Payments Made Easy

Molina Wisconsin is happy to share our monthly resource called *Payments Made Easy*, that brings you billing tips, tricks, and trends to help your claims get paid correctly and quickly.

July 2022

Provider Data & Roster Information: Current provider data and roster information helps to ensure proper configuration in our system to allow for quick and clean claims payment. If you would like to report a change, complete the Provider Information Update Form, linked here, and submit directly to our provider services data team at MHWIProvider.Services@molinahealthcare.com. Facility and/or provider rosters can be sent directly to the team and do not require a completed form.

Member & Provider Appeal / Grievance Quick Reference Guide:

Issue Definition	When to File	Who Files	How to File	Timing for Resolution
Member Grievance - Member's expression of dissatisfaction about anything related to the Health Plan that is not related to Adverse Benefit Determination	Anytime	The Member; Member's guardian; an Authorized representative with the Member's consent	Submit by phone or in writing.	Within 30 days of receipt of the greivance
Member Appeal - a request from the Member on their rep to review a Molina adverse benefit	Within 60 calendar days of the Adverse Decision for Medicaid	The Member; Member's guardian; an Authorized representative	Marketplace - Only request in writing. When filed by someone other than Member, a consent	Within 30 calendar days for a standard request

determination. ***Occurs before service is rendered.***	within 180 days of an Adverse Decision for Marketplace	with the Member's consent	form must be signed by the Member and included when submitting the appeal	Within 72 hours for an expedited request
Provider Dispute - when a Provider feels Molina did not process a claim correctly for services provided to a Molina member. ***Occurs after service is rendered.***	Within 90 days from when the claim was originally processed	A Provider	Submit via the Provider Portal	Medicaid - 45 calendar days from date of receipt. Marketplace - 60 calendar days from date of receipt.
Provider Appeal - when a provider claims Molina did not approve services correctly and this action directly affects claims payment; involves clinical review of the case. ***Occurs after service is rendered.***	Within 90 days from when the claim was originally processed	A Provider	Submit via the Provider Portal	Medicaid - 45 calendar days from date of receipt. Marketplace - 60 calendar days from date of receipt.

For additional information on any of the sections above, check out the Molina public website.

Claim Status & Eligibility: Instead of calling to check claim status or to verify a member's eligibility, you can utilize Availity, Molina's provider portal, to get instant answers. For more information, visit *availity.com/molinahealthcare* or ask your Provider Network Manager.

If there are additional team members that you would like added to this distribution list or if you have any questions, please reach out to your Provider Network Manager at WIProviderNetworkManagement@MolinaHealthCare.Com.

All the Payments Made Easy campaigns can be viewed on the Molina public website.

Register Now for Availity, Molina Healthcare's Inc. (Molina) New Provider Portal
Learn how Molina is working with Availity at *availity.com/molinahealthcare*