LTSS Credentialing 101

September 30, 2024

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Agenda

During this presentation we will review the following topics:

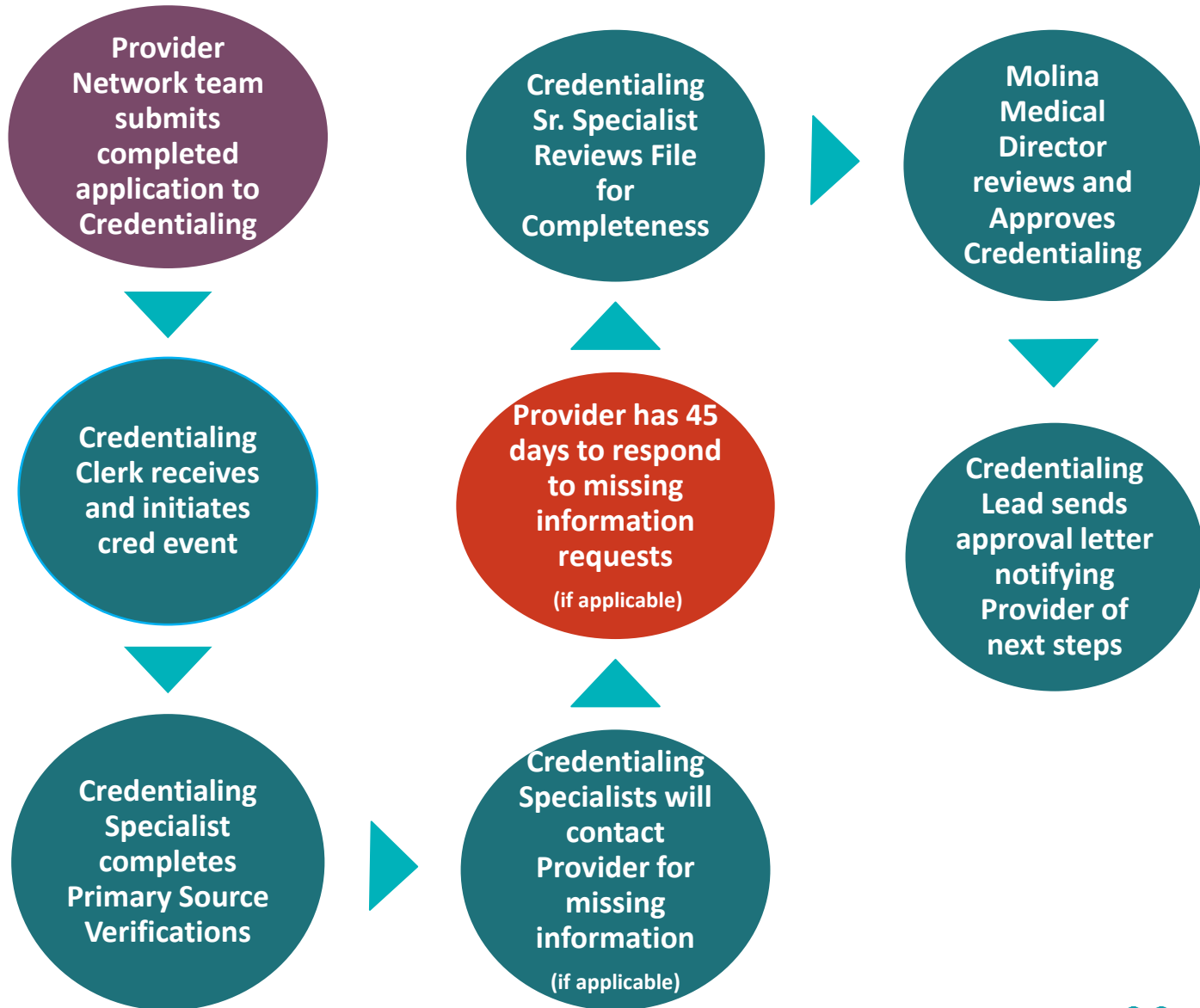| Initial Credentialing Workflow	Credentialing Application and Instructions	Mandatory Documents
Application FAQ's	Missing Information Requests	Approvals, Denials, Incomplete Credentialing Files

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Initial Credentialing Workflow

Credentialing Application

Instructions

The next few pages outline general topics covered on each page of the application. Incomplete applications or missing attachments will face delays during credentialing and are at risk of being discontinued. More information about incomplete application can be found on slide 17.

Page 1:

Instructions on how to complete the application:

1. Where to return your completed application
2. If multiple facility locations can be covered under one application
3. What additional documents should accompany the application
4. A link to review LTSS Frequently Asked Questions (FAQ)

Organization Information

Page 2:
1. Legal Name
2. DBA Name
3. TIN, NPI, Medicare #, Medicaid #
4. Credentialing Contact Info
5. Billing Address
6. Certificate of Insurance

Page 3:
1. Physical Location
2. State License, Registration, and Certification
3. Additional Credentials

Page 4:
1. Accreditation/Certification

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LTSS Requirements

Page 5:

1. Additional LTSS Required Documents
2. LTSS Services Offered
3. LTSS Specific Questions

Page 6:

1. Disclosure Questions

Page 7:

2. Assurances and Certifications

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LTSS Attachment 1 & 2

MCW Attestation

This form is required to verify annually the provider is conducting required trainings, maintaining and practicing required Policies and Procedures, and completing mandatory background checks.

Medicaid Enrollment Form

This form ensures the provider understands Medicaid requirements and is acknowledging they will follow these requirements to receive Medicaid funding.

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Application FAQ's

What are the required documents for credentialing?

HDO Application

LTSS Providers must complete pages 1-7 of the Molina Healthcare HDO Application.

License to Practice in Wisconsin

Molina LTSS Credentialing requires providers to hold a current and unrestricted license or certification to practice in Wisconsin when applicable.

Malpractice Insurance

Providers seeking Molina LTSS Credentialing must have malpractice insurance that meets specified requirements. See slide 4 for required insurance types and minimums.

Attestation Form

Providers must complete the My Choice Wisconsin (MCW) Attestation form at initial credentialing and annually thereafter.

Medicaid Enrollment Form

Providers must complete the Wisconsin Medicaid Program Provider Agreement and Acknowledgement of Terms and Participation form at initial credentialing.

LTSS Program Credentialing Criteria

Providers must fulfill the credentialing criteria for the specific LTSS program in which they are seeking participation.

FAQ's

Why is Credentialing requesting a roster?

Per WI Admin Code DHS 12 and 13, Molina Healthcare of WI (MHWI) is required to ensure that providers are meeting licensure, certification, accreditation, criminal background checks and training requirements. The roster is used to verify licensure of licensed employees during the credentialing and recredentialing process. Rosters may also be used to audit for required trainings and mandatory background checks.

What is the purpose of the MCW Attestation?

Per WI Admin Code DHS 12 and 13, MHWI is required to verify annually the provider is conducting required trainings, maintaining and practicing required Policies and Procedures, and completing mandatory background checks.

What is the purpose of the Disclosure Questions?

These questions attest that the owner and facility applying are eligible for employment/services and receive Medicaid funding for home and community-based waiver services.

Why do I need to complete the Medicaid Enrollment Form?

Per WI Admin Code DHS 12 and 13, MHWI must ensure that providers complete the Medicaid Enrollment Form which indicates the provider understands Medicaid requirements and is acknowledging they will follow these requirements to receive Medicaid funding.

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FAQ's Continued

Why are you asking about our Accreditation?

Per WI Admin Code DHS 12 and 13, Molina is required to ensure that providers are meeting licensure, certification, accreditation, criminal background checks and training requirements to be eligible to receive Medicaid funding for home and community-based waiver services.

What is a Program Statement?

A document that outlines the specific services and supports provided under the LTSS program. It typically includes details about the types of assistance offered, eligibility requirements, and the goal of the program. The program statement helps ensure that providers meet necessary licensure, certification, accreditation, criminal background check, and training requirements to be eligible for Medicaid funding for home and community-based waiver services.

How often do I need to renew my Molina LTSS Credentialing?

Annually.

Why are additional documents being requested that weren't during previous credentialing events?

Molina is required to validate the accuracy of attestation statements including, but not limited to, the completion of caregiver background checks and training materials from a portion of the network each year. You will only be asked to submit these documents if you've been randomly selected for validation.

How is My Choice Wisconsin (MCW) and Molina Healthcare related?

Molina Healthcare acquired MCW in September of 2023. The MCW and Molina credentialing departments were integrated in March of 2024. Some LTSS required documentation still references MCW.

Insurance Requirements

MHWI verifies that all providers have appropriate insurance, depending on provider type, at initial and recredentialing. These requirements are outlined in the Provider Handbook. Providers are required to provide MHWI a copy of their Certification of Insurance. Molina requires auto insurance if transportation is offered and professional liability when licensed staff are employed.

Provider Type	Automobile Liability	General Liability	Umbrella Liability	Professional Liability	Workers Compensation
Adult Day Care- Less than 25 Employees	$500,000	$500,000	Not required	$500,000	Required
Adult Day Care- More than 25 Employees	$1,000,000	$1,000,000	$1,000,000	$1,000,000	Required
AFH- 1-4 Bed- Non-Owner Occupied	$1,000,000	$1,000,000	Not required	$500,000	If workers are contracted WC may be required
AFH- 1-4 Bed- Owner Occupied	$100,000 (Leased) $300,000 Owned	500,00	Not required	$500,000	Not Required
CBRF- Less than 100 beds	$1,000,000	$1,000,000	$1,000,000	$1,000,000	Required
CBRF- More than 100 beds	$1,000,000	$1,000,000	$2,000,000	$1,000,000	Required
DMS/DME/Pharmacy- Less than 25 employees	$500,000	$500,000	Not required	$500,000	Required
DMS/DME/Pharmacy- More than 25 employees	$1,000,000	$1,000,000	Not required	$1,000,000	Required
Home Health- Less than 25 employees	$500,000	$500,000	Not required	$500,000	Required
Home Health- More than 25 employees	$1,000,000	$1,000,000	$1,000,000	$1,000,000	Required
Lawn and Snow	$1,000,000	$1,000,000	Not required	Not required	If Applicable
Personal care- Less than 25 employees	$500,000	$500,000	Not required	$500,000	Required
Personal care- More than 25 employees	$1,000,000	$1,000,000	$1,000,000	$1,000,000	Required
Prevocational - Less than 25 employees	$500,000	$500,000	Not required	$500,000	if workers are contracted and not full employee's WC may not be required
Prevocational - More than 25 employees	$1,000,000	$1,000,000	$1,000,000	$1,000,000	Required
RCAC- Less than 100 Beds	$1,000,000	$1,000,000	$1,000,000	Not required	Required
RCAC- More than 100 Beds	$1,000,000	$1,000,000	$2,000,000	Not required	Required
Skilled Nursing Facility- Less than 25 employees	$500,000	$500,000	Not required	$500,000	Required
Skilled Nursing Facility- More than 25 employees	$1,000,000	$1,000,000	$1,000,000	$1,000,000	Required
Supportive Home Care- Less than 25 employees	$1,000,000	$1,000,000	Not required	$1,000,000	if workers are contracted and not full employee's WC may not be required
Supportive Home Care- More than 25 employees	$1,000,000	$1,000,000	Not required	$1,000,000	if workers are contracted and not full employee's WC may not be required
Transportation- Less than 25 employees	$1,000,000	$1,000,000	Not required	Not required	if workers are contracted and not full employee's WC may not be required
Transportation-More than 25 employees	$1,000,000	$1,000,000	Not required	Not required	if workers are contracted and not full employee's WC may not be required
Health Care – Facility Level		$1,000,000 (Occurrence)/ $3,000,000 (Aggregate)		$1,000,000 (Occurrence)/ $3,000,000 (Aggregate)	Required
Health Care Practitioner Level				$1,000,000 (Occurrence)/ $3,000,000 (Aggregate)	
Financial Management/ Rep Payee /	$500,000	$500,000	Not required	$500,000	Required
Guardianship – Less than 25 employees					
Financial Management/ Rep Payee / Guardianship – More than 25 employees	$1,000,000	$1,000,000	Not required	$1,000,000	Required
Other- Counseling and Therapeutic Resources – Less than 25 employees	$500,000	$500,000	Not required	$500,000	Required
Other- Counseling and Therapeutic Resources – More than 25 employees	$1,000,000	$1,000,000	Not required	$1,000,000	Required

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Credentialing Correspondence

Missing Information Requests

What to expect: When credentialing identifies documentation or information missing that is required to complete the credentialing process, the specialist working the file will outreach to the credentialing contact listed on the application.

- **First Request:** The first outreach attempt will be sent via email to the inbox listed on the credentialing application. The request will explain what information is missing, how to return the requested information, and a specified timeframe the information should be returned by (typically 15 days).
- **Second Request:** If after 15 days the information has not been received, the specialist will call the provider office to verify and confirm the correct credentialing email address. A second request, including all the same information as the first will be sent.
- **Final Request:** A third and final request is sent after an additional 15 days. This request will explain the risk of having provider contracts suspended and/or terminated if the requested information is not received timely.

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Decision Letters

Once all required documents have been received the file will be reviewed by the Medical Director. A letter notifying the provider of the credentialing decision will be sent via email to the credentialing contact listed on the application.

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Incomplete Credentialing Applications

Provider's who do not meet credentialing criteria will be admin-denied. Examples would be inadequate insurance coverage or HCBS Non-Compliance. Once provider meets criteria, they can submit proof to restart the credentialing process.

Incomplete initial credentialing events will be discontinued and contracting will be unable to move forward.

If it was an incomplete recredentialing event, credentialing will notify contracting that credentialing could not be completed. The provider's contracts may be suspended and/or terminated which could result in member moves.

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Credentialing Questions?

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How do I contact Molina for help with Credentialing?

Providers can contact Molina Healthcare's Provider Network Department for assistance with LTSS Credentialing. The Provider Network Department can provide guidance on the credentialing process, answer questions, and provide support.

MHWIProviderNetworkManagement@MolinaHealthCare.Com