Molina Healthcare of Iowa

Iowa HFMA Payer Panel

February 2024

Claims and EFT Update

➢ Claims and Billing Updates

1. Adjudication Information
- Extensive review of claims before finalizing

2. Top Rejection Issues
- Taxonomy in Box 33b
- Nine Digit Zip code (no hyphen)

➢ ERA/EFT Updates

Important Reminders
- Ensure you are signing up for the **FREE** ERA/EFT service; there is **NO CHARGE** for EFT with Molina
- To register with Change Healthcare/ECHO Health, go to ECHO Enrollment
- *Questions?* Call ECHO Health at **(888) 834-3511** or email edi@echohealthinc.com

➢ Molina System Configuration Updates

- To keep up to date on configuration updates and timelines for resolution, go here: Configuration Log

Electronic Payment Requirement

Participating providers are encouraged to enroll in Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). Providers enrolled in EFT payments will automatically receive ERAs as well. EFT/ERA services give providers the ability to reduce paperwork, utilize searchable ERAs, and receive payment and ERA access faster than the paper check and remittance advice (RA) processes.

There is no cost to the provider for EFT enrollment, and providers are not required to be in-network to enroll. Molina uses a vendor to facilitate the HIPAA compliant EFT payment and ERA delivery processes.

Molina contracts with our payment vendor, ECHO Health, Inc. You may contact ECHO Customer Service at (888) 834-3511 or edi@echohealthinc.com

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Electronic Payment Requirement

1 Once you have enrolled for electronic payments you will receive the associated ERAs from ECHO with the Molina Payer ID. Please ensure that your Practice Management System is updated to accept the Payer ID referenced below. All generated ERAs will be accessible to download from the ECHO provider portal: www.providerpayments.com

2 If you have any difficulty with the website or have additional questions, ECHO has a Customer Services team available to assist with this transition. Additionally, changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Customer Services team at (888) 834-3511.

3 Molina's Payer ID: MLNIA

4 Once your account is activated, you will begin receiving all payments through EFT, and you will no longer receive a paper explanation of payment (EOP) (i.e., Remittance) through the mail. You will receive 835s (by your selection of routing or via manual download) and can view, print, download and save historical and new ERAs with a two-year lookback.

5 Additional instructions on how to register are here: ECHO Enrollment

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Claims Submission – Timely Filing

Providers are encouraged to submit claims for Covered Services rendered to members as soon as possible following the date of service.

Claims must be submitted by provider to Molina Healthcare within one hundred eighty (180) calendar days

All claims shall be submitted electronically, and include medical records pertaining to the claim if requested by Molina Healthcare
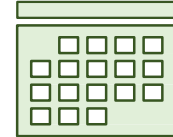
Out-of-network providers = 365 calendar days after discharge from Date of Service

Corrected Claims = 365 calendar days from the last adjudication date for up to 2 years from Date of Service

Claims Disputes & Reconsiderations

|	
Providers are encouraged to submit claim disputes electronically, using the Availity Essentials portal.	The item(s) being resubmitted should be clearly marked as reconsideration and must include the following documentation: ▪ Any documentation to support the adjustment and a copy of the Authorization form (if applicable) must accompany the reconsideration request. ▪ The Claim number clearly marked on all supporting documents.
Claim reconsiderations shall be submitted at:	Availity Essentials portal: https://availity.com/Essentials Fax: (855) 275-3082

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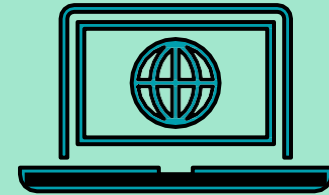
Availity Essentials

Availity Essentials portal:

The benefits of submitting your prior authorization request through the Availity Essentials portal are:

Participating providers are encouraged to use the Availity Essentials portal for prior authorization submissions whenever possible. Instructions for how to submit a prior authorization request are available on the Availity Essentials portal: https://availity.com/molinahealthcare

❖ Create and submit Prior Authorization Requests
❖ Check status of Authorization Requests
❖ Access dashboard where you can easily see your authorizations and the status update.
❖ Attach medical documentation required for timely medical review and decision making

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Availity Overpayment Feature

➢ Availity and Molina Healthcare have developed a better way to help provider offices manage overpayments in the provider portal. This functionality is **live** in *Availity Essentials*.

View the status and details of any claims that Molina has identified an overpayment

Request additional information, and dispute or resolve the overpayment

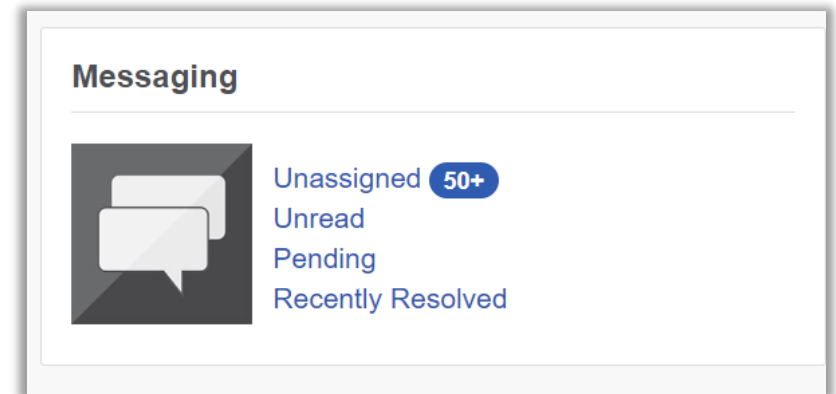Upload documents and use the conversation feature within the tool

Availity: Overpayment Tool

➤ Availity Access

- To use the overpayments application, your organization's Availity administrator must assign the **Claim Status** and **Claims Overpayment Recovery** roles to your user account.

- Contact your administrator(s) to get more or different permissions.

➤ Highlights and Insights

- In My Account Dashboard, click **My Account** > **Organizations** > **Open My Administrators** to find administrators for your business.

Availity: Overpayment Tool in Essentials

To access the overpayments application, click
1. **Claims & Payments**
2. **Overpayments**.

Availity Update

## ➢ Availity Troubleshooting

Remittance Viewer
- To view remittances, please authenticate your organization
- How-To Webinar available in the remittance viewer

Availity Access
- Be sure to check in with your organization's Availity admin to manage your access

Get logged in to our Portal:
- Availity Essentials: [Molina Provider Portal](#)
- Provider can inquire via 'Secure Claims Messaging' or 'Claims Inquiry Tool'
- For further assistance, call Availity Help Desk:
  1-800-282-4548 / 8 AM – 8 PM ET / Monday - Friday
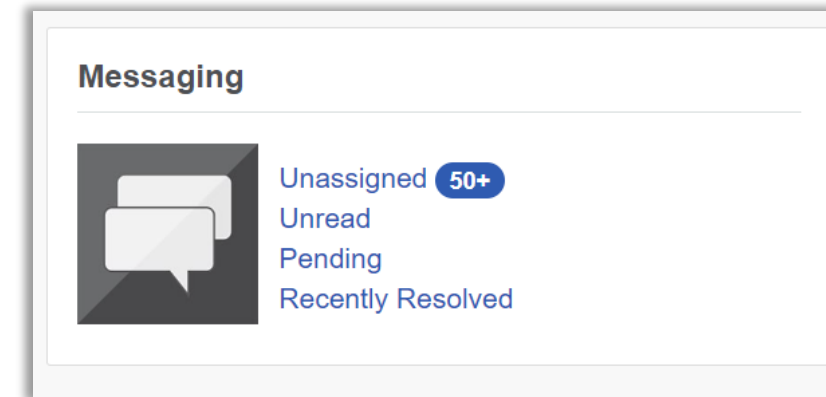
Provider Relations Contact Information

Provider Relations Contact Center:

Phone: (844) 236-1464
Hours: 7:30 am - 6:00 pm, Mon - Fri

Provider Relations Rep Map:

Molina PSR Map by County (next slide)
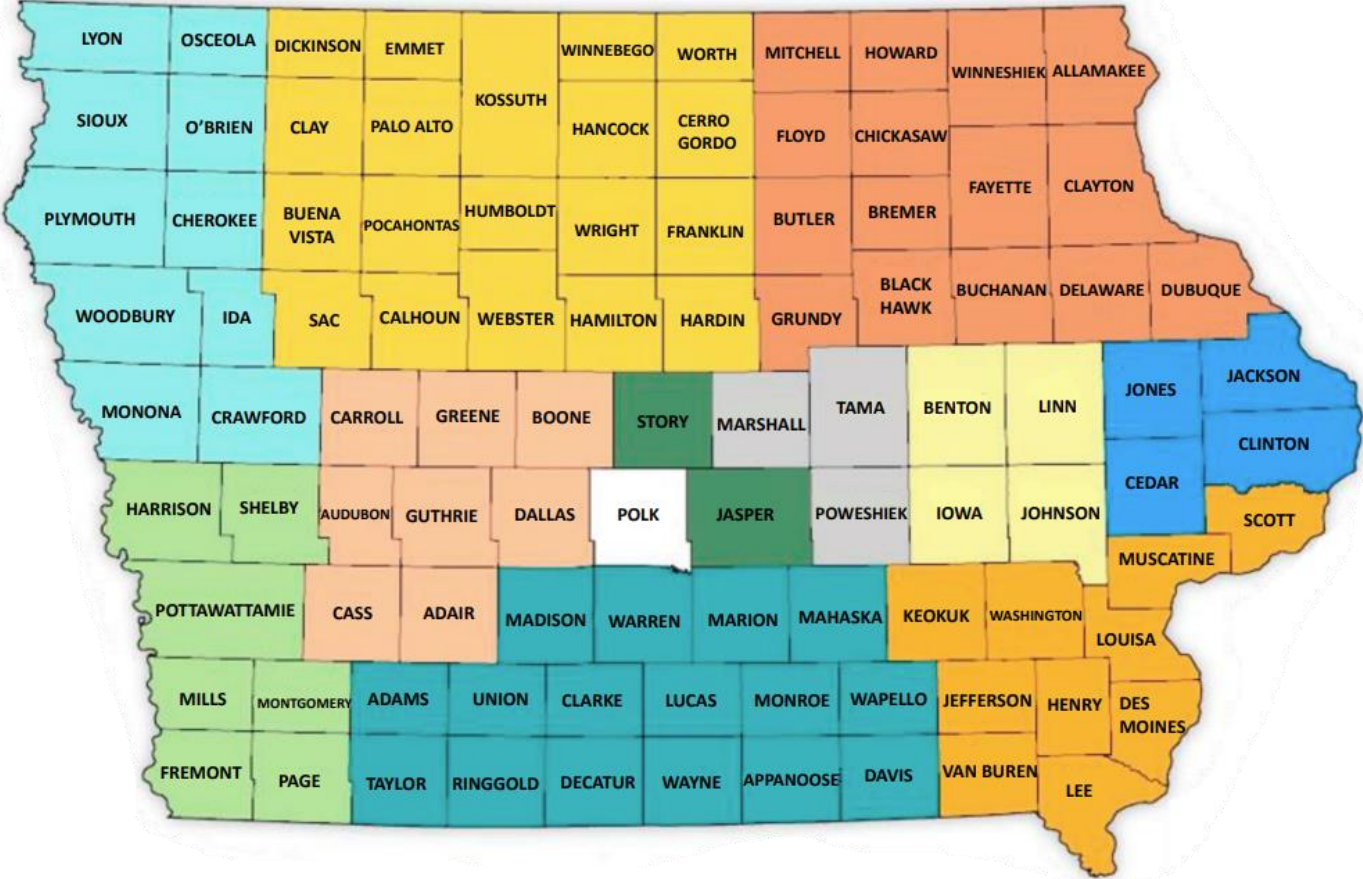
Provider Relations General Box:

IAProviderRelations@MolinaHealthcare.com

Provider Relations Rep Map

- **Molina IA Rep Map Link**

Color	Contact
	Theresa – Theresa.Ellis2@molinahealthcare.com
	Kendra – Kendra.Abel@molinahealthcare.com
	Jordan – Jordan.Kohlmeyer@molinahealthcare.com
	Adrian – Adrian.cain@molinahealthcare.com
	Marcia Petsche – Marcia.Petsche@molinahealthcare.com
	Veronica – Veronica.Smith3@molinahealthcare.com
	Elizabeth – Elizabeth.Erickson@molinahealthcare.com
	Maria – Maria.Markham@molinahealthcare.com
	Amber – Amber.Meador@molinahealthcare.com
	Erica - Erica.Baker@molinahealthcare.com
	Sara Tubbs – Sara.Tubbs@molinahealthcare.com

Health Systems contacts:
Theresa Ellis – Unity Point, CHI, Methodist
Adrian Cain – MercyOne, Genesis
Kendra Abel – University of Iowa, Paramount

Provider Services: (844) 236-1464

Polk County will be divided in the following way:
Veronica –   Altoona, Beaverdale, Bondurant, Des Moines, Elkhart, Mitchellville, Pleasant Hill, Runnells
Elizabeth –   Ankeny, Clive, Grimes, Huxley, Polk City, Urbandale, West Des Moines, Windsor Heights

Border States:

Illinois – Sara Tubbs   Minnesota – Jordan Kohlmeyer
Missouri – Erica Baker   Nebraska – Theresa Ellis
South Dakota – Maria Markham   Wisconsin – Marcia Petsche

Provider Data Accuracy and Validation

Please visit our Provider Online Directory at

MolinaHealthcare.com/IA

to validate your information.

For corrections and updates, providers can make updates through the CAQH portal, or you may submit a full roster that includes the required information above for each health care provider and/or health care facility in your practice.

Providers unable to make updates through the CAQH portal or roster process should contact their Provider Services representative for assistance.

Join Our Network

To join Molina Healthcare of Iowa's network, providers **must be enrolled** as an Iowa Medicaid provider and have an active Medicaid ID number.

Follow these steps to join our network:

1 Connect

2 Documentation

3 Credentialing

4 Contract
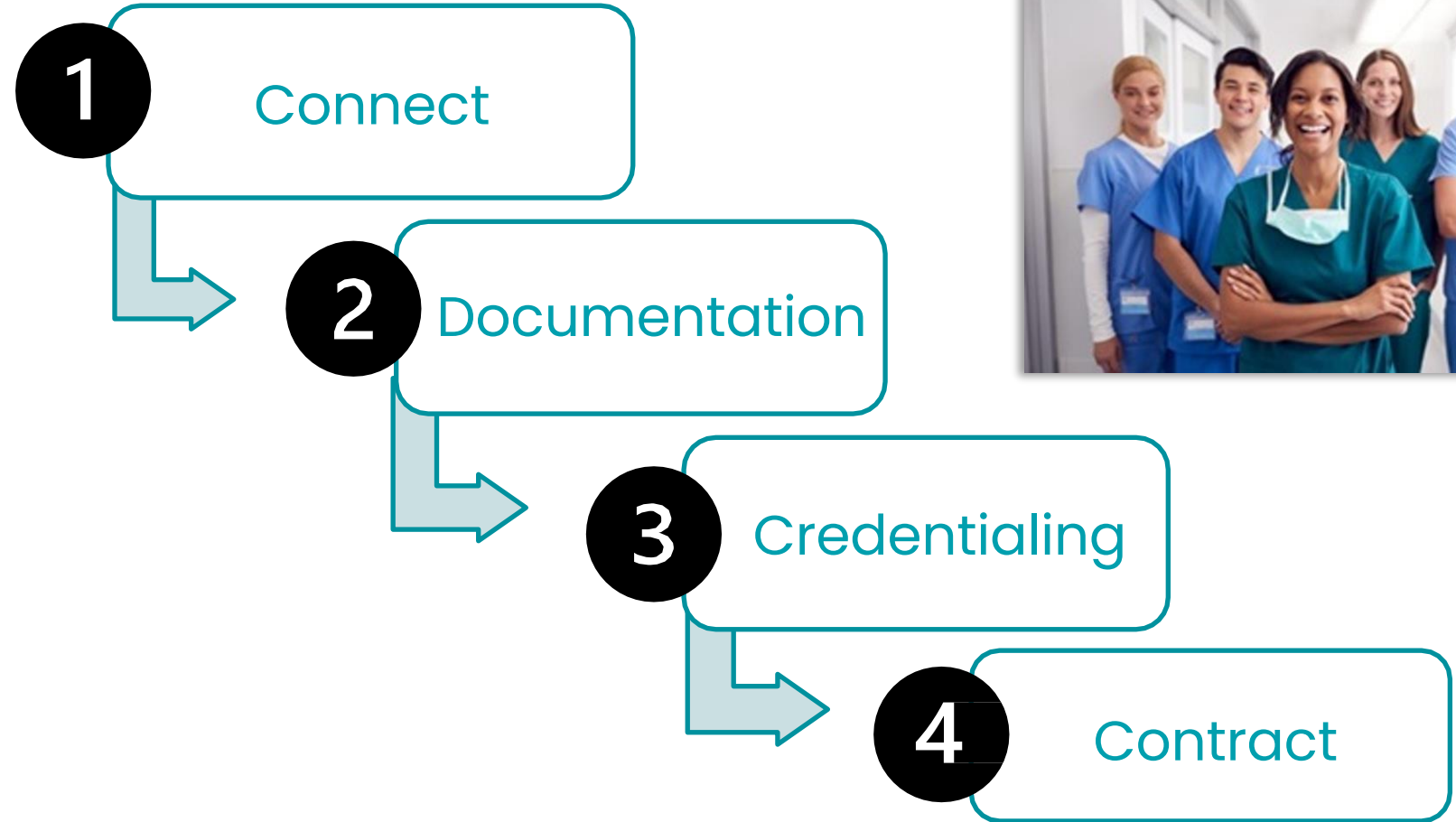
Connect

Points of contact and the process for joining our network will differ depending on provider type.

Vision Providers	Please contact our vision vendor, March Vision, for participation at **(844) 496-2724** or by visiting MarchVision.com
Pharmacy Providers	Please contact our Pharmacy benefits manager, CVS Pharmacy, by visiting CVS website here: Join CVS Caremark Network.
All Other Providers	Please complete a Contract Request Form found on our website: www.molinahealthcare.com/providers/ia and submit to IAProviderContracts@MolinaHealthcare.com.

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Documentation – Practitioners

- Provider Services Agreement
- W–9
- Roster or Provider Information Form
- Practitioner Application (if practitioner does not have an updated and attested CAQH profile)
- Primary Specialty and Taxonomy Code
- Service Area Form
- Sample CMS 1500 Claim Form

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Documentation – Organizational/Facility Providers

- **Hospital/Facility/Ancillary Provider Services Agreement**
- **W–9**
- **Health Delivery Organization (HDO) Form**
- **Primary Specialty and Taxonomy Code**
- **Service Area Form**
- **Hospital Services Checklist (if applicable)**

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Molina's Provider Credentialing Process Model

1. Create & Process Provider Credentialing Application	2. Collect & Verify Provider Information	3. Final Decision on Provider Application
• Create a new provider application. • A new provider may need to be credentialed depending on its source i.e. CAQH/Paper/HDO/Provider Source, status, type or specialty. The Provider application could be Initial or Recredentialing.	• Verify Provider information and collect supporting Credentialing documents. • Corporate Credentialing department collects all mandatory documentation from CAQH/State websites.	• Review provider application and make a final decision • Application goes through a review process in which information is verified and final decision of Approval/Denial/Termination/Hold is made.

Regulatory Documents Examples: CMS disclosure, CQ update, Checklist, EP Staff check, Site visit, Verifications

Reporting Examples: Dashboard for number of items in queue, Credentialing Reports, other Analytics and Business Intelligence requirements

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Contract

The final step will be for Molina to countersign the Provider Agreement and provide the provider with a signed executed copy.

Credentialed facilities and/or practitioners will also be loaded into Molina's claims payment system as in-network providers.

The in-network effective date for each facility and/or practitioner will be the date of credentialing completion.

This will be included in the notification that providers receive from Molina's Credentialing department (referenced in Step 3 - Credential).

Provider Resources for Questions and Concerns

➢ **Contact a Molina team member:**

  o Please email our Provider Contracting department directly, at IAProviderContracts@MolinaHealthcare.com

  o You may also call Molina's Provider Contact Center at **(844) 236-1464**

  o Additionally, the Provider Relations team is also ready to assist with next steps at IAProviderRelations@MolinaHealthcare.com

➢ **Molina Iowa Website:**

  o www.MolinaHealthcare.com/IA – our website includes our provider manual, as well as educational resources around this process

  o Provider Network Forms – this link directs you to the documents you may fill out and submit for a faster turn around time on credentialing

  o Join Our Network – this link thoroughly walks you through all contracting and credentialing steps in this presentation

Provider Online Resources

- ✓ Provider Online Directories
- ✓ Preventative & Clinical Care Guidelines
- ✓ Provider Manuals
- ✓ Provider Portal
- ✓ Prior Authorization Information
- ✓ Advanced Directives
- ✓ Model of Care Training
- ✓ Claims Information
- ✓ Pharmacy Information
- ✓ HIPAA
- ✓ Fraud, Waste & Abuse Information
- ✓ Frequently Used Forms
- ✓ Communications & Newsletters
- ✓ Member Rights & Responsibilities
- ✓ Contact Information

Provider Online Directory

Providers may use Molina's Provider Online Directory (POD) located on our website or request a copy of the Provider Directory from their Provider Relations Representative(s).

Molina is committed to improving your online experience. The new Provider Online Directory enhances search functionality so information is available quickly and easily.

Key benefits include:

User-friendly and intuitive navigation

Provider profile cards for quick access to information

Browsing by category, search bar and common searches

Expanded search options and filtering for narrowing results

Provider information you can save to use later

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Request Responses

Molina makes UM decisions in a timely manner to accommodate the urgency of the situation as determined by the member's clinical situation.

For a standard authorization request, Molina makes the determination and provides response within fourteen (14) calendar days.

For an expedited request for authorization, Molina makes a determination as promptly as the member's health requires and no later than seventy-two (72) hours after Molina receives the initial request for service. In the event a provider indicates, or if we determine that a standard authorization decision timeframe could jeopardize a member's life or health, Molina will process such requests as expedited as well.

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Prior Authorization Look Up Tool

The Prior Authorization Look-up Tool allows providers to enter a CPT or HCPCS code to determine authorization requirements in real-time!

To access the Prior Authorization Look-up Tool instructions, go to: Provider Look Up Tool Walk Through

This will also direct you to the most current Prior Authorization Guidelines and the Prior Authorization Request Form.

Molina Healthcare Partners

Molina Healthcare of Iowa is partnering with the following providers for our Medicaid, LTSS, and CHIP members:

Vision Services – *March Vision*	• Toll Free #: **(844) 496-2724** • March Vision
Teledoc	• Virtual Care Page w/Teledoc services FAQs • Teledoc Services
Non-Emergency Transportation – *Access 2 Care (A2C)*	• Toll Free #: **(844) 544-1389** • A2C
Telehealth (I/DD) – StationMD	• Toll Free #: **(844) 544-1389** • StationMD

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Thank You