# Molina Healthcare of Virginia

## Pharmacists as Provider Billing Information

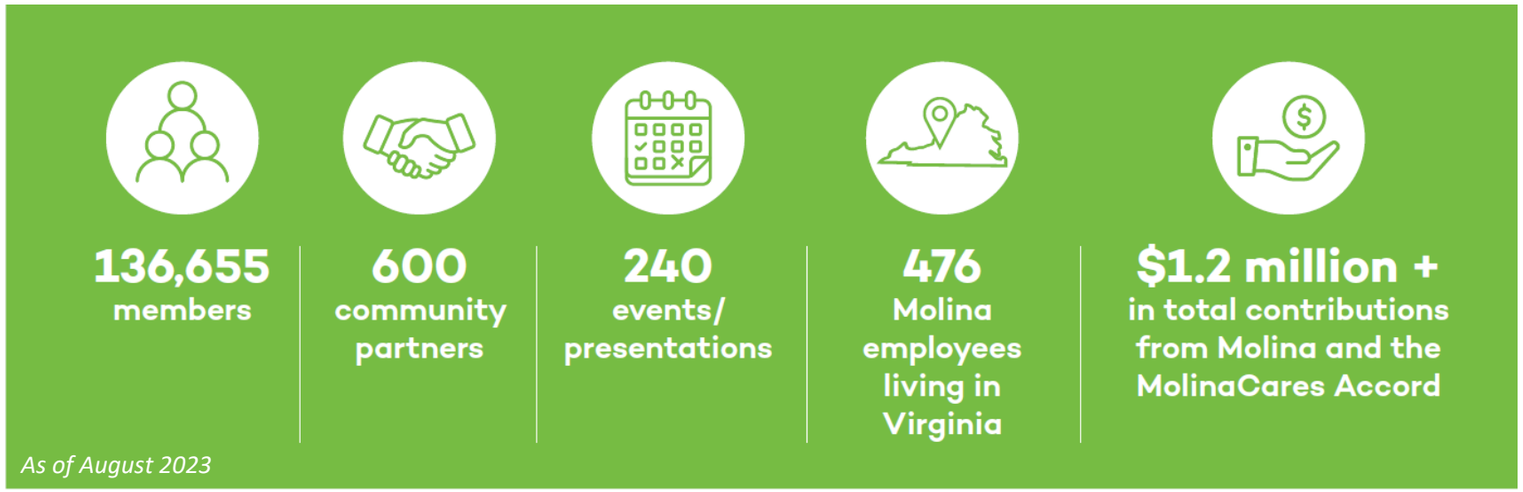
*Updated September 2023*

# Meet Molina – Our Virginia Presence

**Molina has had a footprint in Virginia since 2017.**

Our **Medicaid & Medicare Advantage Special Needs Plans** provide coverage to thousands of Virginians.

We meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement and received **National Committee for Quality Assurance (NCQA) Accreditation** for our Medicaid HMO. Our LTSS program received **NCQA Distinction** for delivering efficient & effective person-centered care.




**Presence in** all 95 counties

## Key Community Engagements

- One-Stop Help Centers
- Healthy Kids Bucks Program
- Back to School Events
- Regional Baby Showers
- Remote Area Medical (RAM)
- Community Resource Fairs
- Calming Spaces in Classrooms
- "If You Give a Child a Book" Campaign
- Christo Rey Richmond High School Work-Study Program

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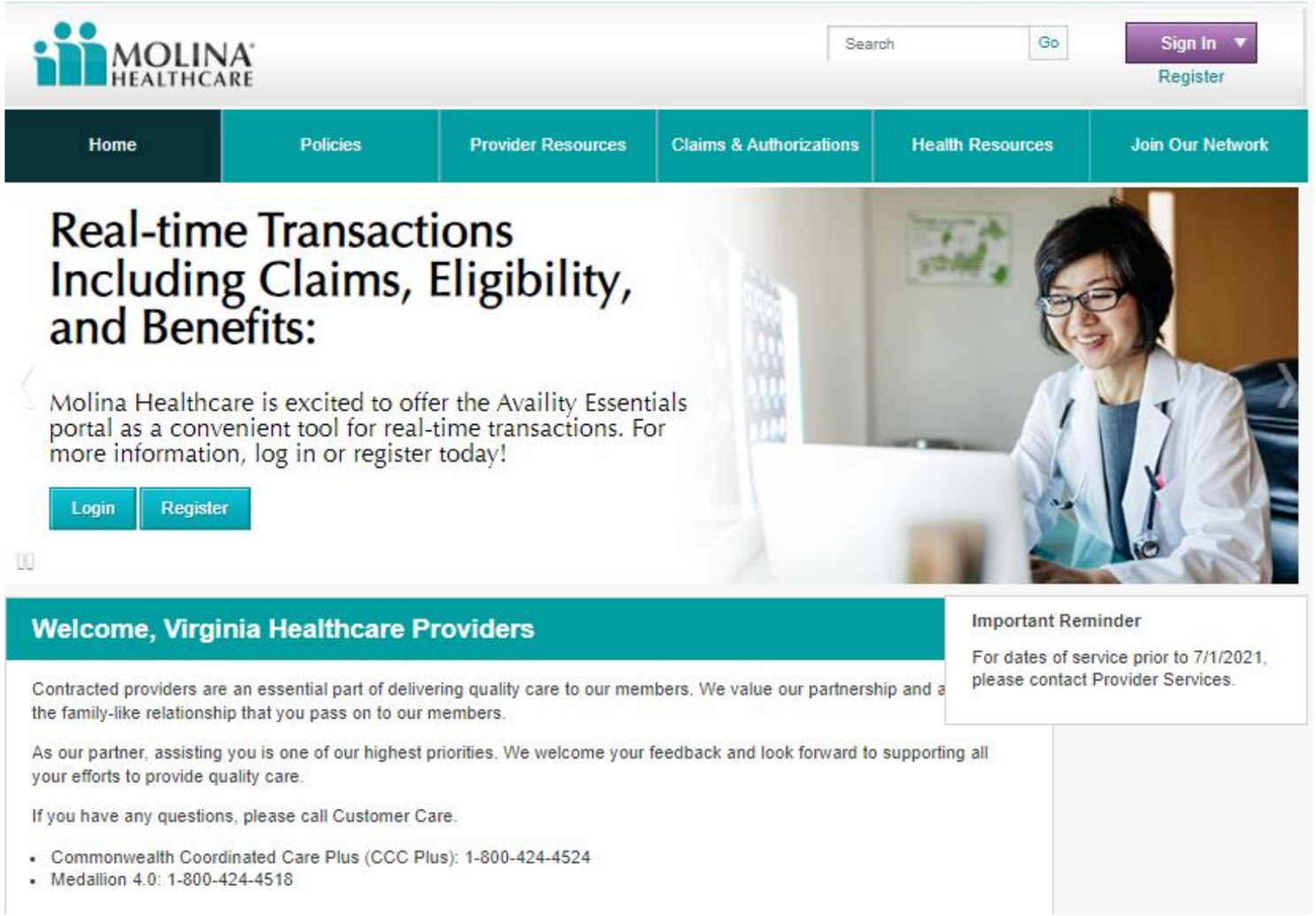
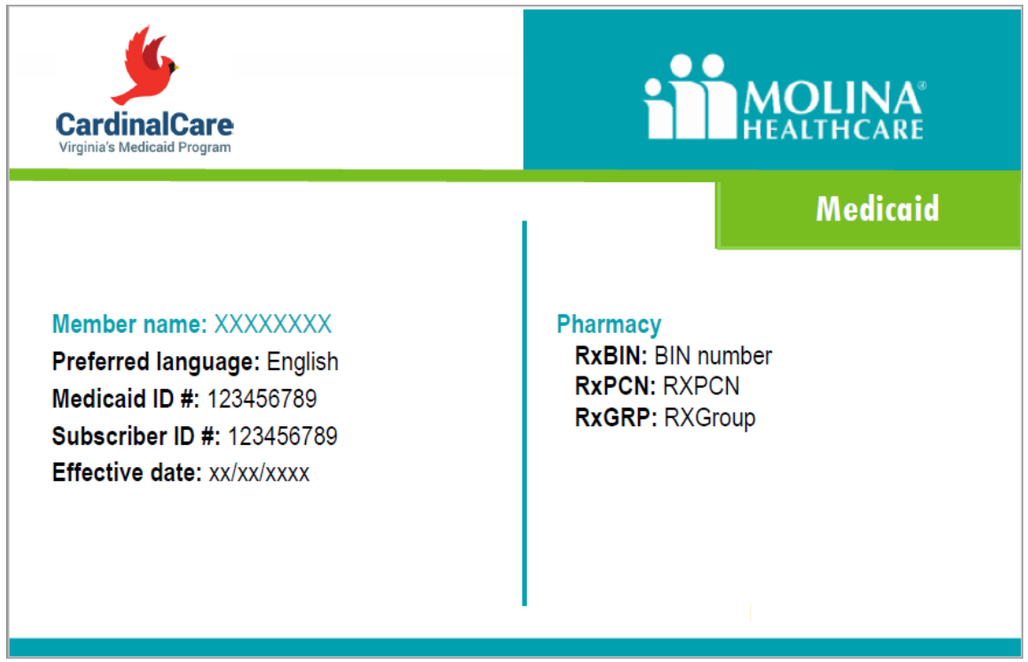
# Provider Tools & Resources – Our Website

- 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




[Link to Provider Website]

# Provider Tools & Resources – Member ID Card

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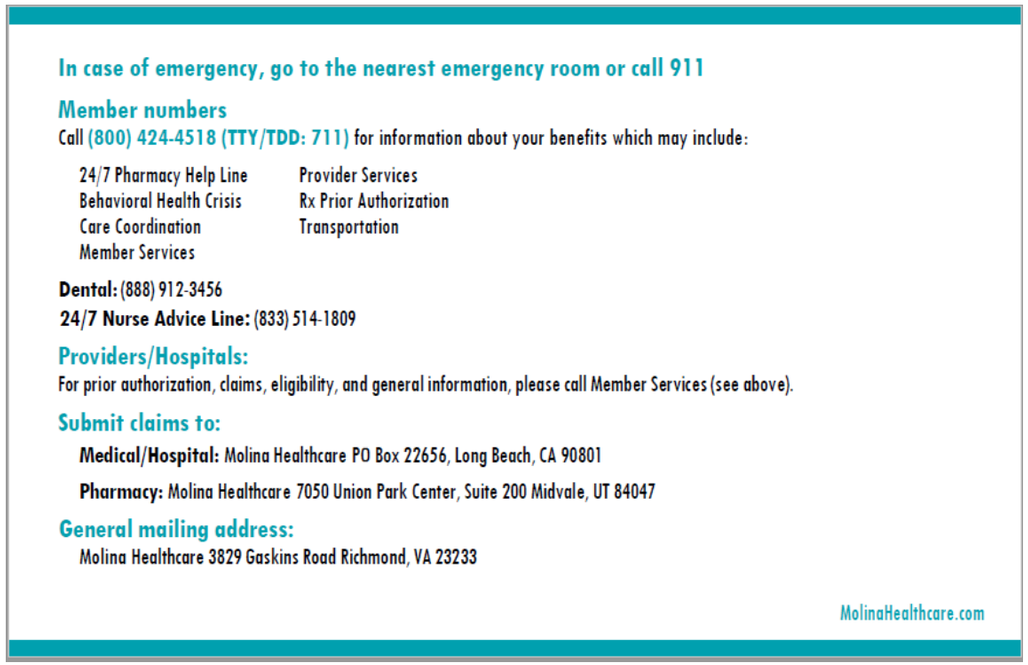




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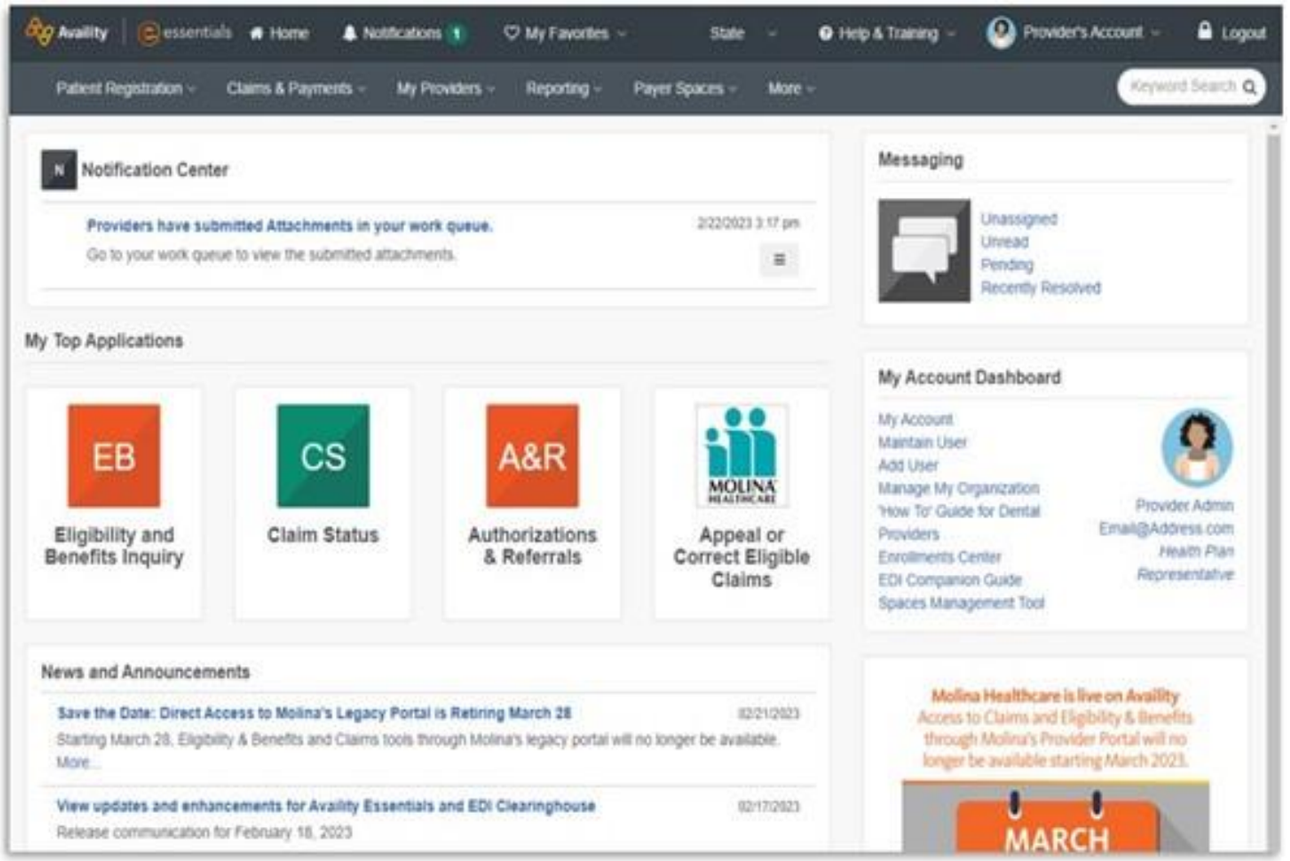
# Provider Tools & Resources – Provider Portal: Availity

Providers can use **Availity** for self-service for a variety of common tasks instead of calling our Provider Services or faxing paperwork.

## Services offered through Availity:

- Claim submission/resubmission
- Claim status
- Remittance viewer
- Obtaining member eligibility & benefits
- Submitting authorization requests
- HEDIS information

**Using Availity for self-service** eliminates phone wait time and drastically improves processing time for authorizations and claims.




To register: http://www.availity.com/registration-tips
Availity Payor ID: A6848
Availity Payor Name: Molina Healthcare of Virginia

# Provider Tools & Resources – Verifying Member Eligibility

Use **Availity** to quick verify member eligibility:

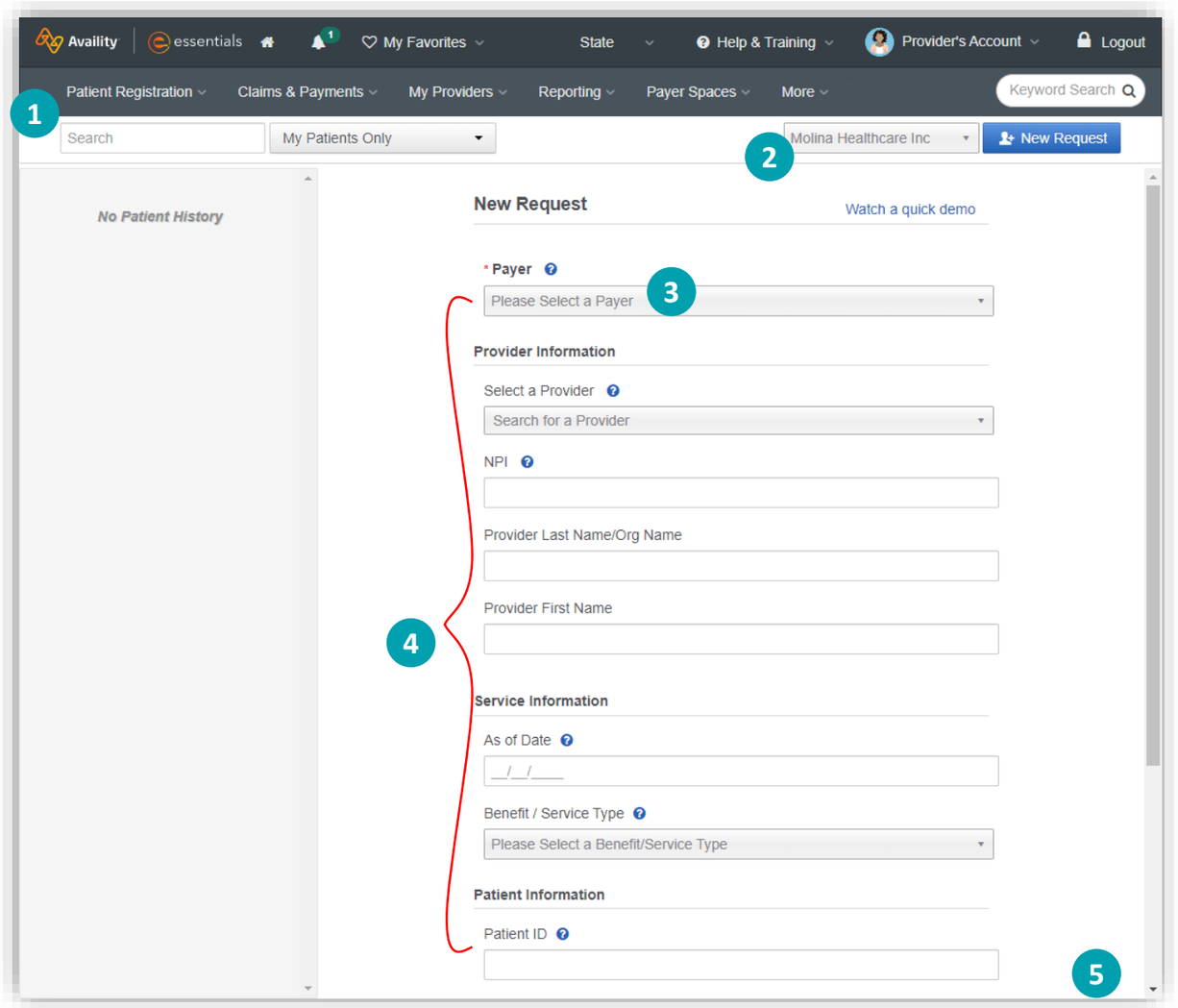
**https://provider.molinahealthcare.com/**

1. Select Patient Registration → Eligibility and Benefits
2. Ensure that MOLINA HEALTHCARE is the organization
3. Select MOLINA HEALTHCARE from the Payer drop-down list
4. Complete all fields, in order from top to bottom
5. Click Submit and view the results

Other ways to verify eligibility include:

- Your eligibility roster
- Our integrated voice response (IVR) system or speaking directly with a Provider Service Representative at:
  Cardinal Care: (800) 424-4518 (TTY 711)
- Contact the Virginia Department of Health & Human Services

**At no time should a member be denied services because his/her name does not appear on the PCP's eligibility roster.** If a member does not appear on the eligibility roster, please contact the Plan for further verification.



# Claims – Streamlined Submission & Payments

## Claims Submission

*Molina requests that you submit claims electronically*

- The **Availity Provider Portal** is available free of charge and allows for attachments to be included
- **Change Healthcare** is Molina Healthcare's chosen clearinghouse (Payer ID: MCC02)
- Or you can use your clearinghouse of choice (fees may apply)

To register: http://www.availity.com/registration-tips

Availity Payor ID: A6848

Availity Payor Name: Molina Healthcare of Virginia

When submission of an Electronic claim is not possible, paper claims may be submitted to the following address:

Molina Complete Care
PO Box 22656
Long Beach, CA 90801

## Claims Processing Standards

*We meet these standards to ensure that you are paid timely:*

- Over 90% of clean claims are processed within 30-calendar days
- 99% of clean claims are processed within 90 working days
- All claims are processed withing 12-months of date of receipt

For EDI claim submission issues, send an email to EDI.Claims@molinahealthcare.com or call (866) 409-2935

## Claims Payments

*Participating providers are encouraged to enroll in Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)*

- There is no cost for EFT enrollment
- Molina uses the vendor ECHO to facilitate our HIPAA compliant EFT payment & ERA delivery processes: enroll here
- You may contact ECHO Customer Service directly at (888) 834-3511 or edi@echohealthinc.com

### Benefits of EFT/ERA

- Expedited payment disbursement: **processing can take as little as 3 days** from the day the claim was submitted
- **Search for explanation of payments** (EOP)/remittance advice by claim number, member name, etc.
- **View, download and save a PDF version of the EOP** for easy reference with no paperwork to store
- **Route files to your FTP** and/or your preferred clearinghouse

# Claims – Balance Billing and Payments

**Providers *may not* balance bill** Molina members for covered services.

Detailed information regarding the billing requirements for non-covered services are available in the Provider Manual.

Your Provider Agreement with Molina requires that your office **verifies eligibility** prior to rendering any service and obtains approval for those services that require prior authorization.

In the event of a denial of payment, providers shall **look solely to Molina for compensation** for services rendered, with the exception of any applicable cost sharing/co-payments.

The **date of claim receipt** is the date as indicated by date stamp on the claim.

The **date of claim payment** is the date of the check or other form of payment.

# Claims – 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 after:

- Discharge for inpatient services OR The date of service for outpatient services
- AND The provider has been furnished with the correct name and address of the member's health maintenance organization

All claims must be submitted in a form acceptable to and approved by Molina Healthcare and must include any and all medical records pertaining to the claim if requested by Molina Healthcare or otherwise required by Molina Healthcare's policies and procedures.

If Molina Healthcare is not the primary payer under coordination of benefits or third-party liability, you must submit claims to Molina Healthcare within one hundred-eighty (180) calendar days of the primary payers EOB.

Except as otherwise provided by law, any claims that are not submitted to Molina Healthcare within the timely filing rules will not be eligible for payment, and the provider will waive any right to payment.

**NOTE: Clean claim timely filing is 180 days (In-network Providers) and 365 days (Out-of-network Providers)**

To register: http://www.availity.com/registration-tips
Availity Payor ID: A6848
Availity Payor Name: Molina Healthcare of Virginia



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# Claims – Corrections & Appeals

## Corrected Claims

Corrected claims are considered new claims.

**Corrected claims may be submitted via Availity**, through an EDI clearinghouse, or on paper.

Corrected claims must include coding to denote if a claim is:

- a replacement of a prior claim
- a corrected claim for an 837I
- the correct resubmission code for an 837P

*Our Provider Manual has additional information about how to correctly code these submissions*

The following should also be included in the submission:

- previous claim and remittance advice
- any other documentation to support the adjustment
- a copy of the Service Authorization form (if applicable)

*The claim number must be clearly marked on all supporting documents*

## Claims Appeals

Providers seeking a redetermination of a claim previously adjudicated must request an appeal within ninety (90) days of Molina Healthcare's original remittance advice date.

**Appeals may be submitted via Availity**, fax, or mail.

The Appeals Request form can be found on the provider website: https://www.molinahealthcare.com/providers/va/medicaid/resources/forms.aspx

In addition to the appeals request form, providers should submit the following documentation:

- previous claim and remittance advice
- any other documentation to support the adjustment
- a copy of the Service Authorization form (if applicable)

*The claim number must be clearly marked on all supporting documents*

# Claims – Appeals & Grievances

Providers have the right to file a complaint, grievance or appeal through a formal process. The Division of Medicaid shall have the right to intercede on a provider's behalf at any time during the contractor's Complaint, Grievance, and/or Appeal process whenever there is an indication from the Provider, or, where applicable, authorized person, that a serious quality of care issue is not being addressed timely or appropriately.

Written acknowledgement letters will be sent within five (5) calendar days of receipt of the Grievance by Molina. All Grievances will be resolved as expeditiously as possible; all will be resolved no later than thirty (30) calendar days from receipt.

Providers may file a complaint or formal grievance by contacting Molina Mon-Fri 8:00am to 6:00pm ET, excluding State holidays:

Cardinal Care (800) 424-4524

Grievances may also be submitted in writing to our Regional Appeals & Grievances Team:

Fax (866) 325-9157

Appeals and Grievance Department
Molina Healthcare, INC
P. O. Box 36030
Louisville, KY 40233-6030

# Claims – Coordination of Benefits & Third-Party Liability

**Medicaid is the payer of last resort.** Private and governmental carriers must be billed prior to billing Molina Healthcare. Work with members to learn whether they have health insurance, benefits, or covered services outside of their Molina coverage.

You should notify Molina Healthcare of any other coverage and know that you will be compensated for services rendered in an amount equal to the allowable clean claim less the amount paid by other health plans, insurance carriers and payers, not to exceed Molina Healthcare's contracted allowable rate.

When submitting claims, you must include a copy of the other insurance's EOB with the claim.

**Remember**: Availity allows you to submit claims - with attachments, including EOBs and other required documents

- Molina may deny claims when a Third Party has been established and will pay claims for covered services when probable Third Party Liability (TPL) has not been established or third-party benefits are not available to pay a claim.
- Molina Healthcare will attempt to recover any third-party resources available to members and will maintain records pertaining to TPL collections on behalf of members for audit and review.

*Note: Molina complies with federal laws which require Medicaid payers to reimburse for certain covered services even when a third-party source exist. In these instances, Molina will reimburse the provider for specific covered services, and then pursue recover of the Medicaid payment from the third-party source.*



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# Claims – Overpayment/Reversal and Refunds

If you receive an overpayment, use the Early Reversal Permission Form and Return of Overpayment Form to begin the process of returning funds. This form can be found on the website, under Claims: https://www.molinahealthcare.com/providers/va/medicaid/resources/forms.aspx

To submit refund payments, please send them to:

Molina Healthcare of Virginia, LLC
Attn: Recoveries Lockbox
401 Market Street
Box 780192
Philadelphia, PA 19178-0192