ICF/DD Process Review

Tuesday, February 20th, 2024

Agenda

1 Introductions

2 TAR & Utilization Management Process

3 Letter of Agreement & Contracting Process

4 Claims Payment - Guide

5 Availity Facility Claims Submission

6 Non-Par Facility Claims Submission

7 Key Contacts

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TAR and Utilization Management Process Review

Presented by:

Veronica Mones, Vice President – Healthcare Services,

Blanca Martinez, Director – Healthcare Services, Care Management

Angelee Smith, Director - Contracting

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Authorization Process -
Existing Medi-Cal Treatment Authorization Requests (TARs)

- Molina has loaded all Medi-Cal TAR data provided by DHCS to create an authorization in its internal system for the duration of the existing TAR.

  ➢ *The DHCS files did not always contain all necessary information to convert the DHCS TARs into authorizations. Information required to effectuate auth:* *Rendering provider name and NPI, unique procedure/service code information/description.*

  ➢ *Minimal information provided by Health Net in Los Angeles: While Molina may be receiving the member information, Molina received TAR data from Health Net for only a few members.*

  ➢ *Example of TAR Data received:*

BatchID	file_name	day_approved_number	diagnosis_code	diagnosis_description	rendering_provider_name	rendering_provider_n	service_code	service_description
20240216	AE_TAR_Detail_HCP356_20231102.xlsx	7	L03.115	Cellulitis of right lower limb	Unknown	?	0	Acute Inpatient Hospital
20240216	AE_TAR_Detail_HCP356_20231102.xlsx	6	E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	Unknown	?	0	Acute Inpatient Hospital
20240216	MCP_TAR_Detail_HCP131_20231106.xlsx	4	T18.4XXA	Foreign body in colon, initial encounter	Unknown	?	0	Acute Inpatient Hospital
20240216	MCP_TAR_Detail_HCP130_20231106.xlsx	0	K72.90	Hepatic failure, unspecified without coma	Unknown	?	47135	Liver Transplant
20240216	MCP_TAR_Detail_HCP130_20231106.xlsx	0	K72.90	Hepatic failure, unspecified without coma	Unknown	?	47135	Liver Transplant
20240216	MCP_TAR_Detail_HCP130_20231106.xlsx	0	K74.60	Unspecified cirrhosis of liver	SUTTER BAY HOSPITALS	1780742981	74183	MRI ABDOMEN W/O & W/DYE
20240216	MCP_TAR_Detail_HCP130_20231106.xlsx	0	K74.60	Unspecified cirrhosis of liver	Unknown	?	74183	MRI ABDOMEN W/O & W/DYE
20240216	MCP_TAR_Detail_HCP130_20231106.xlsx	1	K72.90	Hepatic failure, unspecified without coma	Unknown	?	0	Inpatient Days
20240216	MCP_TAR_Detail_HCP130_20231106.xlsx	1	K72.90	Hepatic failure, unspecified without coma	Unknown	?	0	Inpatient Days
20240216	AE_TAR_Detail_HCP356_20231102.xlsx	14	A41.9	Sepsis, unspecified organism	Unknown	?	0	Acute Inpatient Hospital
20240216	AE_TAR_Detail_HCP356_20231102.xlsx	6	A41.9	Sepsis, unspecified organism	Unknown	?	0	Acute Inpatient Hospital
20240216	LTC_TAR_Detail_HCP130_20231030.xlsx	365	I27.0	Primary pulmonary hypertension	Unknown	?	11	Subacute
20240216	LTC_TAR_Detail_HCP130_20231030.xlsx	365	I27.0	Primary pulmonary hypertension	Unknown	?	11	Subacute
20240216	LTC_TAR_Detail_HCP130_20231030.xlsx	366	J96.11	Chronic respiratory failure with hypoxia	Unknown	?	11	Subacute
20240216	LTC_TAR_Detail_HCP130_20231030.xlsx	84	J96.11	Chronic respiratory failure with hypoxia	Unknown	?	11	Pediatric Subacute Rehab Supp
20240216	LTC_TAR_Detail_HCP130_20231030.xlsx	84	J96.11	Chronic respiratory failure with hypoxia	Unknown	?	11	Pediatric Subacute Rehab Supp
20240216	MCP_TAR_Detail_HCP131_20231106.xlsx	5	F29.	Unsp psychosis not due to a substance or known physiol cond	Unknown	?	0	Acute Inpatient Hospital
20240216	MCP_TAR_Detail_HCP131_20231106.xlsx	7	F29.	Unsp psychosis not due to a substance or known physiol cond	Unknown	?	2	Admin Days Inpatient Hospital
20240216	AE_TAR_Detail_HCP356_20231102.xlsx	1	K35.80	Unspecified acute appendicitis	Unknown	?	0	Acute Inpatient Hospital
20240216	AE_TAR_Detail_HCP356_20231102.xlsx	2	K35.80	Unspecified acute appendicitis	Unknown	?	0	Acute Inpatient Hospital
20240216	MCP_TAR_Detail_HCP131_20231106.xlsx	0	Z78.9	Other specified health status	Unknown	?	X4100	Occupational therapy evaluation
20240216	MCP_TAR_Detail_HCP131_20231106.xlsx	0	Z78.9	Other specified health status	Unknown	?	X4102	Occupational therapy evaluation
20240216	MCP_TAR_Detail_HCP131_20231106.xlsx	0	Z78.9	Other specified health status	Unknown	?	X4110	Occupational therapy follow up trx
20240216	MCP_TAR_Detail_HCP131_20231106.xlsx	0	Z78.9	Other specified health status	Unknown	?	X4112	Occupational therapy follow up trx
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	183	J96.90	Respiratory failure, unsp, unsp w hypoxia or hypercapnia	Unknown	?	11	Subacute
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	0	?	Unknown	Unknown	?	A0420	AMBULANCE WAITING TIME 1/2 HR INCREMENTS
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	0	?	Unknown	Unknown	?	A0425	GROUND MILEAGE
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	0	?	Unknown	Unknown	?	A0426	ALS 1
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	365	J96.10	Chronic respiratory failure, unsp w hypoxia or hypercapnia	Unknown	?	11	Subacute
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	366	J96.10	Chronic respiratory failure, unsp w hypoxia or hypercapnia	Unknown	?	11	Subacute
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	90	J96.10	Chronic respiratory failure, unsp w hypoxia or hypercapnia	Unknown	?	11	Supplemental Rehab
20240216	LTC_TAR_Detail_HCP356_20231030.xlsx	91	J96.10	Chronic respiratory failure, unsp w hypoxia or hypercapnia	Unknown	?	11	Supplemental Therapy

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Authorization Process - Existing Medi-Cal Treatment Authorization Requests (TARs)

- Molina does not assign Duals to a Medi-Cal PCP unless requested by the member; therefore, all authorizations will be directed to Molina.
  - Members are being flagged in our core operating system (QNXT) and assigned to a default Primary Care Provider "REFER TO YOUR PRIMARY CARRIER".

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Medi-Cal

Molina Healthcare of California
Member: ▮▮▮▮
ID #: ▮▮▮▮
DOB: ▮▮▮▮
Provider: REFER TO YOUR PRIMARY CARRIER
PCP Phone: (562) 912-2041
Provider Group: MOLINA DIRECT

RxBIN: 022659
RxPCN: 6334225
RxGRP: MediCalRx

Member Service: (888) 665-4621
Eligibility Info: (800) 357-0172
24-Hour Nurse Help Line: (888) 275-8750
Para Enfermera En Español: (866) 648-3537
RX Questions: Medi-Cal Rx (800) 977-2273
Hospital Admission Notification: (866) 553-9263 (Fax)

MyMolina.com

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Authorization Process after Initial Authorization Expiration and Authorization for Members Admitted after 1/1/2024

- *ICF/DD Homes will send the following as proof of Medical Necessity to the Prior Authorization department at 800-811-4804.*

- *HS231, DHCS 6013A, MCP ICF/DD Authorization form, Individual Service Plan (ISP)*

- *Molina will notify the facility within 5 working days after notice of the new authorization number.*

- Authorization requests can be submitted utilizing the Molina portal at: https://provider.molinahealthcare.com/

Authorization Process after Initial Authorization Expiration and Authorization for Members Admitted after 1/1/2024

- Facilities may submit a renewal authorization request up to 60 days prior to the expiration of the current authorization.

- *Facilities should use the Molina authorization number on claims.*

- Facilities have up to 6 months after the date of service to submit a claim to Molina. For a patient who was residing in the facility prior to enrollment in Molina, the facility has up to 6 months to submit the TAR and the claim.

- Molina will authorize services (and payment) retroactive to the date that the patient became effective with Molina Dates of service older than 6 months from the claim will be denied. Please see Molina's Provider Manual for timely filing requirements. Provider Manual (Provider Handbook) (molinahealthcare.com)

Continuity of Care- ICF/DD Home Residents with Existing TARs

- Molina is responsible for all other approved authorization requests for services in an ICF/DD Home, exclusive of the ICF/DD Home per diem rate for a period of 90 days after enrollment with Molina, or until Molina can reassess the member and authorize and connect the member to medically necessary services.

  - *Routine CoC request will be processed within 30 days of the notification.*

  - *Where Molina has received complete TAR data from DHCS, including the rendering provider information, the TAR will be honored under CoC, which may include DME and medical supplies – a new authorization request is* NOT *required.*

  - *In cases where we have received limited/incomplete TAR data, we have collaborated with the ICF/DD providers to obtain information for these types of services to ensure that transitioning members can continue to receive DME and other services.*

  - *Prior authorization requirements for DME have been* waived for the next six months *to facilitate access to these services/supplies.*

Continuity of Care- ICF/DD Home Residents with Existing TARs

- Molina utilizes the Medi-Cal TAR data provided by DHCS to create an authorization in its internal system for the duration of the existing TAR.

- If a facility does not receive an authorization, the facility must notify Molina by faxing a copy of the Medi-Cal TAR effective prior to the member's enrollment with Molina to the Prior Authorization/CoC department at 800-811-4804.

  - ➤ Applicable forms will be accessible on Molina's public-facing provider website, under *Frequently Used Forms*:
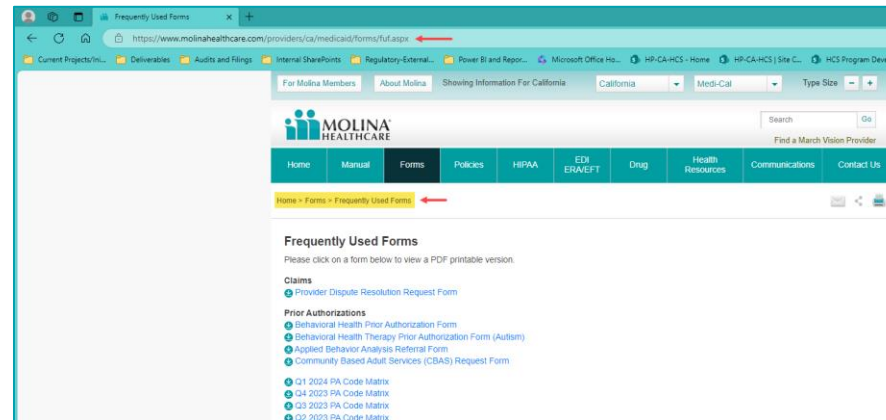
Continuity of Care-
ICF/DD Home Placement

- Molina ensures continuity of care to services for members in an ICF/DD Home by honoring the ICF/DD authorization request or treatment authorization requests (TAR) approved by DHCS for the member enrolled into Molina.

- While members should meet medical necessity criteria for ICF/DD services, continuity of care protection is automatic. Members currently residing in an ICF/DD Home do not have to request continuity of care to continue to reside in the ICF/DD Home.

- For ICF/DD services, for new ICF-DD placements, medical necessity is determined by documentation reflecting current care needs and recipient's prognosis by the Regional Center. If documentation is lacking, Molina will request additional supporting documents to substantiate medical necessity.

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Continuity of Care-
Out of Network Facilities

- If a facility is not contracted with Molina, upon receipt of notice, Molina will engage the facility to execute a contract or a member specific letter of agreement at the standard Medi-Cal rates and/or Medicare RUG rates as appropriate

- Facility must have the following to receive payment:
  - *Contract or Letter of Agreement*
  - *Authorization for the services for which facility is requesting payment.*

- ***During initial 180 days post 1/1/24: Molina is sweeping its claims system to identify claims submitted without adequate documentation and manually overturning denials and pricing claims to effectuate payments.***

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Authorization Process -
Bed Holds and Leave of Absences (LOAs)

- **Bed Holds**: A separate authorization is required for bed holds, to provide care coordination and transitions between level of care.

- **Leave of Absence:** Molina does not require authorization for a LOA, however, notification must occur for the following circumstances:

  - *Facilities must inform MHC when a member participates in a summer camp for the developmentally disabled due to the physician signature requirement.*

  - *If a member is on a LOA and does not wish to return to the same ICF/DD Home following a LOA, Molina must be notified in order to provide care coordination and transition support, including working with the assigned Regional Center, to assist the member in identifying another ICF/DD home within the MHC network that can serve the member.*

  - *The Regional Center will arrange discharge and transition planning if the member wishes to transition to a non-Medi-Cal funded living situation with input from another stakeholder, such as the hospital, the original ICF/DD home, and MHC.*

Letter of Agreement (LOA) and Contracting Process

Presented by:
Angelee Smith, Director - Contracting

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Letter of Agreement (LOA) and Contracting Process

- Requested ICF-DD providers to contact Molina to effectuate a Letter of Agreement or contract.

- Proactive outreach has been ongoing since the State announced the benefit.

- Per DHCS policy and legal requirements, a LOA is required for non-par providers; however, retroactive application to 1/1/24 is acceptable.
- Global Letter of Agreement required per TIN on behalf of all listed NPIs.
- Authorization and LOA apply for 12 months

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GLOBAL LETTER OF AGREEMENT

SIGNATURE PAGE

In consideration of the promises, covenants, and warranties stated, the Parties agree as set forth in this Global Letter of Agreement ("Agreement"). The Authorized Representative acknowledges, warrants, and represents that the Authorized Representative has the authority and authorization to act on behalf of its Party. The Authorized Representative for each Party executes this Agreement with the intent to bind the Parties in accordance with this Agreement.

PROVDER NAME ("Provider")		Molina Healthcare of California ("Health Plan")	
Provider Signature:		Health Plan Signature:	
Signatory Name (Printed):		Signatory Name (Printed):	Jennifer Eisberg
Signatory Title (Printed):		Signatory Title (Printed):	VP of Provider Network & Ops
Signature Date:		Signature Date:	
Provider Payment Name & Address (attach W-9)	SEE LOCATIONS BELOW		Molina Healthcare of California Provider Contracting Dept. 200 Oceangate #100 Long Beach, CA. 90802 Attn: Jennifer Eisberg
Telephone #		Telephone #	562-549-4184
Fax #		Fax #	833-679-4353
E-mail Address		E-mail Address:	Jennifer.Eisberg@molinahealthcare.com
Tax ID #	XX-XXXXXXX		
NPI #	SEE ATTACHED LIST OF NPI		

Member Line of Business	Medi-Cal
Dates Of Service	January 1, 2024 - December 31, 2024

GLOBAL LETTER OF AGREEMENT

Health Plan and Provider enter into this Agreement as set forth on the Signature Page of this Agreement. The Provider and Health Plan each are referred to as a "Party" and collectively as the "Parties".

1.1 **Definitions.** Capitalized words or phrases in this Agreement have the meaning set forth below.
   a. Covered Service means medically necessary services by Health Plan and described in this Agreement.
   b. Member means the person identified by Health Plan in this Agreement who is eligible to receive Covered Services
   c. Clean Claim means a Claim for Covered Services submitted on an industry standard form, which has no defect, impropriety, lack of required substantiating documentation, or particular circumstance requiring special treatment that prevents timely adjudication of the Claim.

1.2 **Provision of Covered Services.** Provider agrees to provide Covered Services to Member within the scope of Provider's business, practice, and/or license.

Description of Covered Service:

Type of Service/s	Intermediate Care Facility For Developmentally Disabled Long-Term Care

1.3 **Compensation.** Health Plan will pay Provider for Clean Claims for Covered Services provided. Provider agrees to accept such payments and, when applicable, co-payments, co-insurances, deductibles, and coordination of benefits collections as payment in full for Covered Services. Except as provided in this section, Provider will not bill Member for services rendered under Title XXII and the Knox-Keene Act.

Compensation Schedule. 100% of Medi-Cal Fee For Service in effect on date of service

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Claims Payment – ICF/DD Guide

Presented by:
Tanya Contreras, AVP - Claims

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Claims Reference

Claims Submission

- Providers should submit claims electronically.
- If electronic claim submission is not possible, please submit paper claims to the following address:

  Molina Healthcare of California

  PO Box 22702

  Long Beach, CA 90801

- Paper claim submissions are not considered to be "accepted" until received at the appropriate Claims PO Box.
  - ➢ Claims received outside of the designated PO Box will be returned for appropriate submission.
- Claim's Billing Reminder: Please ensure claim submissions are billed with the Molina Member ID

Paper Claims Guidelines

- Paper claims are required to be submitted on original red and white CMS-1500 and CMS1450 (UB-04) Claim forms.
- Paper claims not submitted on the required forms will be rejected and returned.
  - ➢ This includes black and white forms, copied forms, and any altering to include claims with handwriting.
- Claims must be typed with either 10-point or 12-point Times New Roman font, using black ink.

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UB-04 Form

Providers billing for Long Term Care institutional services must bill on an UB-04 form.
The claim form must be completed with the following fields:

Field	Field Description	Field Type	Instructions
1	Rendering Provider Name, Address and zip code	Required	The name and service location of the provider submitting the bill. Enter information in this format: Line 1: Provider Name Line 2: Street Address Line 3: City, State, ZIP code
2	Billing Provider Name, address, and zip code	Required	Enter the address that the provider submitting the bill intends the payment to be sent if different than field 1. Line 1: Billing provider Name Line 2: Street Address or post office box Line 3: City, state, and zip code
3a	Patient control number	Required	Enter patient's unique number assigned by provider
4	Type of bill	Required	Enter the Four-digit type of bill code as specified in the National Uniform Billing Committee (NUBC) UB-04 data manual. **Bill Types**: **065X** – Intermediate Care – Level 1 **066X** – Intermediate Care – Level 2 4th digit is based on the following: 0 – Non-payment/zero claim 1 – Admit through discharge claim 2 – Interim first claim 3 – Interim continuing claim 4 – Interim last claim 7 – Replacement of prior claim 8 – Void/cancel of prior claim

5	Federal Tax Number	Required	Enter the number assigned to the provider by the federal government for tax reporting purposes.
6	Statement covers period "From" and "Through" dates of service	Required	Enter the beginning and ending date of service in MMDDYY format. *For services provided on a single day, enter the date of service as both the from and through date.
7	N/A	Not required	N/A
8a	Patient name – identifier		Enter the member's Medi-Cal ID number
8b	Patient Name	Required	Enter patient's last name, first name, and middle initial
9	Patient Address	Required	Enter patient's mailing address
10	Patient Birthdate	Required	Enter patient's date of birth in MMDDYYYY format
11	Patient's Sex	Required	Enter a "M" (male) or a "F" (female)
12	Admission Date	Required	Enter the date the patient was admitted MMDDYY format
13	Admission Hour	Not required	Enter the hour patient was admitted
14	Admission Type	Not required	Enter the numeric code indicating the necessity for admission: **1** – Emergency **2** – Urgent **3** – Elective
15	Admission Source	Not required	Enter the source of referral for admission Admission code source: **4** – Transfer from a Hospital **5** – Transfer from a Skilled Nursing Facility **6** – Transfer from another health care facility

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Fields 16-38

16	Discharge Hour	If Applicable	Enter the hour of discharge *If patient has not been discharged, box can be left blank
17	Patient Status	Required	Enter the patient status/discharge code **01** – Discharged to Home or self-care **02** – Discharged/transferred to a short-term General Hospital for Inpatient Care **03** – Discharged/transferred to SNF **04** – Discharged/transferred to a Facility that provides Custodial care **05** – Discharged/transferred to a Designated cancer center or Childrens Hospital **20** – Expired **30** – Still Patient **40** – Expired at Home **41** – Expired in a Medical Facility **42** – Expired – Place unknown **43** – Discharged/transferred to a Federal Health Care Facility **50** – Hospice – Home **51** – Hospice – Medical Facility **61** – Discharged/transferred to an approved Swing Bed **62** – Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) **63** – Discharged/transferred to a Long Term Care Hospital (LTCH) **64** – Discharged/transferred to a Nursing Facility certified under Medicaid **65** – Discharged/transferred to a Psychiatric Hospital **66** – Discharged/transferred to a Critical Access Hospital (CAH) **70** – Discharged/transferred to another type of health care institution
18-28	Condition Codes	If Applicable	Enter the codes that describe the corresponding code to identify the conditions or events that apply to the billing period.
29	Accident State	Not required	
30	N/A	Not Required	
31-34	Occurrence Codes	If Applicable	Enter the occurrence code and associated date that identifies events relating to the
35-36	Occurrence Span	If Applicable	
37	N/A	Not required	
38	N/A	Not required	

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Fields 39-42

39-41	Value Codes and Amounts	Required	Enter the value codes and amounts. *Amounts should be entered in dollar format.
			Example: Value code 24 with accommodation code 41 will be submitted as follows:
			Value code Value code Amount 24 $0.41
			Value codes: **23 – Patient's Share of cost** **24 – Accommodation code** **66 – Non-Covered Cost** (Required only if billing for non-covered cost)
			Accommodation codes applicable to: **Revenue code 0101** (Effective for DOS on or after 2/1/24) **Revenue code 0190** (DOS prior to 2/1/24) 41 – ICF/DD 1 to 59 Beds 42 – ICF/DD 60+ Beds 61 – ICF/DD-H 4 to 6 Beds 62 – ICF/DD-N 4 to 6 Beds 65 – ICF/DD-H 7 to 15 Beds 66 – ICF/DD-N 7 to 15 Beds
			Revenue code 0180 43 – ICF/DD 1 to 59 Beds 44 – ICF/DD 60+ Beds 63 – ICF/DD-H 4 to 6 Beds 64 – ICF/DD-N 4 to 6 Beds 68 – ICF/DD-H 7 to 15 Beds 69 – ICF/DD-N 7 to 15 Beds
42	Revenue code	Required	Enter the appropriate revenue code: **0101 – Room and Board** (Effective for DOS on or after 2/1/24) **0190 – Room and Board** (DOS prior to 2/1/24) **0180 – Leave of absence**

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Fields 43-77

43	Revenue Description	Not Required	Enter the description of the revenue code used in box 42
44	HCPCS/Rate/HIPPS code	Not Required	
45	Service Date	Required	Enter the date of service
46	Service Units	Required	Enter the total number of accommodation days
47	Total Charges	Required	Enter the total charge related to the revenue code
48	Non-covered Charges	Not required	
49	N/A	Not Required	
50	Payer Name		Enter payer from whom payment will be received for this claim
51	Health Plan ID	Not Required	
52	Release of Information Certification Indicator	Not Required	
53	Assignment of Benefits Certification Indicator	Not Required	
54	Prior Payments	Not required	
55	Estimated Amount Due	Not Required	
56	National Provider ID	Not Required	
57	Other provider ID	Not Required	
58	Insured's Name	Required	Enter the name of the member
59	Patient's relationship to insured	If applicable	
60	Insured's Unique ID	Required	Enter the member's Medi-Cal ID number
61	Group Name	Not Required	
62	Insurance Group Number	Not Required	
63	Treatment Authorization Codes	If Applicable	Enter the required authorization or referral number assigned by the payer for the services that require preauthorization or referral
64	Document Control Number(DCN)	If Applicable	Enter the number of the original claim when submitting a corrected claim.
65	Employer Name	Not Required	
66	Diagnosis codes	Required	Enter the DX codes related to claim. ICD-10 Codes
67	Principal Diagnosis Code	If applicable	Enter the principal DX code
68	N/A	Not Required	
69	Admit Diagnosis	Required	Enter the Admit DX code
70	Patient Reason Diagnosis	If Applicable	
71	PPS Code	Not Required	
72	External Cause of Injury Code	Not Required	
73	N/A	Not Required	
74	Principal Procedure Code and Date	Not Required	
75	N/A	Not Required	
76	Attending Provider	If Applicable	Enter the Attending provider NPI and Name
77	Operating Provider	If Applicable	Enter the Operating Provider NPI and Name

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Claim Example

Availity Facility Claims Submission

Presented by:
Clemente Arias, Provider Services Representative - Network

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Step 1

To navigate to the claims application, you will select the **Claims & Payments** navigation bar.

Step 2

You will then select Claims & Encounters.

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Step 3

- To begin the claim submission, you will need to select the organization to which you will be submitting the claim.
- You will also need to select the Claim type and Payer.

Step 4

In the first section, select the responsibility sequence: primary, secondary, or tertiary.

Step 5

If you select secondary or tertiary, additional fields will be displayed on the form for you to enter the COB information.

Step 6

- In the patient information section, you can manually enter the patient's information.
- If you have checked eligibility for the member in the last 24 hours, you can select it from the drop-down menu.
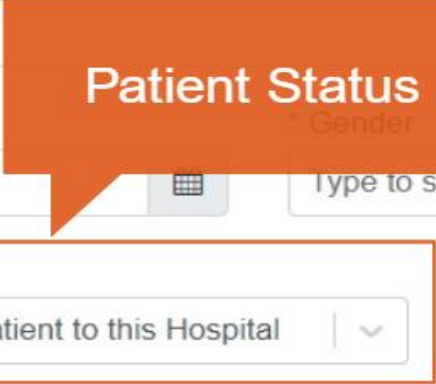
Step 7

For most payors, the patient status field defaults to Admitted as an Inpatient to this Hospital.

Step 8
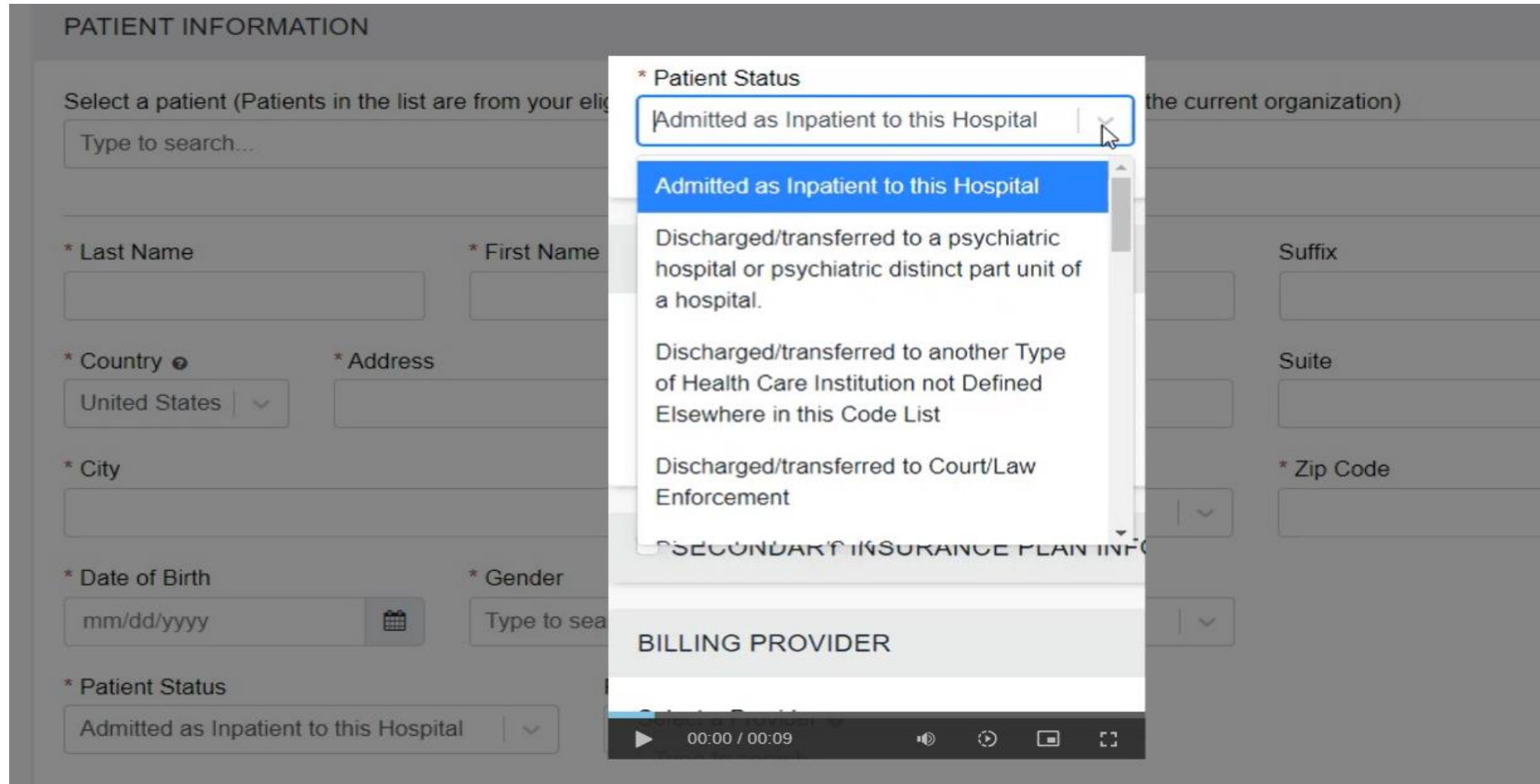
You can select another option in the field if applicable.

Step 9

In the BILLING PROVIDER section, you can manually enter the required field or select a provider from your organization's provider express entry setup.

Step 10

If the pay-to-address is different, select the checkbox to display fields to
enter the pay-to-address information.

Step 11

Next, enter the attending provider information or select the provider from your organization's provider express setup.

Step 12

If the claim has additional information like operating physician, treatment location, rendering provider, and referring provider, select the check box to display that section.

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Step 13

- Molina gives the option to include attachment information.
- Select the check box to display the section.

Step 14

- The principal diagnosis code is required.
- Should more codes need to be added, select the "Add another code" link to enter up to eleven additional codes.

Step 15

- In the "Claim Information" section, enter the required fields and optional information for the claims.
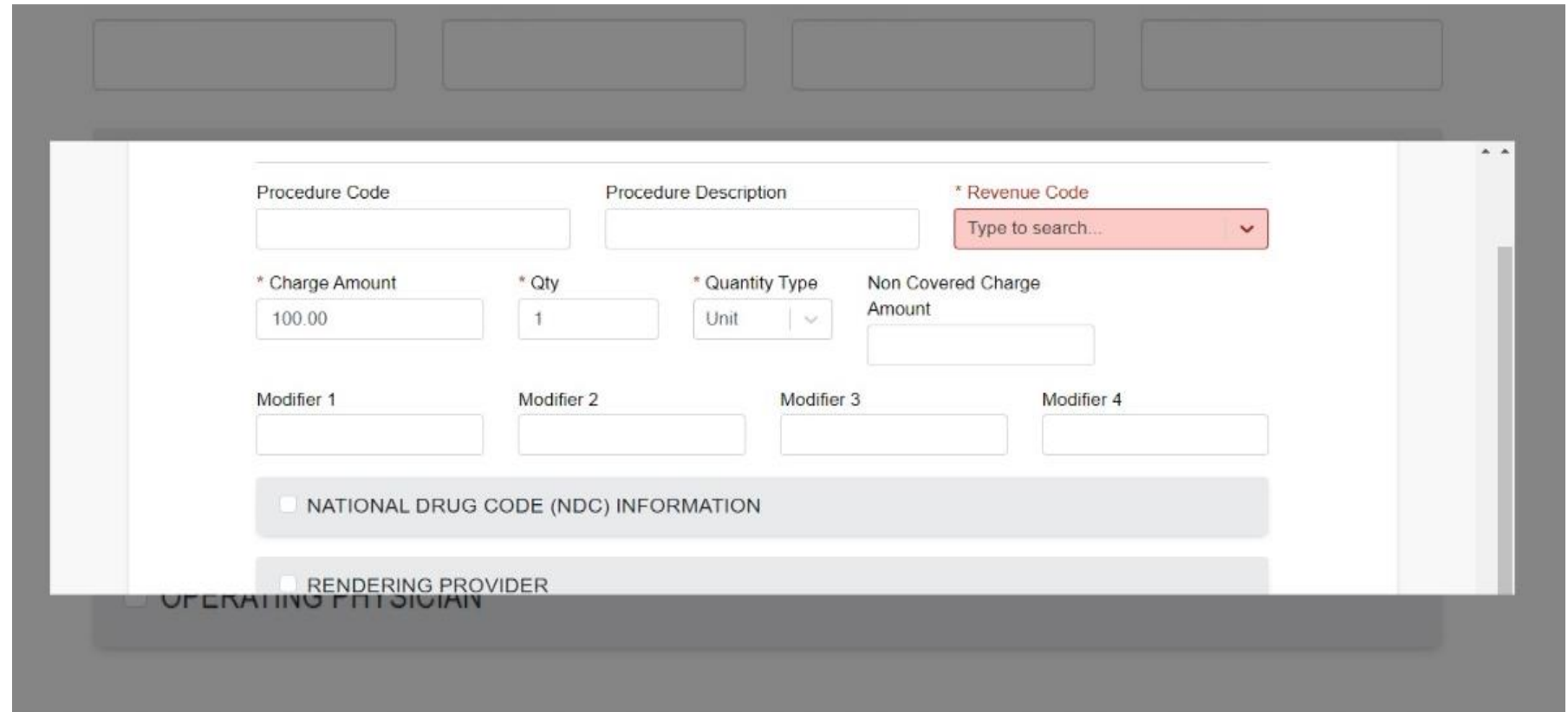- As you make selections in fields, additional fields related to the claim information might be displayed.

Step 16

Once you have entered all the information on the claim, click submit. You click the start over only if you want to clear the form.

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Step 17

- Availity conducts front-end validation to ensure your claim is as clean as possible before it's submitted to Molina Healthcare.

- If your claim has front-end validation errors, Availity will display a message to help you correct the errors.

  ➢ Simply correct the errors and submit the claim.

Step 18

Claim Submitted
Your claim has been accepted by the payer.

Transaction ID	**Patient Account Number**	**Submission Type**
123456789	123456	Facility Claim
Submission Date	**Date(s) of Service**	**Patient Name**
4/20/2023	4/19/2023 - 4/19/2023	PATIENT, POLLY
Subscriber ID	**Billing Provider Name**	**Billing Provider NPI**
ABC123456789	PROVIDER	1234567893
Billing Provider Tax ID	**Total Charges**	
111111111	100.00	

Claims submission confirmation screen

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Availity Enrollment

Streamlining Access for Non-Contracted Providers

- Molina's Availity portal access is available to both par and non-par providers
  - Status available after initial claims are submitted

- While awaiting integration:
  - Contact Molina Contact Center for claim or referral status

- Support for billing and claims tracking:
  - Consistent for contracted and non-contracted providers
  - Options include the Molina Contact Center, Provider Reps, messaging feature through Availity

Non-Par Facility Claims Submission

Presented by:
Kristin Rosemond, AVP - Network

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Non-Par Provider Claims Submission

Claims submission options:

1. Submit paper claims directly to Molina Healthcare of California at the following address:

   - o PO Box 22702 Long Beach, CA 90801

2. Clearinghouse (Change Healthcare)

   - o Change Healthcare is an outside vendor that is used by Molina Healthcare of California.
     - ▪ Change Healthcare has relationships with hundreds of other clearing houses. Typically, Providers can continue to submit claims to their usual clearinghouse
   - o Molina accepts EDI transactions through our gateway clearinghouse (Change Healthcare) via the 837P for Professional and 837I for institutional.
   - o When submitting fee-for-service EDI claims please utilize payer ID 38333
   - o When your claims are filed via a Clearinghouse:
     - ▪ You should receive a 999 acknowledgement from your clearinghouse.
     - ▪ You should also receive 277CA response file with initial status of the claims from your clearinghouse

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Key Contacts

Key Contacts

Provider Relations	Contact Number	Email Address
Teresa Suarez, Sr. Provider Relations	562-549-3782	Teresa.Suarez2@molinahealthcare.com
Laura Gonzalez, Provider Relations	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Kristin Rosemond, AVP Network Strategy & Svcs.	323-303-2573	Kristin.Rosemond@molinahealthcare.com

Provider Contracting	Contact Number	Email Address
Maria Torres, Manager Provider Contracts (LOAs)	1-562-549-4232	Maria.Torres6@MolinaHealthCare.Com
Revelyn Soriano, Manager Provider Contracts (ICFDD)	1-562-491-4774	Revelyn.Soriano@molinahealthcare.com
Angelee Smith, Director Provider Contracts	1-562-542-1904	Angelee.Smith@molinahealthcare.com

Care Management:
Phone: 833-234-1258
Fax: 562-499-6105
Email: MHCCaseManagement@MolinaHealthcare.com

Blanca Martinez, *Director*
LTSS Liaison
Phone: 562-485-4966
Email: Blanca.Martinez@MolinaHealthcare.com

Trista Friemoth, *Manager*
LTSS Liaison
Phone: 414-293-0133
Email: Trista.Friemoth@MolinaHealthcare.com

Pamela Jimenez, *Manager Transitions of Care*
Phone: 562-912-6828
Email: Pamela.Jimenez@MolinaHealthcare.com

Utilization Management:
Phone: 844-966-5462
After hours, weekends and holidays (EDSU 24/7/365)

Prior Authorization Phone: 844-557-8434
Prior Authorization Fax: 800-811-4804

Veronica Mones, *Vice President of Healthcare Services*
Phone: 562-528-5599
Email: Veronica.Mones@MolinaHealthcare.com

Sonia Hernandez, *Director*
Phone: 562-517-1477
Email: Sonia.Hernandez2@MolinaHealthcare.com

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Thank You

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