

Cost Recovery

2025 | Molina Healthcare

Agenda

- Provider Resources
- Availity Essentials Portal
- Cost Recovery
- Contact Molina



Provider Resources

Provider Relations



Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- The You Matter to Molina Program that Includes Monthly Forums, surveys, and an Information Page on the Provider Website

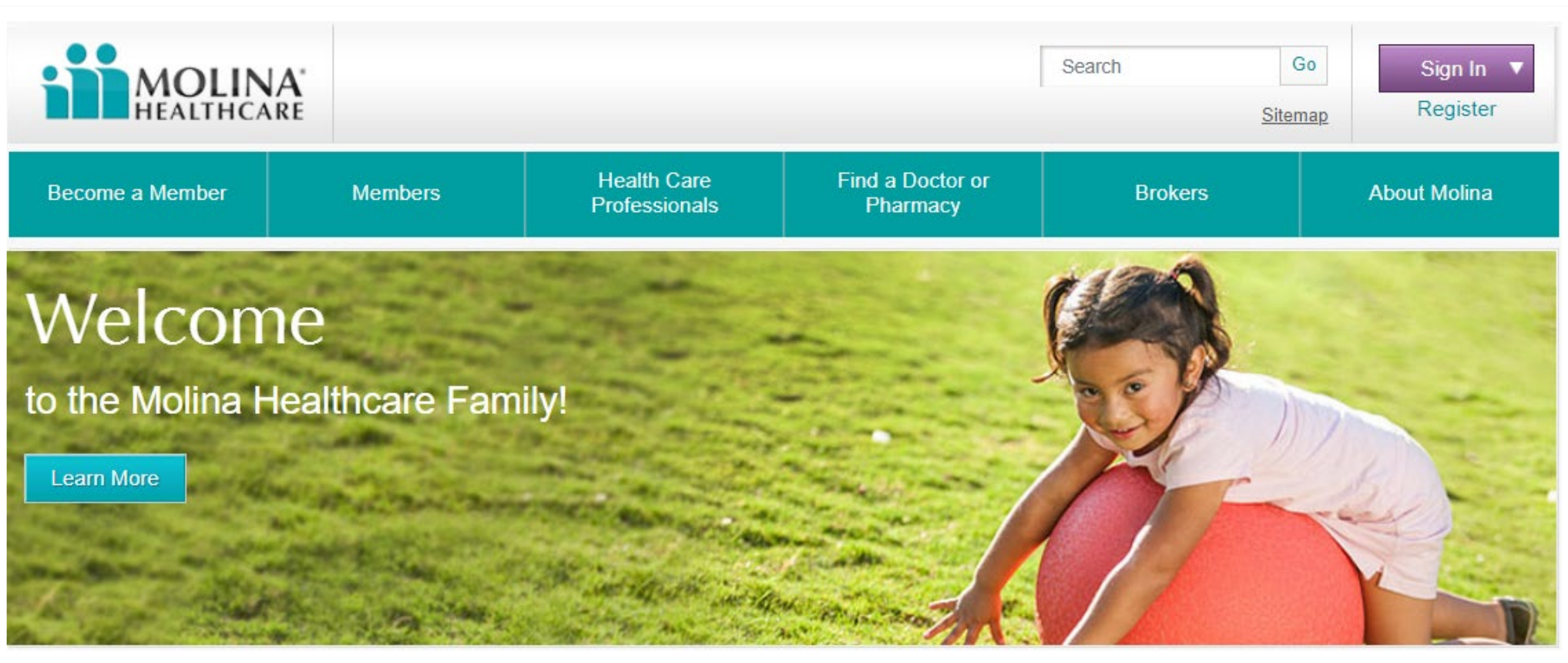
Communication

- Provider Bulletin and Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources, and Provider Resource Guides
- Secure Messaging on the Availity Essentials Portal (Availity)

Technology

- 24-hour Provider Portal
- Online Prior Authorization and Claim Dispute Submission
- Supplemental Prior Authorization (PA) Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Overpayments

Provider Website



Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.

Find the Provider Website at MolinaHealthcare.com.

Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider
Manual

Dental
Manual

Claims
Information

You Matter to Molina Page and a
Claims Payment Systemic Errors
(CPSE) Page

Contact
Information

Provider Online
Directory



Availity Essentials Portal

Member Rights and
Responsibilities

Preventive and Clinical
Care Guidelines

Prior Authorization
Information

Claim Appeal

Provider Communications: Provider Bulletins and
Provider Newsletters

Fraud, Waste, and Abuse Information

Advanced Directives

Molina Payment Policies
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and
Accountability Act (HIPAA)

Frequently Used Forms

Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

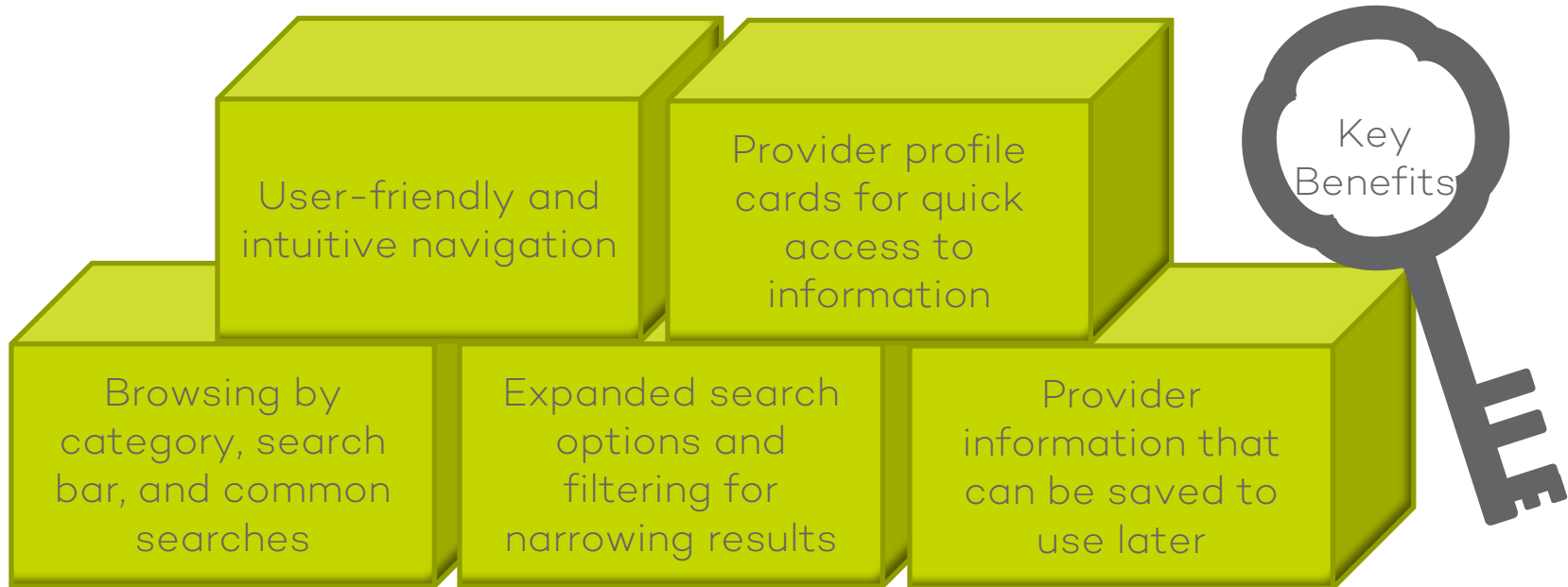
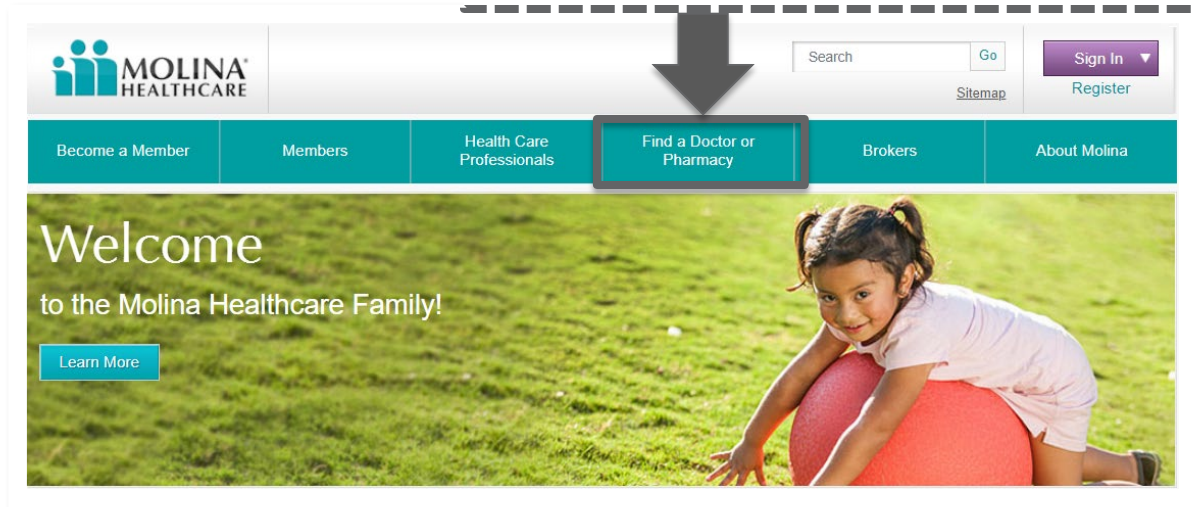
Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

Molina Provider Online Directory

The Molina Provider Online Directory offers enhanced search functionality, so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.

To find a Molina provider, click
“Find a Doctor or Pharmacy”



Reminder: Members should be referred to participating providers.

Molina Healthcare: Medicaid and Medicare Advantage

Medicaid



Healthy Connections

Molina Healthcare of South Carolina

Medicaid

Member: <Member_Name_1>
ID #: <Member_ID_1>
DOB: <Date_of_Birth_1>
Provider(PCP): <PCP_Name_1>
PCP Phone: <PCP_Phone_Number_1>
PCP Location: <PCP_Address_1>
PCPPPracticeName: <PCP_Group_name_1>

RxBIN: 004336
RxPCN: ADV
RxGRP: Rx0860

Member Services: (855) 882-3901 (TTY: 711)
24-Hour Nurse Help Line: (844) 800-5155
Hospital Admission Notification: (866) 553-9263 (Fax)

MyMolina.com

THIS CARD IS FOR IDENTIFICATION PURPOSES ONLY. IT DOES NOT PROVE ELIGIBILITY FOR SERVICE.

Provider: Notify the Health Plan within 24 hours of any inpatient admission at the "Hospital Admission Notification" number printed on the front of this card.

Emergency Services: Call 911 (if available) or go to the nearest emergency room. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP). The number is on the front of this card. Follow up with your PCP after all emergency room visits.

Practitioners/Providers/Hospitals: For prior authorizations, eligibility, claims or benefits visit the Molina Web Portal at MolinaHealthcare.com or call (855) 237-6178.

Pharmacists: For pharmacy authorization questions, please call (855) 237-6178.

Remit Claims to: **Molina Healthcare of South Carolina**
P.O. Box 22664, Long Beach, CA 90801

EDI Claims: Emdeon Payer ID: 4629

Molina Healthcare
 115 Fairchild Street, Suite 340
 Daniel Island, SC 29492

MO-09162022-M-12-WM-U-A

Medicare Advantage



Medicare

<LOB>
Member: <MemFIRST> <MemMI> <MemLAST>
Member #: <MemID>

PCP: <PCPNAM>
PCP Tel: <PCPPHN>

RxBIN: <RxBIN>
RxPCN: <RXPCN>
RxGRP: <RXGROUP>
RxID: <MemID>

MedicareRx
 Prescription Drug Coverage
 <ContNum>

Issued Date: <ISSUDAT>

<Website>



Molina Medicare Choice Care (HMO)

Medicare

Member: <MemFIRST> <MemMI> <MemLAST>
Member #: <MemID>

PCP: <PCPNAM>
PCP Tel: <PCPPHN>

Medical Copays:
Office Visits: <OVCOPAY>
Specialist Visits: <SPCOPAY>
Urgent Care: <URGCOPAY>
ER Visits: <ERCOPAY>

RxBIN: <RxBIN>
RxPCN: <RXPCN>
RxGRP: <RXGROUP>
RxID: <MemID>

MedicareRx
 Prescription Drug Coverage
 <ContNum>

Issued Date: <ISSUDAT>

<Website>

Member Services: <MS No.> or TTY at 711
24-Hour Nurse Advice Line in English: <NAL No. EN> or TTY: 711
24-Hour Nurse Advice Line in Spanish: <NAL No. SP>

Providers/Hospitals: For prior authorization, eligibility and general information, please call Member Services (see above).

Submit Claims To:

Medical/Hospital: <Claim Address Line 1>, <Claim Address City>, <Claim Address State>, <Claim Address Zip>
Please call Member Services (see above).

Pharmacy: <Pharm Address Line 1>, <Pharm Address Line 2>, <Pharm Address City>, <Pharm Address State>, <Pharm Address Zip>
Please call Member Services (see above).

<Website>

Member Services: <MS No.> or TTY at 711
24-Hour Nurse Advice Line in English: <NAL No. EN> or TTY: 711
24-Hour Nurse Advice Line in Spanish: <NAL No. SP>

Providers/Hospitals: For prior authorization, eligibility and general information, please call Member Services (see above).

Submit Claims To:

Medical/Hospital: <Claim Address Line 1>, <Claim Address City>, <Claim Address State>, <Claim Address Zip>
Please call Member Services (see above).

Pharmacy: <Pharm Address Line 1>, <Pharm Address Line 2>, <Pharm Address City>, <Pharm Address State>, <Pharm Address Zip>
Please call Member Services (see above).

<Website>

Molina Healthcare: Dual Option and Marketplace

MMP



Molina Dual Options Medicare-Medicaid Plan

Healthy Connections
PRIME

MedicareRx
Prescription Drug Coverage

Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

RxBIN: <RxBIN#>
RxPCN: <RxPCN#>
RxGRP: <RxGRP#>
RxD: <RxD#>

MEMBER CANNOT BE CHARGED
Copays: \$0 for <doctor visits, hospital stays and prescription drugs>
<H2533> <Plan Benefit Package #>

Carry this card with you at all times and present it each time you receive a service from your doctor, pharmacy, dentist, etc.

Member Services: <(855) 735-5831> TTY: <711>
Behavioral Health: <(888) 275-8750>
Pharmacy Help Desk: <(866) 693-4620>
Nurse Advice Line: <(888) 275-8750>
Website: <MolinaHealthcare.com/Duals>

Send Claims To: <P.O. Box 22664, Long Beach, CA 90801>
EDI Submissions: Payer ID 46299>
Claim Inquiry: <(855) 735-5831>

Marketplace members **do not** have out of network benefits, *except* in the event of an emergency.

Members must receive care from in network providers.

Marketplace

Member Numbers

Member Services: (855) 885-3176
TTY/TTD: 711
24/7 Nurse Advice: (844) 800-5155
24/7 Linea de Consulta de Enfermeras: (844) 800-5155
Billing and Payments: (800) 400-7957
Cost Shares are a summary only. Visit MyMolina.com for plan details.

Notice: Covered Services must be received from Participating Providers. Refer to your Agreement for exceptions.

MyMolina.com

Provider Numbers

CVS Caremark Help desk: (888) 407-6425
Prior Authorization/Notification of Hospital Admission: (800) 237-6178
Medical Claims: Molina Healthcare PO BOX 22664 Long Beach, CA 90801
Inpatient Admissions: Provider to notify plan within 24 hours of admission.

This card is for identification purposes only and does not prove eligibility for service.

Partnering with Us on Medicaid Renewals

We're asking for your support and partnership. Together, we can provide the education and resources to retain our Medicaid members and offer solutions to those in our communities who have lost their coverage during the recertification process.

How Can You Help?

We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they don't lose their coverage. You can help us by:

- Looking for their Medicaid renewal date in your [Avality](#) provider portal's eligibility & benefits and member roster sections (see specific steps on the Provider Website Renewals FAQ page).
- Liking and sharing our Facebook page and posts or by posting your own social media posts and tagging us in the posts.

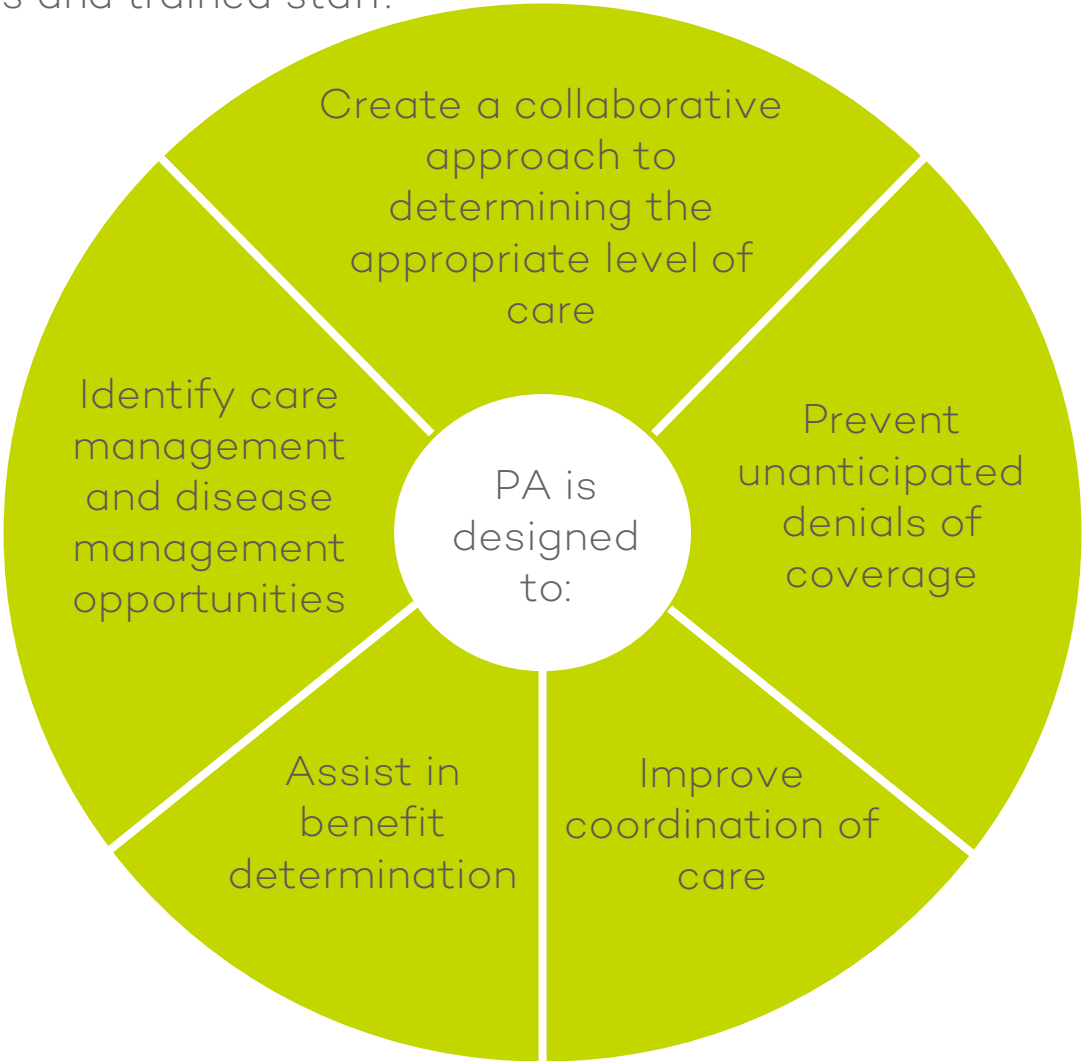
Find additional information about Medicaid Renewals at [Molina Healthcare Medicaid Renewals](#).

Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

Health Care Professionals
Medicaid
Medicare
MyCare Ohio
Marketplace
Provider Portal
<u>Prior Auth LookUp Tool</u>

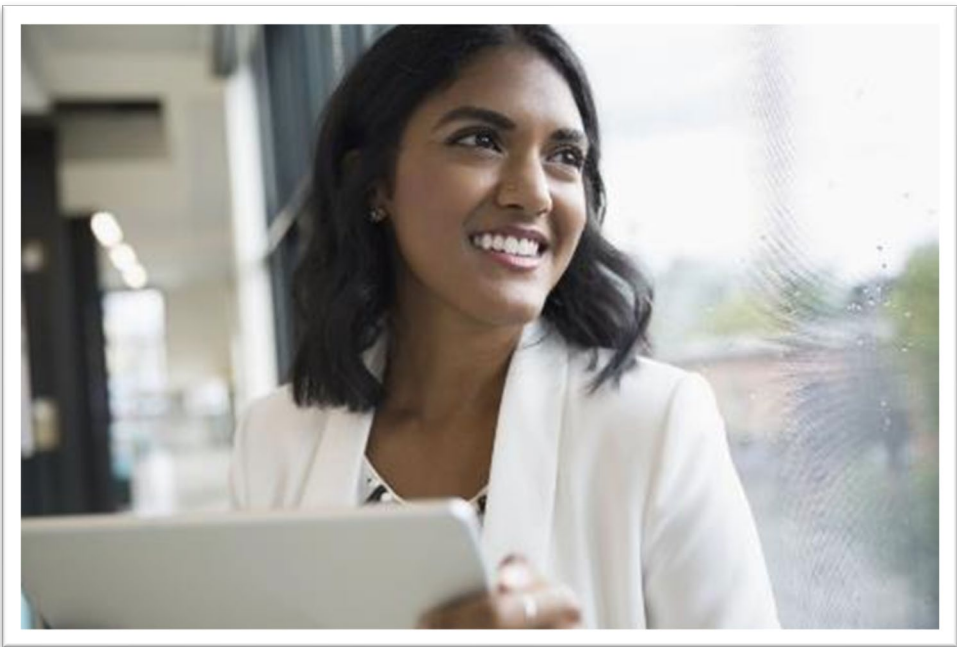
Utilize the PA Lookup Tool on our Provider Website and Provider Portal to determine if a PA is required



Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the “Provider Responsibilities” section of the Provider Manual, located at MolinaHealthcare.com under the “Manual” tab. Topics include:



Non-Discrimination of Health Care
Service Delivery



Provider Data Accuracy and Validation



National Plan and Provider Enumeration
System (NPPES) Data Verification



Electronic Solutions/Tools Available to
Providers



Primary Care Provider (PCP)
Responsibilities

You Matter to Molina



You Matter to Molina

At Molina of South Carolina, our providers matter! Our “You Matter to Molina” program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.
- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.
- Availity Essentials Portal access and training resources.
- Learn more now at [Here](#).

Thank you for being part of the Molina family.



Medicaid Definitions of Terms: Authorization Appeal and Claim Disputes

Authorization Appeal

A provider dispute for the denial of a PA. To request an appeal, you may call or send it in writing to:

Molina Healthcare of South Carolina C/O Firstsource
PO Box 182273
Chattanooga, TN 37422
Telephone Number: (855) 882-3901
Fax Number: (877) 823-5961

Availity Claim Payment Inquiry/Reconsideration

A Claim Payment Inquiry or Reconsideration is a review of a claim you believe was paid or denied

incorrectly due to a minor error. These inquiries are typically straightforward and can be quickly

resolved. This option consists of the following categories:

- 1. Reconsideration – Authorization (not a formal appeal)**
- 2. Reconsideration – Eligibility (not a formal appeal)**
- 3. Reconsideration – Pricing Review (not a formal appeal)**
- 4. Reconsideration – Other (not a formal appeal)**

Claims Appeal

Formerly known as a “claim reconsideration.” This process is used only for disputing a payment denial, payment amount, or a code edit. Claim Appeal must be submitted on the Claim Appeal Form . May be submitted via Availity, or fax.

Availity Essentials Portal

Availity Essentials (Availity) Provider Portal

Register for Availity at [availity.com/provider-portal-registration](https://www.availity.com/provider-portal-registration) and select your organization type.



The Availity Platform for Providers

Managing revenue cycle operations has grown increasingly more complex. Along with day-to-day pre- and post-claim operations, you have to prioritize connectivity, reliability, and security. Because Availity sits at the intersection of payer-provider collaboration, we understand the importance of balancing the needs of all stakeholders.

Availity's solutions for hospitals, health systems, and provider organizations focus on *your* priorities—reducing denials, getting paid quickly and accurately, and streamlining revenue cycle staff workflows.

Log into Availity at:

apps.availity.com/availity/web/public.elegant.login.

Availity Provider Portal

Once registered providers will have access to the Availity Portal training by following these steps:



Atypical Providers:

Under “News and Announcements” select “Atypical Providers: Here’s your Ticket to Working with the Availity Portal” to view training sessions.

Availity Provider Portal

The Availity Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

Online
Claim
Submission

Claims
Status
Inquiry

Corrected
Claims

Member Eligibility
Verification and Benefits

Secure
Messaging

Check Status of Claim Dispute



Manage
Overpayment
Request

Healthcare Effectiveness Data
and Information Set (HEDIS®)

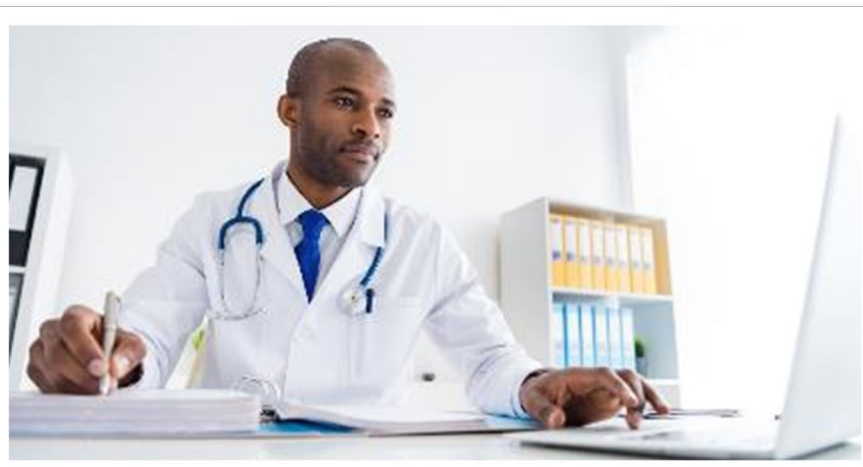
Online Appeal Requests

Care
Coordination
Portal

Remittance
Viewer

View PCP
Member Roster

Submit and
Check Status
of PA Requests



Cost Recovery

What is Cost Recovery, and Why Does it Happen?

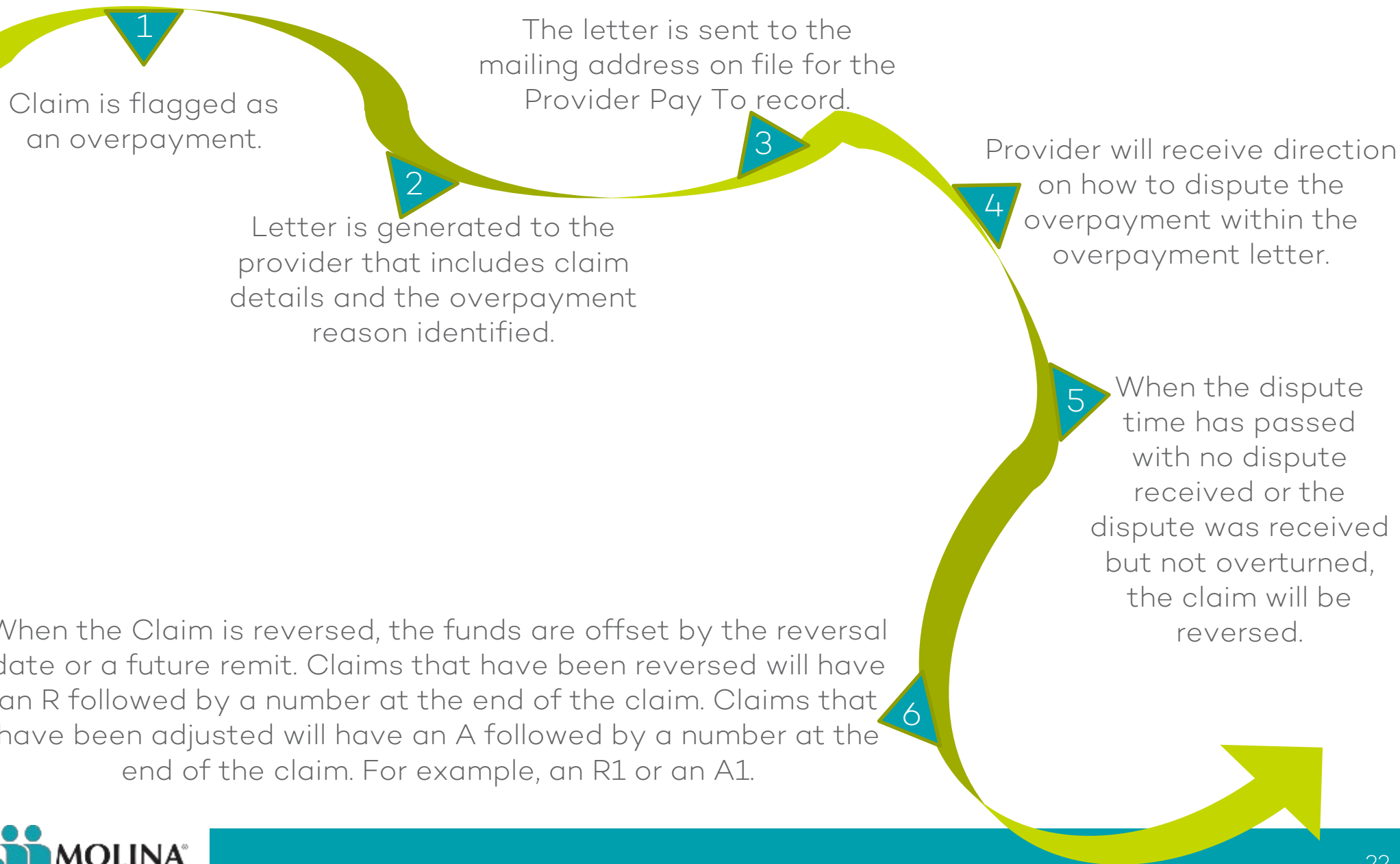
Cost recovery occurs on a claim when the services are identified as overpaid or incorrectly paid. This can happen through an internal audit, external audit, a provider reporting the overpayment or a change in the system configuration.

Examples of cost recovery situations may include:

-  Member's enrollment changes retroactively
-  Provider's network status is changed
-  Audit identified a non-covered benefit was paid without authorization
-  An external vendor identifies the Current Procedural Terminology (CPT) code should have been bundled with another service
-  Rate changes are implemented and retro-effective

Cost Recovery Process

Once an overpayment is identified, it will go through the review process.



Cost Recovery Disputes

The recovery dispute time noted in the recovery letter will vary based on the recovery reason and by individual line of business. The Availity Portal allows providers to submit disputes, inquiries, and obtain copies of their recovery letters. If in agreement with the recovery, the Provider payment should be submitted as outlined in the cost recovery letter.



If a recovery dispute is received, the recoupment will be placed on hold until the review is completed. If a recovery dispute is not received within the noted timeframe, the recoupment will be processed.



The dispute and supporting documentation will be reviewed by our claim specialists, coding team members and claim specialists as needed to evaluate the appropriate action needed.



If it is determined to be overturned, the recovery is canceled, and a notice is sent to the provider.



If it is determined to be upheld, a notice is sent to the provider and cost recovery moves forward with reversing the payment.

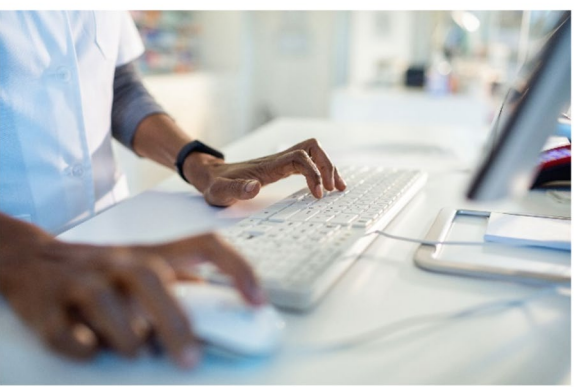
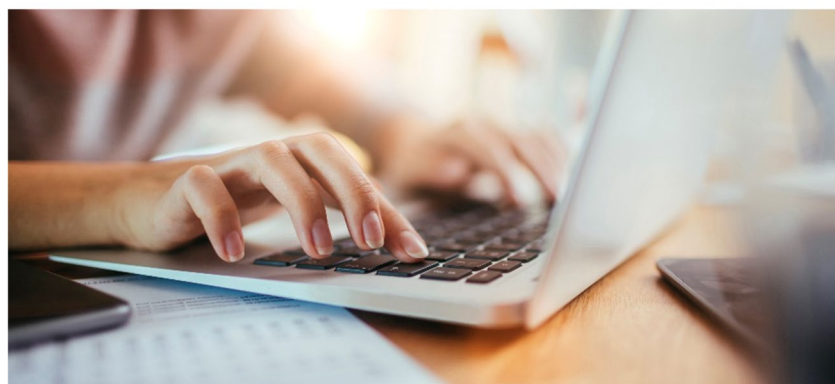
Post Recovery Disputes



Once a claim has been reversed due to a recovery, a new claim ID will be generated with an R at the end of the claim, followed by a number.

An A at the end of the claim, followed by a number will signify the new adjusted claim that is either denied or paid at a different amount.

Once a claim is reversed or adjusted the provider then has the standard claim dispute timeframes to dispute or correct the new claim.



To dispute the new claim providers should follow the Appeal process.

Reminder: A provider must file the dispute against the final claim with the A and not the original claim, or the dispute will be rejected.

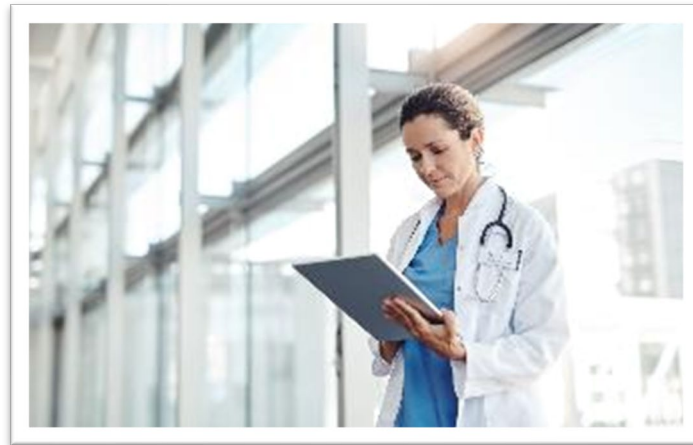
Contact Molina

Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.



Please share your feedback with us so we can continue to provide you with excellent customer service!



Please take a few minutes to complete the [Molina Provider Training](#) survey to provide feedback on this session. The survey is located on the [You Matter to Molina Page](#) of our Provider Website, under the “Communications” tab.

Molina of South Carolina Provider Relations Contact Information

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

Molina Healthcare of South Carolina

Tyler Stalvey, Director of Provider Relations

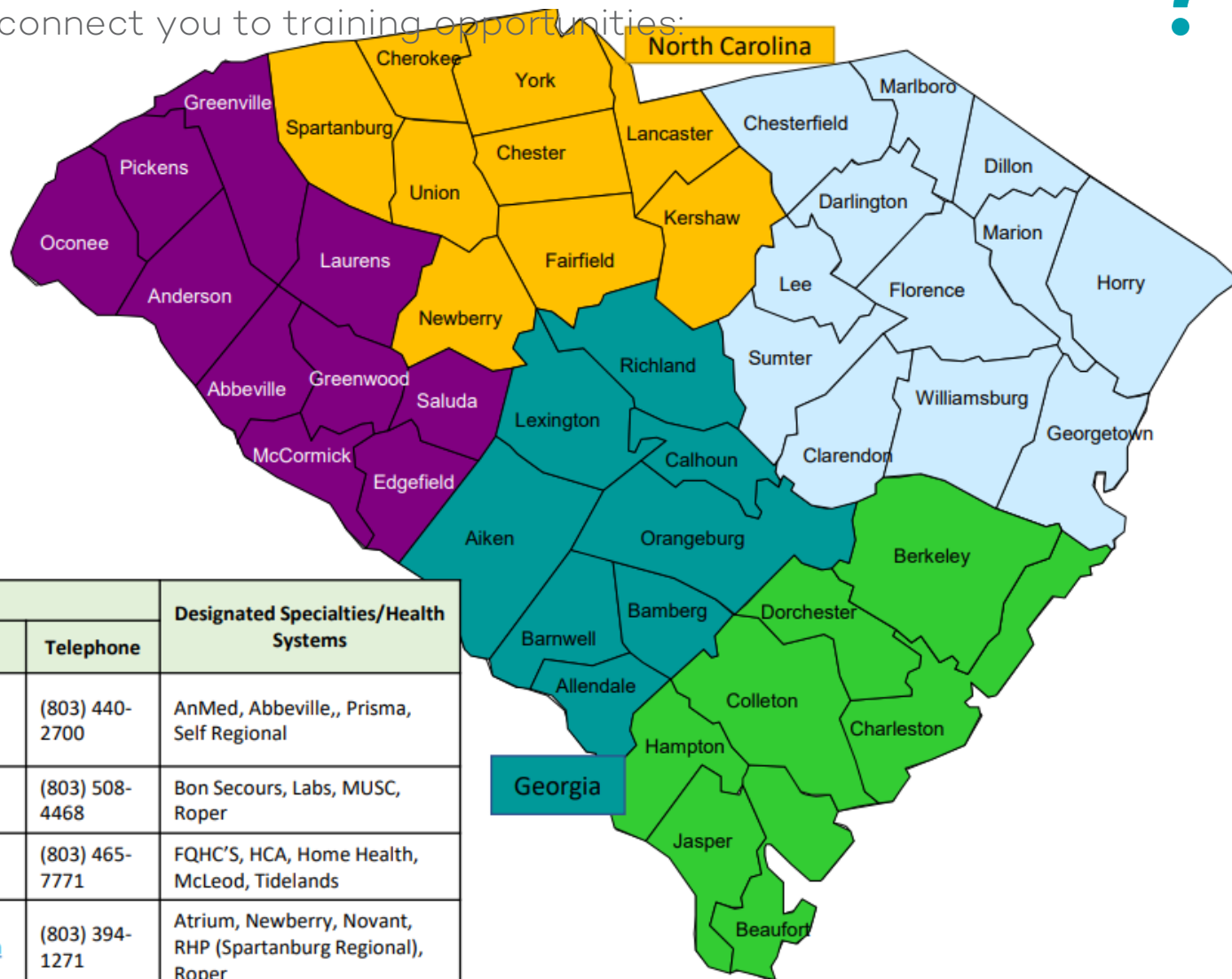
Tyler.Stalvey@molinahealthcare.com

(803) 667-8695

Jen Hamilton, Manager of Provider Relations

Jennifer.Hamilton2@molinahealthcare.com

(803) 394-1271



Representative	Contact Information		Designated Specialties/Health Systems
	Email	Telephone	
Talitha Hampton	Talitha.Hampton@molinahealthcare.com	(803) 440-2700	AnMed, Abbeville,, Prisma, Self Regional
Ta'Mequa Durant	Tamequa.Durant@molinahealthcare.com	(803) 508-4468	Bon Secours, Labs, MUSC, Roper
Bethany Cook	Bethany.Cook@molinahealthcare.com	(803) 465-7771	FQHC'S, HCA, Home Health, McLeod, Tidelands
Jen Hamilton	Jennifer.Hamilton2@molinahealthcare.com	(803) 394-1271	Atrium, Newberry, Novant, RHP (Spartanburg Regional), Roper
Kimberly Brown	Kimberly.Brown4@molinahealthcare.com	(803) 673-5039	Aiken, AU/Wellstar, LMC, SNF's, Uniphy

Any
Questions ?

Thank you!