Provider Bulletin

Molina Healthcare of California

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Skilled Nursing Facilities, Intermediate Care Facilities for Individuals with Developmental Disabilities and Subacute Care Facilities Billing Reminder

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

Dear Valued Provider,

Molina Healthcare is committed to ensuring smooth claims processing and minimizing claim denials. Below are common denial reasons and recommendations to help reduce the number of denied claims:

1. Service Paid on Another Claim

- **Description:** These claims are denied when the same services have already been billed and paid under a different claim number.
- **Recommendation:** Before submitting a duplicate claim, check the status of the original claim by submitting an inquiry. Based on the inquiry results, Molina may adjust the original claim if needed.

2. Missing Authorization

- **Description:** These claims are billed without the required authorization.
- **Recommendation:** Verify authorization requirements and obtain authorization before submitting claims. Ensure that the authorization number is included on the claim to prevent unnecessary denials.

3. Enrollment Discrepancy

- Description: Claims are denied when the member does not have active enrollment during the date of service.
- **Recommendation:** Verify the member's eligibility before rendering services and before claim submission. Checking eligibility in advance can help prevent denials related to enrollment status.

By following these best practices, providers can reduce the number of denied claims and improve overall claim processing efficiency. If you have any questions or need further assistance, please contact your Provider Relations Representative.

Thank you for your continued partnership.

Provider Action

To submit claims, check authorization status and member eligibility, log onto Molina's provider portal at

availity.com/molinahealthcare/.

For additional resources, please reference the Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) Provider Toolkit: molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Health-Resources/Toolkits/ICF-DD-and-Subacute-Provider-Toolkit.pdf



What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
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San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	Dolores.Ramos@molinahealthcare.com
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If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.