

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



136,655
members



600
community
partners



240
events/
presentations



476
Molina
employees
living in
Virginia



\$1.2 million +
in total contributions
from Molina and the
MolinaCares Accord

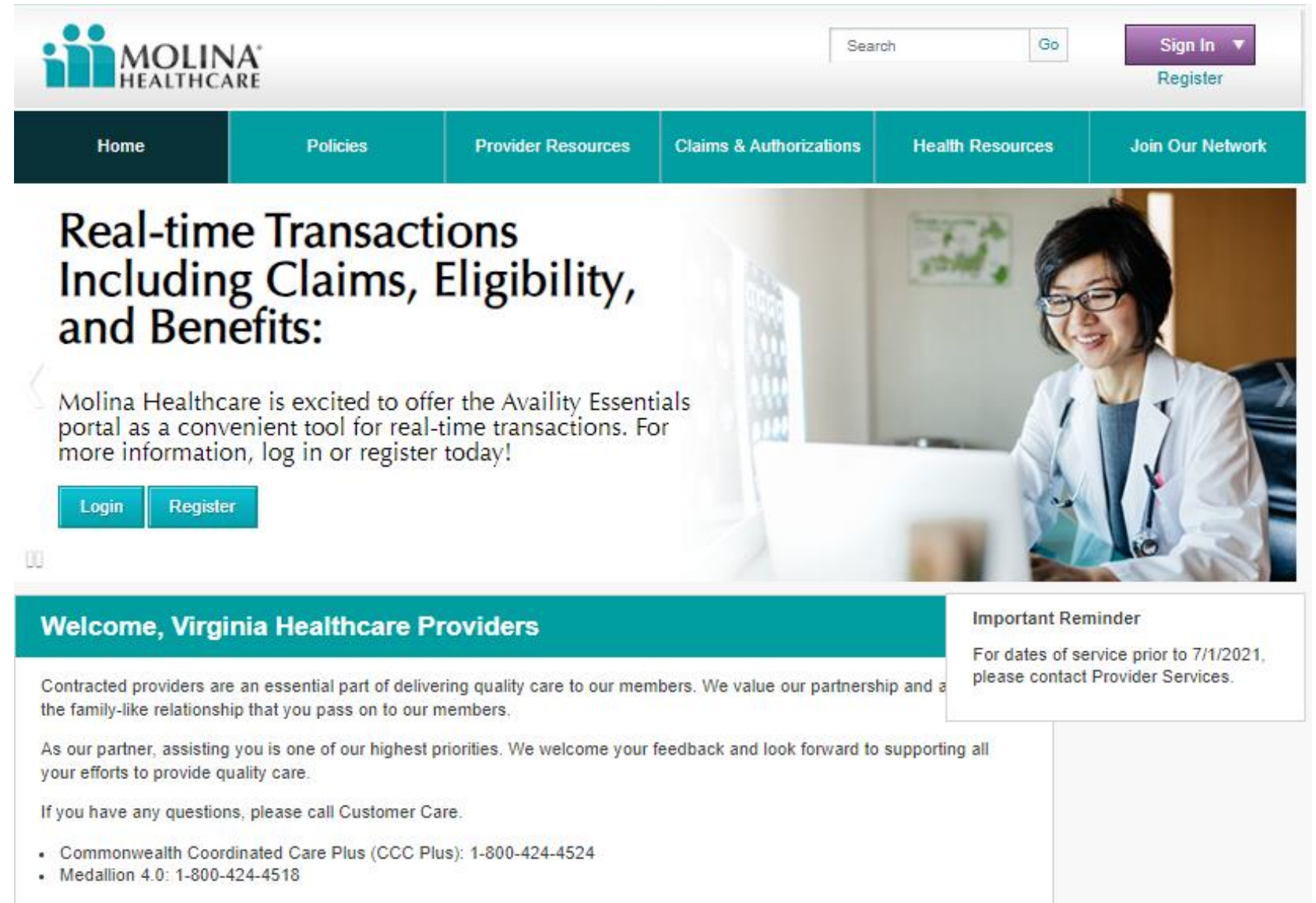
As of August 2023



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](#)



The screenshot shows the Molina Healthcare provider website. At the top is the Molina Healthcare logo, a search bar with a 'Go' button, and a 'Sign In' button with a dropdown arrow and a 'Register' link below it. A teal navigation bar contains links for Home, Policies, Provider Resources, Claims & Authorizations, Health Resources, and Join Our Network. The main content area features a large banner with the text 'Real-time Transactions Including Claims, Eligibility, and Benefits:' and a subtext stating that Molina Healthcare is excited to offer the Availity Essentials portal for real-time transactions. Below this are 'Login' and 'Register' buttons. A background image of a smiling female doctor in a white coat is visible on the right side of the banner. Below the banner is a teal section titled 'Welcome, Virginia Healthcare Providers' containing a welcome message, a commitment to quality care, and contact information for Customer Care. To the right of this section is a white box with an 'Important Reminder' about service dates prior to 7/1/2021.

MOLINA[®] HEALTHCARE

Search [Register](#)

[Home](#) [Policies](#) [Provider Resources](#) [Claims & Authorizations](#) [Health Resources](#) [Join Our Network](#)

Real-time Transactions Including Claims, Eligibility, and Benefits:

Molina Healthcare is excited to offer the Availity Essentials portal as a convenient tool for real-time transactions. For more information, log in or register today!

Welcome, Virginia Healthcare Providers

Contracted providers are an essential part of delivering quality care to our members. We value our partnership and the family-like relationship that you pass on to our members.


As our partner, assisting you is one of our highest priorities. We welcome your feedback and look forward to supporting all your efforts to provide quality care.

If you have any questions, please call Customer Care.


- Commonwealth Coordinated Care Plus (CCC Plus): 1-800-424-4524
- Medallion 4.0: 1-800-424-4518

Important Reminder
For dates of service prior to 7/1/2021, please contact Provider Services.

Provider Tools & Resources – Member ID Card



CardinalCare
Virginia's Medicaid Program



MOLINA
HEALTHCARE

Medicaid

Member name: XXXXXXXX

Preferred language: English

Medicaid ID #: 123456789

Subscriber ID #: 123456789

Effective date: xx/xx/xxxx

Pharmacy

RxBIN: BIN number

RxPCN: RXPCN

RxGRP: RXGroup

front

back

In case of emergency, go to the nearest emergency room or call 911

Member numbers
Call (800) 424-4518 (TTY/TDD: 711) for information about your benefits which may include:

| | |
|--------------------------|------------------------|
| 24/7 Pharmacy Help Line | Provider Services |
| Behavioral Health Crisis | Rx Prior Authorization |
| Care Coordination | Transportation |
| Member Services | |

Dental: (888) 912-3456
24/7 Nurse Advice Line: (833) 514-1809

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

Submit claims to:

Medical/Hospital: Molina Healthcare PO Box 22656, Long Beach, CA 90801

Pharmacy: Molina Healthcare 7050 Union Park Center, Suite 200 Midvale, UT 84047

General mailing address:
Molina Healthcare 3829 Gaskins Road Richmond, VA 23233

MolinaHealthcare.com

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:

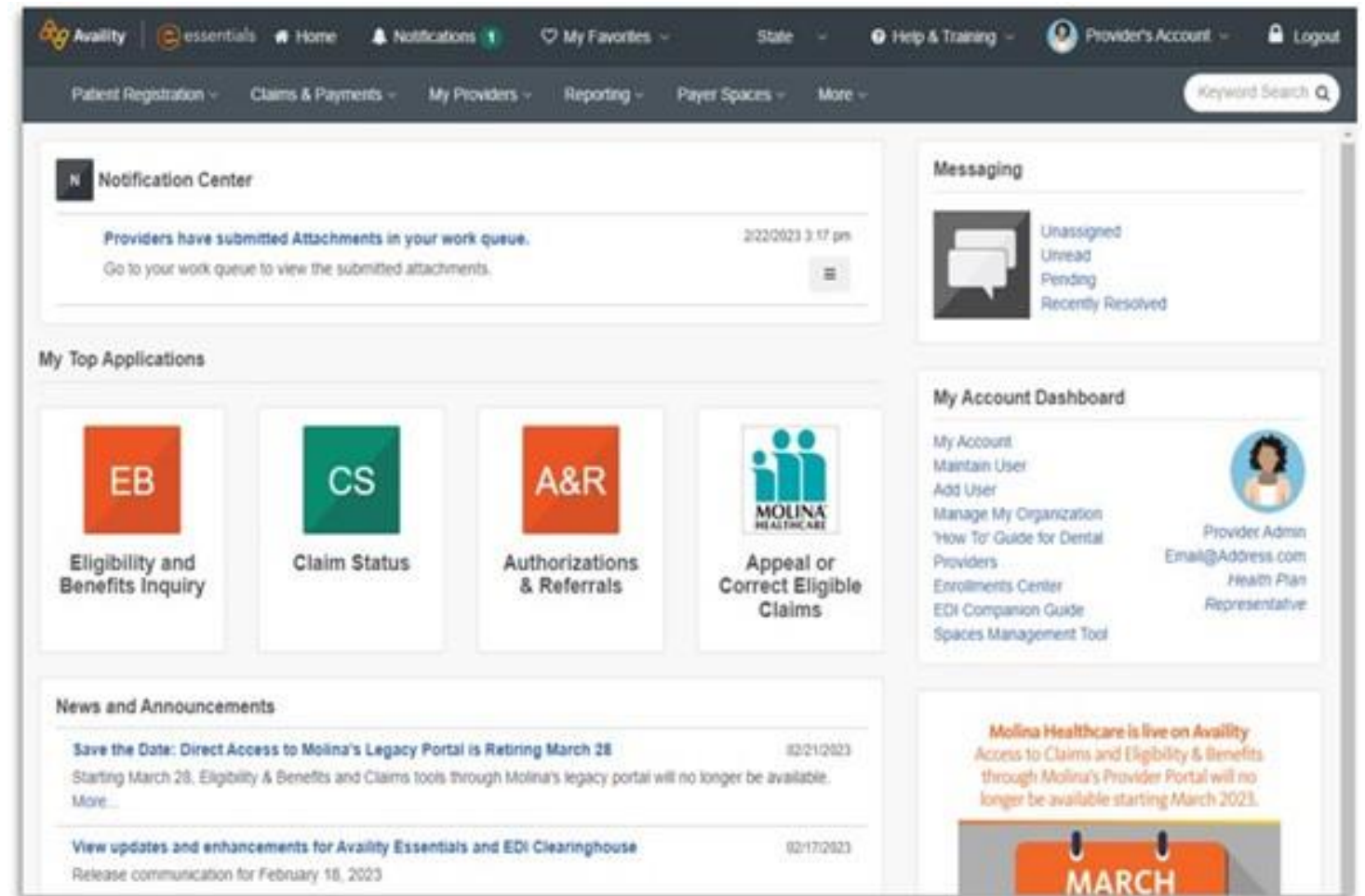
- Claim submission/resubmission
- Claim status
- Remittance viewer
- Obtaining member eligibility & benefits
- Submitting authorization requests
- HEDIS information

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.

The screenshot shows the Availity web portal interface. The top navigation bar includes links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right. The main content area displays the 'New Request' form. The form is divided into sections: Payer, Provider Information, Service Information, and Patient Information. The Payer section has a dropdown menu labeled 'Please Select a Payer'. The Provider Information section includes fields for 'Select a Provider', 'Search for a Provider', 'NPI', 'Provider Last Name/Org Name', and 'Provider First Name'. The Service Information section includes fields for 'As of Date', 'Benefit / Service Type', and a dropdown menu labeled 'Please Select a Benefit/Service Type'. The Patient Information section includes a field for 'Patient ID'. A red arrow points from the text 'Use Availity to quick verify member eligibility:' to the 'Patient Registration' link in the top navigation bar. Numbered callouts 1 through 5 are placed on the form: 1. Patient Registration, 2. Organization selection, 3. Payer selection, 4. Completion of fields, and 5. Submit button.

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



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 within 12-months of date of receipt

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

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

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.

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