists, or any form of documentation other than an invoice are NOT acceptable.
- Invoice must not be older than one year prior to the date of request.

# Contact Information



- **Magnolia Provider Services Line**  
Call: (866) 912-6285  
Fax: (877) 811-5980
- **Medical Prior Authorizations**  
Call: (866) 912-6285  
Email: [Magnoliaauths@centene.com](mailto:Magnoliaauths@centene.com)  
Fax: (877) 650-6943  
Web Portal: [provider.magnoliahealthplan.com](http://provider.magnoliahealthplan.com)
- **BH Prior Authorizations**  
Call: (866) 912-6285  
Email: [AUGMississippiUM@cenpatico.com](mailto:AUGMississippiUM@cenpatico.com)  
Fax number is 1-866-535-6974  
Web Portal: [provider.magnoliahealthplan.com](http://provider.magnoliahealthplan.com)
- **Magnolia Contracting**  
Call: (866) 912-6285  
Email: [MagnoliaContracting@Centene.com](mailto:MagnoliaContracting@Centene.com)
- **Magnolia Credentialing**  
Call: (866) 912-6285  
Email: [MagnoliaCredentailing@Centene.com](mailto:MagnoliaCredentailing@Centene.com)
- **Magnolia Provider Claims**  
Call: (866) 912-6285  
Fax: (877) 811-5980

# MOLINA HEALTHCARE

# Molina Healthcare's Dental Services & Relationship with SkyGen

- Primary and Specialty Care Dental Network
- Dental Network Management
- Provider Services and Education
- Claims processing
- Quality Improvement
- Compliance Program (including fraud, waste, and abuse)
- Utilization Management

**Molina Healthcare holds a national vendor contract with SKYGEN Dental to perform certain administrative functions:**

- Credentialing
- Call Center
- Member Services
- Provider Services
- Claims Processing
- Utilization Management
- Provider complaints and disputes/appeals

**Molina is accountable for all aspects of our member's healthcare delivery, even when certain responsibilities are delegated to sub-contracted vendors.**

# Credentialing and NPI Provider Enrollment

High-quality dental providers are essential to the success of the Molina Healthcare of Mississippi's dental network, and even more importantly, essential to the health of members enrolled in its Medicaid and CHIP benefit plans.

Molina offers electronic credentialing through Skygen's Credentialing Portal. First register on the Credentialing Portal to complete the electronic credentialing process.

Register at: <https://providercap.skygenusystems.com/CAP>

In Mississippi you may complete a CAQH Form in lieu of submitting through the online credentialing portal.

To submit your CAQH Form and required documents, please submit to:

[MDVSPProviderServices@molinahealthcare.com](mailto:MDVSPProviderServices@molinahealthcare.com)

## **NPI Provider Enrollment**

- For providers to participate and receive MississippiCAN Medicaid reimbursement(s), providers are required to have a registered and active National Provider Identifier (NPI) .
- Prior to Enrollment with Molina Dental Services Network, an application must be submitted as instructed on the Mississippi Envisions website, <https://www.ms-medicaid.com/msenvision/> for each NPI utilized on Medicaid claims submission.
- Please ensure the provider individual, group, and rendering NPIs are active and linked to the service location affiliated with the Medicaid ID.
- Providers are responsible to maintain current and accurate information. All changes and corrections should be submitted timely to ensure clean claim filing.

# Practice Changes and 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 Provider Information Form.

- Immediate notification to changes in license status, board actions, address or name changes, DBA or Tax ID
- Add a new dentist to your practice; Roster required for group practice(s)
- 120 days notice to terminate participation to allow for continuity of care issues

Submit changes and updates to your practice by emailing us at:  
[MDVSProviderServices@molinahealthcare.com](mailto:MDVSProviderServices@molinahealthcare.com)

# Claims Submission

Molina Healthcare of Mississippi requests that claims are submitted within one hundred and eight (180) days after services are rendered.

Submit claims in one of the following formats:

- Provider Web Portal: <https://pwp.skygenusystems.com/PWP/>
- Electronic submission via clearinghouse, *Example : Change Healthcare (Formerly Emdeon) & DentalXChange*

Payer ID: **SKYGN**

- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, sent via postal mail to :
  - Molina Dental Services Claims**
  - PO BOX 2136
  - MILWAUKEE WI 53201
  - Corrected Claims**
  - PO BOX 641
  - MILWAUKEE WI 53201

**SKYGEN does not accept faxed claims**

**SKYGEN is required to adjudicate 90% of clean claims within 30 calendar days and 100% of clean claims within 45 days (interest paid after 45 days)**

- Clean claims submitted electronically are often paid the same day
- Molina Healthcare encourages providers to register for Electronic Funds Transfer (EFT) for even faster payment

**ADA American Dental Association® Dental Claim Form**

**HEADER INFORMATION**

1. Type of Transaction (Check all applicable boxes)  
 Statement of Actual Services  Request for Pre-determination/Pre-authorization  
 EPSEIT / Title XIX

2. Pre-determination/Pre-authorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code

**POLICYHOLDER/SUBSCRIBER INFORMATION** (The Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/YYYY) 14. Gender  M  F 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number 17. Employer Name

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental?  Medical?  (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY) 7. Gender  M  F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
 Self  Spouse  Dependent Child  Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

19. Relationship to Policyholder/Subscriber in #12 Above  
 Self  Spouse  Dependent Child  Other

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/YYYY) 22. Gender  M  F 23. Member ID/Account # (Assigned by Dental)

**RECORD OF SERVICES PROVIDED**

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Care System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Dental Code	30. ICD-9-CM Procedure Code	31. Description	31. Fee
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

33. Missing Teeth Information (Place an "X" on each missing tooth.)  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

34. CDT Code List Qualifier  (ICD-9 = B; ICD-10 = AD)

34a. Diagnosis Code(s) A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_  
 (Primary diagnosis in "A") D. \_\_\_\_\_ E. \_\_\_\_\_ F. \_\_\_\_\_

35. Remarks

**AUTHORIZATIONS**

36. I have been informed of the treatment plan and understand that I am responsible for all charges for dental services and materials not covered by my dental benefit, unless prohibited by law, or the treatment plan or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I authorize my plan and disclose my personal health information to carry out patient activities in connection with this claim.

X  I have been informed of the treatment plan and understand that I am responsible for all charges for dental services and materials not covered by my dental benefit, unless prohibited by law, or the treatment plan or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I authorize my plan and disclose my personal health information to carry out patient activities in connection with this claim.

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the health care provider or dental office.

X  I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the health care provider or dental office.

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of insured or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI \_\_\_\_\_ 50. License Number \_\_\_\_\_ 51. SSN or TIN \_\_\_\_\_

52. Phone Number \_\_\_\_\_ 53a. Additional Provider ID \_\_\_\_\_

**ANCILLARY CLAIM/TREATMENT INFORMATION**

39. Place of Treatment (e.g. In-office, 22-OP, Hospital) (See "Place of Service Codes for Professional Claims")

40. Is Treatment for Orthodontics?  
 No (Skip 41-42)  Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/YYYY)

42. Months of Treatment  No  Yes (Complete 44)

43. Replacement of Prosthesis  
 No  Yes (Complete 44)

44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from  
 Occupational Injury  Auto accident  Other accident

46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State \_\_\_\_\_

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

55. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X  I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Signed (Treating Dentist) \_\_\_\_\_ Date \_\_\_\_\_

54. NPI \_\_\_\_\_ 55. License Number \_\_\_\_\_  
 56. Address, City, State, Zip Code \_\_\_\_\_ 56a. Worksite Specialty Code \_\_\_\_\_

57. Phone Number \_\_\_\_\_ 58. Additional Provider ID \_\_\_\_\_

© 2012 American Dental Association  
 J4302 (Same as ADA Dental Claim Form - 4430, 4431, 4432, 4433, 4434)

To register call 800.947.4740 or go online at [adacatalog.org](http://adacatalog.org)

# Provider Disputes/Appeals

Appeal requests must be submitted in writing and include additional supporting documentation such as x-rays or rationale. There are 2 types of appeals that will be accepted:

- ❑ Administrative appeals are those involving adverse determination for reasons other than medical necessity (e.g., filing timeliness, missing prior authorization, etc.).
  
- ❑ Medically Necessary appeals involve findings that there was no medical necessity for the claim.
  - Your written request within 30 days of denial must state that it is an appeal.
  - We will notify you if our initial decision is upheld or pay the claim if it is overturned.

Providers have **90 calendar days** from the date of the incident to file a dispute/appeal. Providers will receive a response within 30 calendar days. The timeframe for appeals can be extended up to 14 days

Submit your appeal in writing to:  
**Molina Healthcare of Mississippi**  
**Attention: Provider Complaints and Appeals**  
**PO BOX 649**  
**Milwaukee, WI. 53201**

# Prior Authorization Requirements

Molina Dental Services has specific utilization criteria, as well as a prior authorization review process, to manage the utilization of services. Whether prior authorization is required for a particular service, and whether supporting documentation is also required.

Molina Dental Services must make a decision on a request for prior authorization within 2 business days from the date request is received, provided all information is complete.

Emergent and urgent care services are covered by Molina without an authorization. This includes non-contracted Providers inside or outside of Molina's service area. \*Must be identified on claim submission\*

Prior authorization requests may be submitted through one of the following channels:

- Scion's Provider Web Portal: <https://pwp.skygenusystems.com/PWP/>
- Clearinghouse, Payer ID: **SKYGN**
- HIPAA-compliant 837D file
- 2012 ADA claim form

**Mail paper authorization requests to:**

**Molina Healthcare of Mississippi**

**Attn: Authorizations**

**PO BOX 2136**

**Milwaukee, WI. 52301**

***Prior authorizations will be honored for 365 days from the date they are issued***

***Authorization does not guarantee payment.***

***The member must be eligible for benefits at the time services are rendered.***

# Prior Authorization Requirements – Inpatient Sedation

**MOLINA HEALTHCARE**

HOSPITAL and AMBULATORY SURGICAL CENTER (ASC)

PATIENT NAME: \_\_\_\_\_  
 ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 DENTIST NAME: \_\_\_\_\_  
 HOSPITAL OR ASC NAME: \_\_\_\_\_

Age Range	Points	Services Required	Points
<input type="checkbox"/> 0-3	12	<input type="checkbox"/> 11 or more	12
<input type="checkbox"/> 4-5	10	<input type="checkbox"/> 10-12	10
<input type="checkbox"/> 6-7	6	<input type="checkbox"/> 7-9	8
<input type="checkbox"/> 8-9	2	<input type="checkbox"/> 4-6	6
<input type="checkbox"/> 10-21	0	(Multiple services on the same tooth count as one service)	

**Behavior Management**  
 (Note: patient progress notes required)

Factor (check all that apply)	Points
<input type="checkbox"/> Acute Situational Anxiety	5
<input type="checkbox"/> Oral Sedation unsuccessful	3
<input type="checkbox"/> Nitrous Oxide unsuccessful	3
<input type="checkbox"/> Local Anesthesia unsuccessful	1

**Medical Diagnosis**  
 (Note: letter from medical provider required)

Factor (check all that apply)	Points
<input type="checkbox"/> Developmental disability	12
<input type="checkbox"/> Intellectual disability	10
<input type="checkbox"/> Asthma	10
<input type="checkbox"/> Heart condition	10
<input type="checkbox"/> ADHD	5
<input type="checkbox"/> Allergies (not seasonal)	5
<input type="checkbox"/> Other _____	—

Eligible for Hospital or ASC (20 points or more) TOTAL POINTS: \_\_\_\_\_  
 Dentist Comments: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_ Treatment Date: \_\_\_\_\_  
 Contact Person Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Notes:

- Medical conditions not listed may also be considered as criteria for approval; include supporting documentation
- Member Records with scores of 20 or more subject to an audit (pre-pay or retrospective)
- A treatment plan on the most current ADA claim form must be sent with this form

**Molina Mississippi Hospital Worksheet**

Member's Name: \_\_\_\_\_  
 Member's DOB: \_\_\_\_\_  
 Member's ID Number: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Dental Services Anticipated: \_\_\_\_\_  
 Type of Failed Attempt: \_\_\_\_\_  
 Special Healthcare Needs:  
 (Special healthcare needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs.)  
 Anticipated DOS: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Contact Fax: \_\_\_\_\_

- Providers should submit request using ADA code D9999 with the required Molina Mississippi Hospital Worksheet and all services that are requested to be performed on the ADA Claim form.
- If **approved**, SKYGEN is to submit the request to Molina including the SKYGEN dental authorization to review and determine the approval of the Out- Patient department or ASC facility.
  - The final determination with both Molina Dental Services/SKYGEN and Molina Out- Patient facility Prior Authorization numbers will be emailed or faxed to the provider. The member can then be scheduled for treatment requested.
  - A copy of the determination will also be received via mail.
- If **denied**, the provider and member have options listed for the appeals process on the notification received.

**Authorization does not guarantee payment.**

**The member must be eligible for benefits at the time services are rendered.**

# Orthodontic Continuity of Care



## Orthodontic Continuation of Care Request Form

Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Member ID: \_\_\_\_\_  
Member DOB: \_\_\_\_\_  
Code(s) Requiring COC: \_\_\_\_\_  
Current Provider Name: \_\_\_\_\_  
Current Provider NPI#: \_\_\_\_\_  
Banding Date: \_\_\_\_\_  
Total Dollars Paid for Case to Date: \_\_\_\_\_  
Remaining Visits: \_\_\_\_\_  
Balance Requested for Remainder of Case: \_\_\_\_\_  
Previous Carrier (if applicable): \_\_\_\_\_  
Previous Provider Name: \_\_\_\_\_  
Previous Provider Phone #: \_\_\_\_\_  
Previous Provider Address: \_\_\_\_\_

### Procedure:

- Complete this form and submit, along with required clinical documentation outlined in Provider Manual Continuation of Care section, as a prior authorization for code D8999 and all applicable orthodontic codes.

- All documentation should be submitted to:

Molina Healthcare Authorizations  
P.O. Box 2136  
Milwaukee, WI 53201

- The case will be reviewed by Molina Healthcare and approved or denied for the continuation of care. If approved, an approved reimbursement amount will be determined as well.

### Required Documentation:

- This form completed.
- Completed 2012 ADA Dental Claim Form listing D8999 and all applicable orthodontic codes.
- Narrative that includes: reason for leaving previous treating provider, previous provider contact information, additional treatment needed and the approximate amount of additional time needed for treatment.

## An orthodontic continuation of care case requires the following information:

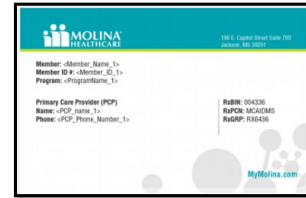
- A completed ADA prior authorization form
- The Orthodontic continuation of care form (filled out completely)
- EOB/patient ledgers to verify previous payments noted on the COC form (patient ledger not required if the EOBs submitted from the previous carrier contain procedure codes, amounts paid, dates paid, etc.)
- Previous authorization from other carrier
- Models/panoramic x-ray/cephalometric x-ray/photographs, if previous insurer was private pay or commercial carrier

# MississippiCAN & CHIP Program Covered Services

- Proper dental care has proven to be one of the first lines of defense in identifying health issues
- The MississippiCAN Medicaid Program provides dental services to Adults ages 21 and older
- MississippiCAN Medicaid Program provides dental services to Children ages 0-20
- Mississippi CHIP Medicaid Program provides dental services to Children ages 0-19

## Dental Coverage Includes:

- Diagnostic and Preventive Services
- Restorative services
- Extractions
- Dentures and partials



Card Front



Card Back

For a complete list of covered services, please refer to the Mississippi Division of Medicaid website.

- Member eligibility varies by month
- Mississippi Division on Medicaid makes all eligibility determinations
- The Molina Healthcare Member ID is NOT proof of eligibility
- Providers are responsible for verifying member eligibility and benefit coverage before providing services

Eligibility can be verified the following ways:

- 24 hours a day/7 days a week/365 days electronically on Skygen's Provider Portal at: [pwp.skygenusystems.com](http://pwp.skygenusystems.com)
- Speaking with a Member Services Representative by calling:

**855-609-5159/844-826-4335**  
**Monday 7:30am – 8pm CST**  
**Tuesday- Friday 7:30am- 5:30pm CST**

## APPOINTMENT AVAILABILITY

Molina Healthcare Dental Services has established appointment time requirements to ensure members receive dental services within a time period appropriate to their dental health condition.

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

- Routine dental care must be scheduled within 45 calendar days
- Urgent care must be available within 48 hours
- After Hours care must be available to Member twenty-four (24) hours-a-day, seven (7) days-a-week.
- Specialty Care must be scheduled within 45 calendar days

## Member ID Card

Members will use their Molina Healthcare card to access dental benefits and services covered.

# Quick Reference Contact

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

Provider Web Portal at <https://pwp.skygenusasystems.com/PWP/>

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

Provider Contact Center - (855) 609-5159

Member Services – (855) 322-4079

Provider Relations – Ellie Coley

**Clearing Houses (Change Healthcare (Formerly Emdeon), DentalXChange)**

Payer ID: SKYGN

**Contracting**

[denta.visiondevelopment@molinahealthcare.com](mailto:denta.visiondevelopment@molinahealthcare.com)

**Practice Changes/Updates/ Inquiries**

[MDVSPProviderServices@molinahealthcare.com](mailto:MDVSPProviderServices@molinahealthcare.com)

**Translation Services**

Molina Member Services at (844) 826-4335

Hearing Impaired: 711.

**Transportation Services**

Molina Reservations Services at (888) 597-1206

**Mississippi NPI Enrolment Services:** (800) 465-3203

# Vision Subcontractor



Routine vision, which includes a comprehensive eye exam and eyewear, is provided through our third-party vendor, MARCH<sup>®</sup> Vision Care.

## Who is MARCH<sup>®</sup> Vision Care?

- MARCH<sup>®</sup> specializes in the administration of vision care benefits for health care organizations, specifically for government sponsored programs such as Medicaid, Medicare, and Medicare-Medicaid plans.
- MARCH<sup>®</sup> partners with dedicated eye care professionals throughout the United States and currently supports over 6.2 million Medicaid and Medicare members nationwide.

## Credentialing

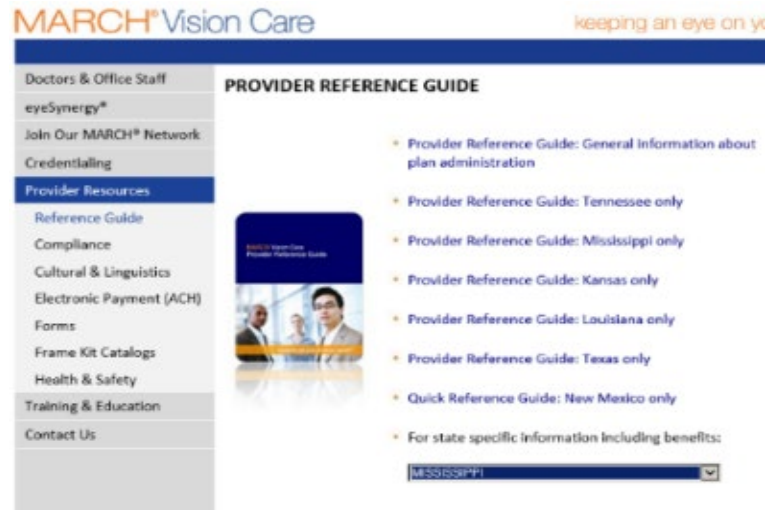
All providers are required to complete an electronic Provider Credentialing Application or submit their CAQH number for credentialing.

# Provider Resources and Contact Information

## Benefit Information

MARCH® administers the routine eye exam, eyewear (including polycarbonate and/or reflective coating at no charge to the member), frame and lens replacement, and eyewear after cataract surgery benefits for Molina Healthcare of Mississippi – CHIP members.

A detailed summary of all covered benefits can be found on our website: [www.marchvisioncare.com](http://www.marchvisioncare.com). To access these state-specific benefits, look under “Doctors and Office Staff”, select “Provider Resources”, click on “Provider Reference Guide”, and then select “Mississippi” from the drop-down menu.



MARCH® Vision Care

## How to Become a MARCH® Vision Care Provider

To become a MARCH® Vision Care provider, visit [www.marchvisioncare.com](http://www.marchvisioncare.com) > Join the Network and complete the online MARCH® Provider Application.

## MARCH® Contact Information

Providers may contact MARCH® Vision Care by:

- Website: [www.marchvisioncare.com](http://www.marchvisioncare.com)
  - Choose your specific state toll free number
  - Contact Us link
- Email: [providers@marchvisioncare.com](mailto:providers@marchvisioncare.com)
- Address: 6601 Center Drive West, Suite 200  
Los Angeles, CA 90045

# Provider Resources

To access online provider resources go to [marchvisioncare.com](http://marchvisioncare.com) > Provider Resources to view:

- State specific telephone numbers
- Contact Us via email
- Provider Reference Guide
- State specific benefits
- Frame Kit catalogs
- Demographic and Disclosure Forms


MARCH® administers:

- Routine eye exams and materials that include polycarbonate and/or anti-reflective coating at no charge to the member
- Frame and lens replacements after cataract surgery benefits for Molina Healthcare of Mississippi – MississippiCAN members.


## Where to Find Participating Network Providers

MARCH® Vision Care offers a diverse panel of providers who can be found in the online provider directory. To access the directory, visit the “Locate a Provider” page on MARCH®’s website [www.marchvisioncare.com](http://www.marchvisioncare.com). You can search for providers by using specific criteria (i.e. plan state, benefit plan, zip code, provider name, etc.).


Doctors & Office Staff	<b>DOCTORS &amp; OFFICE STAFF</b>
eyeSynergy®	
Join Our MARCH® Network	<b>Important Update on COVID-19</b> MARCH Vision Care’s top priorities are protecting the health of our members and the safety of those who deliver care. As this situation evolves, we are committed to adapting and supporting those we serve. Please know we are committed to business continuity and being there to assist you - our call center is staffed, all self-service capabilities are available, and claims are being processed so you have the support you need.
Credentialing	
Provider Resources	Providers can connect to the latest <a href="#">Centers for Disease Control and Prevention (CDC)</a> guidance for health professionals. Click <a href="#">here</a> for an update on what we’re doing to support our providers (California providers click <a href="#">here</a> ).
Training & Education	MARCH® Vision Care is committed to “vision for better health”. And because our eye care professionals are essential to ensuring improved overall health for members, we work diligently to equip our eye care professionals with the information, support and tools they need, to provide the best care possible.
Contact Us	




eyeSynergy®



JOIN OUR MARCH® NETWORK



PROVIDER RESOURCES



TRAINING & EDUCATION

Locate a Provider	<b>LOCATE A PROVIDER</b>
New Search	
Refer a Provider	MARCH® Vision Care offers a diverse panel of ophthalmologists, optometrists and opticians that include family eye doctors, retail chains, and mall locations with extended evening and weekend hours.
Public Transportation Links	
Contact Us	

**LOCATE A PROVIDER**

**Carefully Select Your State and Plan**

**NEXT**

# Provider Portal – eyeSynergy®

eyeSynergy® is MARCH® Vision Care’s web portal that gives you 24/7 access to eligibility, benefits, claims and lab order information.

To register and access eyeSynergy®, visit [providers.eyesynergy.com](http://providers.eyesynergy.com).

**We encourage you to enroll to receive payments electronically for faster claims payments**

MARCH® Vision Care partners with PaySpan® Health for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs).

This service is FREE to MARCH® Vision Care providers.

PaySpan® Health enables online presentment of remittance/vouchers and straight-forward reconciliation of payments to empower our providers to reduce costs, speed secondary billings, improve cash flow, and to help the environment by reducing paper usage.

As a MARCH® Vision Care provider, you gain immediate benefits by signing up for electronic payments from MARCH® Vision Care through PaySpan® Health:

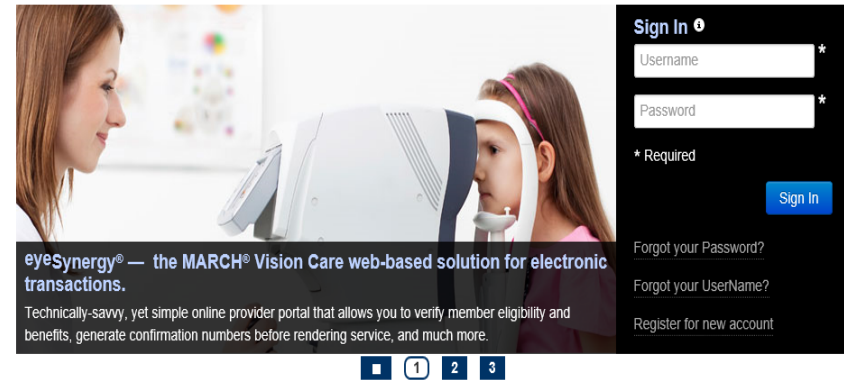
## MARCH® Vision Care

### Important Update on COVID-19

MARCH Vision Care’s top priorities are protecting the health of our members and the safety of those who deliver care. As this situation evolves, we are committed to adapting and supporting those we serve. Please know we are committed to business continuity and being there to assist you - our call center is staffed, all self-service capabilities are available, and claims are being processed so you have the support you need.

Providers can connect to the latest Centers for Disease Control and Prevention (CDC) guidance for health professionals. Click [here](#) for an update on what we’re doing to support our providers (California providers click [here](#)).

eyeSynergy®



### eyeSynergy®

eyeSynergy® — MARCH® Vision Care’s intuitive, user-friendly online web portal gives you 24/7 access to eligibility, benefit, claim and lab order information.

If you’re new to eyeSynergy® or forgot how to navigate through eyeSynergy®, don’t worry, we offer daily training sessions. To schedule a training session or if you have questions about eyeSynergy®, call our eyeSynergy® Support at state specific phone number, select option 3, then option 4.

### Join the MARCH® Vision Care Provider Network

MARCH® Vision Care is committed to “vision for better health”. We work with eye care professionals and networks on a national level to deliver quality eye care through innovative health solutions. Become a MARCH® contracted provider and gain access to eyeSynergy®.

MARCH® Vision Care

# Prior Authorizations Submissions

**Prior Authorization is required for all outpatient surgery and identified procedures, non-emergent inpatient admissions, Home Health, some durable medical equipment and Out-of-Network Professional Services.**

**Molina requires notification of all emergent inpatient admissions within twenty-four (24) hours of admission or by the close of the next business day when emergent admissions occur on weekends or holidays.**

- For emergency admissions, notification of the admission shall occur once the patient has been stabilized in the emergency department.
- Notification of admission is required to verify eligibility, authorize care, including level of care (LOC), and initiate inpatient review and discharge planning.
- Emergent inpatient admission services performed without meeting notification and Medical Necessity requirements or failure to include all of the needed documentation to support the need for an inpatient admission will result in a denial of authorization for the inpatient admission.

Requests for services listed on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and clinicians that have the authority to approve services.

## Methods of Submission

**Web Portal:** <https://www.availity.com/molinahealthcare>

**Phone: (844) 826-4335.** Please follow the prompts for prior authorization.

**Note:** For telephonically submitted requests, it may be necessary to submit additional documentation before the authorization can be processed.

**Fax:** Prior authorization requests may be faxed to the Healthcare Services Department using the Molina Healthcare Service Request Form which is available on our website at: [MolinaHealthcare.com](https://www.molinahealthcare.com).

## Prior Authorizations:

Phone: 1 (844) 826-4335

Inpatient Requests Fax: 1 (844) 207-1622

All Non-Inpatient Fax: 1 (844) 207-1620

**Note:** Please indicate on the fax if the request is non-urgent or expedited/urgent. Please see the MHMS Provider Manual for definition of expedited/urgent.

## **Mail:**

188 East Capitol Street  
Suite 700  
Jackson, MS 39201

# Prior Authorizations and Referrals

**Prior Authorization is a request for prospective review. It is designed to:**

- ❖ Assist in benefit determination
- ❖ Prevent unanticipated denials of coverage
- ❖ Create a collaborative approach to determining the appropriate level of care for Members receiving services
- ❖ Identify Case Management and Disease Management opportunities
- ❖ Improve coordination of care

**Referrals** are made when medically necessary services are beyond the scope of the PCP's practice. Most referrals to in-network specialists do not require an authorization from Molina. Information is to be exchanged between the PCP and Specialist to coordinate care of the patient.

Requests for services listed on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and clinicians that have the authority to approve services.

A list of services and procedures that require prior authorization is included in our Provider Manual and also posted on our website at [MolinaHealthcare.com](https://www.molinahealthcare.com)

# Durable Medical Equipment

## Exceed Service Limits

To determine max units, daily rates and service limits, review the Mississippi Division of Medicaid Fee Schedule at

<https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>

For additional questions, please contact your provider services representative or Molina's provider contact center at **(844) 826-4335**.

## Manual Pricing

Most manually priced items are priced at the Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%).

Items that do not have a fee or MSRP may be priced at the provider's cost plus twenty percent (20%).

The provider must attach a copy of the MSRP or current invoice to the claim submission indicating the cost to the provider for the item dispensed. Failure to submit the required documentation may result in a claims denial.



# Durable Medical Equipment

## Wheelchairs

Molina covers wheelchairs for all beneficiaries when ordered by the appropriate medical professional, is medically necessary and prior authorized.

Please refer to our Prior Authorization Codification Matrix at:

<https://www.molinahealthcare.com/providers/ms/medicaid/forms/fuf.aspx>



## Purchase and Rental Reimbursement

### **Purchase**

Reimbursement for DME is the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule. The fee schedule is calculated using eighty percent (80%) of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule.

### **Rental**

Molina covers rental of DME and/or medical appliance up to ten (10) months, or up to the purchase price, whichever is the lesser. Rental items are set at ten percent (10%) of the Medicaid allowable fee.

After rental benefits are paid for ten (10) months, the DME becomes the property of the beneficiary, unless otherwise authorized by the Division of Medicaid through specific coverage criteria.

For Additional information, please refer to

***Administrative Code Part 209, Chapter 1, Rule 1.4 Reimbursement at***

<https://medicaid.ms.gov/providers/administrative-code/>.

# Provider Services – Call Center

- ❑ The Provider Service Contact Center is the first line of communication for providers.
- ❑ Provider Services Contact Center can verify eligibility, answer claims related questions, check Prior Authorizations status, etc.
- ❑ Located in Mississippi
- ❑ Phone: (844) 826-4335
- ❑ Hours of operations  
7:30 am – 6:00 pm CST



# Provider Services – External Representatives

**Chinwe Nichols, Director, Provider Services**

[Chinwe.Nichols@molinahealthcare.com](mailto:Chinwe.Nichols@molinahealthcare.com)

601-317-2442

**LaKeida Ward, Manager, Provider Services**

Behavioral and Mental Health Providers

[LaKeida.Ward@molinahealthcare.com](mailto:LaKeida.Ward@molinahealthcare.com)

601-317-4313

**Earl Robinson, Manager, Provider Services**

[Earl.Robinson@molinahealthcare.com](mailto:Earl.Robinson@molinahealthcare.com)

601-760-2433

**Ricky Bailey, Senior Rep, Provider Services**

North MS and TN

[Ricky.Bailey@molinahealthcare.com](mailto:Ricky.Bailey@molinahealthcare.com)

901-515-6703

**Jade McGowan, Senior Rep, Provider Services**

MS Delta and AR

[Jade.McGowan@molinahealthcare.com](mailto:Jade.McGowan@molinahealthcare.com)

601-760-8779

**Tuwanda Williams, Senior Rep, Provider Services**

Southwest MS and LA

[Tuwanda.Williams@molinahealthcare.com](mailto:Tuwanda.Williams@molinahealthcare.com)

601-760-8758

**Laterria Lacy, Senior Rep, Provider Services**

Central and Southeast MS

[Laterria.Lacy@molinahealthcare.com](mailto:Laterria.Lacy@molinahealthcare.com)

601-559-3142

**Tamalia Williams, Senior Rep, Provider Services**

FQHCs

[Tamalia.Williams@molinahealthcare.com](mailto:Tamalia.Williams@molinahealthcare.com)

601-862-6468

**Kwiinta Anderson, Senior Rep, Provider Services**

South MS, AL and LA

[Kwiinta.Anderson@MolinaHealthcare.com](mailto:Kwiinta.Anderson@MolinaHealthcare.com)

601-658-7408

[MHMSProviderServices@molinahealthcare.com](mailto:MHMSProviderServices@molinahealthcare.com)

(General Provider Services Inquiries)

[MSBHPProviderServices@molinahealthcare.com](mailto:MSBHPProviderServices@molinahealthcare.com)

(Behavioral and Mental Health Providers)

Access the complete list of county assignments at:

<https://www.molinahealthcare.com/providers/ms/medicaid/comm/Provider-Representatives-Map.aspx>

# How Providers Can Access Webinar Presentation

2021 Managed Care Provider Workshop Presentation

[Managed Care | Mississippi Division of Medicaid \(ms.gov\)](#)

# Managed Care Inquiries and Complaints

## HELP US, HELP YOU

Please forward all issues and complaints to:  
<https://forms.office.com/g/WXj92sN1MH>

## Managed Care Provider Inquiries and Issues Form

Providers should report all issues to the respective CCO and exhaust their review processes prior to reporting the issue/inquiry to the Division of Medicaid.

\* Required

GENERAL INFORMATION



**Providers:  
Please complete the following**

**2021 Managed Care Provider Evaluation**

*We would appreciate your feedback following today's webinar.*

<https://forms.office.com/g/f7BDqpDCce>

**2021 Managed Care Provider Satisfaction Survey**

*Don't forget to complete the 2021 Provider Satisfaction Survey*

<https://forms.office.com/g/HZ47znpRVy>



# Questions & Answers

**Division of Medicaid**  
**Sharon Jones**